

# NATIONAL Assessment Centre Services

(Call 1-800-222-0000)

SCV 23240001

Date In: 23/07/2023 12:42	Job Description: SAS e-Mailing	Date & Time Completed:	Done by:
Ref No: CBA/M8623002-0191	E-mail (attach sheet, A/C 2003)		
Veh No: 436 9156P	1-Motor Claim Form		
D.O.A: 18/07/2023 19:25	1-Motor W/O (Whichever is later)		
OD: TP: Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax: Hand to Owner/Whichever		

Preferred Wksp / INC Assign Wksp / GW: ( )

TP Particulars: Vch No: SHB 5857G INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

Confirmed by: ( ) Date: ( )

Insured/Driver Liability: ( ) % (Note: Use Status (WO): 10: 0-30%, 21: 31-70%, 30: 71-100%)

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 repair.

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

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

Remarks: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )

Date: ( )

Time: ( )

Location: ( )

Owner/Owner: ( )

Contact No: ( )

Assigned Person: ( )

C. Checked by (Engi-In-Charge): ( )

Comments/Comments: ( )

C.I. ( )

L.D/S: ( )

Invoice Preparation Checklist		Amount
1) All: Accident Paperwork	( \$30 )	
2) DA: Damage Assessment	( \$100 ) INC ( \$50 )	
3) TP: Towing Fee	\$100	
4) PT: Follow-Through Survey	\$100	
5) PT: Follow-Through Survey (Emergency)	\$100	
6) TR: Re-inspection	\$100	
7) NI: New DA, & SMRT Survey	\$100	
8) NTUC Additional Services		
9) NI: Courtesy Car / Trip Allowance	\$50	
10) NI: Repair Coordination	\$100	
11) NI: Post Repair Inspection	\$100	
12) NI: DV / Collect Excess Coordination	\$100	
13) NI: TP (INC) / TP (INC) / TP (INC)	\$100	
14) NI: Other Means	\$100	
Invoice Total		
Net 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	23/02/2023 12:42 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/02/2023 19:25 (SGT)
Exact Location of Accident	Kg Java Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9156P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED ALAUDEEN MOHIDEEN
NRIC No	GXXXX774N
Email Address	m.alaudeen@ymail.com
Mobile Phone No	(Phone) +65-83001130
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XA 125 CVT
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Auto
CC	125

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300508814 VMP

#### DRIVER

Name of Driver	MOHAMED ALAUDEEN MOHIDEEN
NRIC No	GXXXX774N
Date Of Birth	08/06/1970
Occupation	Indoor

Date Of Driving Pass .....	08/02/2009
Driving experience .....	14 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-83001130
Alt. Phone Number .....	-
Email Address .....	m.alaudeen@ymail.com
Address .....	14 KITCHENER LINK #02-27
Address complement .....	CITY SQUARE RESIDENCES
Postcode .....	207223
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	-

#### PASSENGER 1

Name .....	ALAUDEEN MUMTAJ BEGUM
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT A/20230220/7023

#### 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 .....	SHB5857G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MOHAMED ALAUDEEN MOHIDEEN
Gender .....	Male
Phone No .....	(Phone) +65-83001130
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBG9156P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

##### INJURED 2

Name of injured person .....	ALAUDEEN MUMTAJ BEGUM
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBG9156P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes


## SKETCH PLAN

### IMPORTANT NOTICE

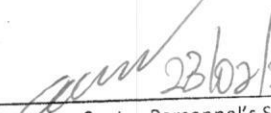
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. The 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.
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:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report A/20230220/7023

DECLARATION

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

23/2

Policyholder's Signature Date  
& Time:

GIARMC SketchPlanForm\_V3

Driver's Signature  
(If driver is not the policyholder) Date  
& Time:

23/02/2023  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SINGAPORE POLICE FORCE



A/20230220/7023

1 of 3

Report No. A/20230220/7023

**POLICE REPORT (NP299)**

Police Station Of Origin  
Central Division HQ  
391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 20/02/2023 14:10	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED ALAUDEEN MOHIDEEN	Address 14 KITCHENER LINK #02-27 CITY SQUARE RESIDENCES SINGAPORE 207223	
ID Type / ID No. FIN NO / G0020774N	Contact No. Home/Office:	Mobile: 83001130
Nationality INDIAN	Email Address M.ALAUDEEN@YMAIL.COM	
Occupation Administration manager	Sex Male	Age 52
Institution/School Name	Language English	Date of Birth 08/06/1970
Date/Time Of Incident 18/02/2023 19:25 - 18/02/2023 20:15	Race Indian	
	Location Of Incident 14 KITCHENER LINK #02-27 CITY SQUARE RESIDENCES SINGAPORE 207223	

**Brief details.****Vehicle Accident:**

I was on my Yamaha bike, FBG 9156P, with my wife. Awaiting for right turn into Hampshire Road from Kg Java Rd, once signal for right came along, I started to turn and a Strides taxi, vehicle no.: SHB 5857G, hit me from behind.

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
20/02/2023 14:10

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



A/20230220/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20230220/7023

My wife fell off the bike head landing backwards on the road. I rode little further and fell with my bike down on the road. She was slightly glared with the impact and took time to respond. Then some passersby and the taxi driver assisted to shift my wife towards the bus stop nearby. Later ambulance was called for and once it arrived I accompanied my wife on the ambulance to TTSH. In the hospital emergency, after the treatments we were discharged by 12 midnight.

Subjects Involved			
Victim			
Person Name	MOHAMED ALAUDEEN MOHIDEEN		
ID Type	FIN NO	ID No	G0020774N
Gender	Male	Age	52
Race	Indian	Language	English
Occupation	Administration manager	Address	14 KITCHENER LINK #02-27 CITY SQUARE RESIDENCES SINGAPORE 207223
Mobile No	83001130	Is Informant A Victim?	Yes
Person Name	ALAUDEEN MUMTAJ BEGUM		
ID Type	FIN NO	ID No	G6418826M
Gender	Female	Age	48
Race	Indian	Language	English
Occupation	Beautician	Address	14 KITCHNER LINK #02-27 CITY SQUARE RESIDENCE SINGAPORE 207223

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
20/02/2023 14:10

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



A/20230220/7023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20230220/7023

Mobile No	83001130	Relation To Informant	WIFE
Person Name	MOHAMED ALAUDEEN MOHIDEEN (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
20/02/2023 14:10

Classification Of Case:

### Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 18 / 02 / 2023 (dd/mm/yy)

Time of Accident: 19 : 25 (24-HR-FORMAT)

Vehicle No.: FBG 9156P Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: Kg / Juvate Rd. Hike

Policyholder's Name: Mohamed Alauddeen Mohideen MC / UEN: G0020774N

Driver's Name / IC No.: \_\_\_\_\_ (As Above) ☒

Driver's Contact No.: 83001130 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: \_\_\_\_\_ Insurance Company: MSIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: \_\_\_\_\_

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle  
Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

\*No. of Passengers (Including Driver): 02

\*Passenger Name: HAUDEEN MUMTAS BEGUM Gender: Male / Female \*Passenger

Name: \_\_\_\_\_

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: BOH RICHAR & PILLION

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: \_\_\_\_\_

### The Other Party(s) Details:

1. Driver's Name / IC No.: \_\_\_\_\_ Vehicle No: SHB 5857 G

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: \_\_\_\_\_

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact 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

### CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

#### MOTORCYCLE Third Party Fire And Theft

Certificate No. A 300508814 VMP

Excess : SGD300

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle  
FBG9156P

2. Name of Policyholder  
MOHAMED ALAUDEEN MOHIDEEN

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
04/01/2023

4. Date of Expiry of Insurance  
03/01/2024

5. Persons or Classes of Persons entitled to drive\*  
MOHAMED ALAUDEEN MOHIDEEN, ALAUDEEN MUMTAJ BEGUM

\*Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use \*

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. The Policy does not cover

- (1) Use for hire or reward.
- (2) Use for racing pace-making reliability trial or speed-testing.
- (3) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (4) Use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

Mack Eng  
Chief Executive Officer