

NATIONAL Assessment Centre Services

Date In: 22/11/2022	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CA/MSG22011696/a4	E-mail (within 8hrs, Aft 2hrs):		
Veh No: FBP2031 P	i-Motor Claim Form		
DOA: 01/11/2022 0750	i-Motor W/O (Within: QD 2hrs, TP 4hrs)		
QD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: Unknown	INC () / Non-INC ()
Owner / Driver: (Tel:	()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks:- (INC hotline: 6788-6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	22/11/2022 11:04 (SGT)
Reported by	Driver
Date of Accident	01/11/2022 07:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BARTLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP2031P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORWATI BTE AWANG
NRIC No	SXXXX046I
Email Address	iqmalfinealways@gmail.com
Mobile Phone No	(Phone) +65-96272344
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER 150
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Motorcycle
Transmission	Manual
CC	149

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51008088

DRIVER

Name of Driver	MUHAMMAD NUR IQMAL BIN MAZLAN
NRIC No	SXXXX609E
Date Of Birth	15/07/1998
Occupation	Outdoor

Date Of Driving Pass	01/11/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-84016601
Alt. Phone Number	-
Email Address	iqmalfinealways@gmail.com
Address	BLK 169 HOUGANG AVE 1 #04-1419
Address complement	-
Postcode	530169
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	NAMED DRIVER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Tom 21/11/22

Actual Driver's Signature (if driver is not the policyholder) / Date & Time

R 22/11/2022

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

The sketch plan area consists of a large grid. A diagonal line is drawn from the bottom-left towards the top-right. Above this line, the words "no collision" are handwritten in a cursive script.

Describe Circumstance of the Accident

D/S refer to the police report: T/2022/1115/7054

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20221115/7054

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221115/7054

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2022 16:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD NUR IQMAL BIN MAZLAN			Address: 169 HOUGANG AVENUE 1 #04-1419 SINGAPORE 530169		
ID Type / ID No.: NRIC NO / S9822609E			Contact No.: Home/Office: Mobile: 84016601		
Nationality: SINGAPORE CITIZEN			Email: iqmalfinealways@gmail.com		
Sex: Male	Age: 24	Date of Birth: 15/07/1998	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident					
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2022 07:50	Type of Location:	
Location: BARTLEY ROAD					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBP2031P	Motorcycle					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221115/7054

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20221115/7054

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD NUR IQMAL BIN MAZLAN	ID No.	S9822609E
Related Vehicle	FBP2031P (Motorcycle)	Contact No.	84016601
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I am the rider of vehicle that was said to be involved. As i recall correctly, i did not got into an accident with any vehicle along the said road (along bartley road) . It was a normal commute to work.



**SINGAPORE
POLICE FORCE**



T/20221115/7054

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20221115/7054

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
15/11/2022 16:48

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 11 / 22) (DD/MM/YYYY), TIME: (07 : 50) (HH:MM)

LOCATION: BARTLEY RD

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FAP2031P

b) INSURANCE COMPANY: MSIG

c) POLICY NUMBER: CN51008088 (COVER NOTE)

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: YAMAHA SNAPPER 150 AUTO / MANUAL

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME:

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

A) NAME: NORWATI BIE AWANG (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 571200461 CONTACT: 96272344

c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: MUHAMMAD NUR IQMAL BIN (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 59822609E CONTACT: 84016601

c) ADDRESS: BLK 169 HOUGANG AVE 1

#04-1419 (530169)

* d) DATE OF BIRTH: (15 / 07 / 1998) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 01 / 11 / 2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NAMED DRIVER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO) TRAFFIC

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UNKNOWN MODEL: PRIVATE CAR

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT:

CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:

MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:

CONTACT:

Email = iqmalfinealways@gmail.com

Fax =

VIDEO = NO



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

MOTOR INSURANCE COVER NOTE

In consideration of the Insured having paid or agreed to pay the premium, the risk detailed below is HELD COVERED for the Period of Insurance, subject to the terms and conditions of the Company's usual form of policy.

This Cover Note is valid for 30 days from the Date of Issue.

Date of Issue	: 14/01/2022
Cover Note No.	: CN51008088
Existing Policy No.	: -
Intermediary Name	: Ong Motor Pte. Ltd.
Name of Insured	: NORWATI BTE AWANG
Named Driver	: NORWATI BTE AWANG , MUHAMMAD NUR IQMAL BIN MAZLAN
Make and Model of Vehicle	: Yamaha Motorcycle SNIPER T150
Vehicle Registration No.	: FBP2031P
Year of Manufacture	: 2019
Engine No.	: G3E6E0479244
Chassis No	: MH3UG0740K0149927
Capacity	: 150.00 C.C.
Cover	: Third Party Fire And Theft Cover
Sum Insured	: Market value at time of loss
Period of Insurance	: 21/02/2022 To 20/02/2023
Excess	: As Agreed
Finance Company	: ONG MOTOR PTE LTD
Vehicle for Commercial Purpose	: No
Food Delivery Use	: No

I/We hereby certify that this Cover note is issued in accordance with the Provisions of the Motor Vehicles(Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment Act or Acts passed in substitution thereof.

SIGNED FOR AND ON BEHALF OF THE COMPANY

Mack Eng
Chief Executive Officer
MSIG Insurance (Singapore) Pte. Ltd.