

NATIONAL Assessment Centre Services (wef 1 Jan 06)

800/23600001

Date In: 22/06/2023 15:41	Job description	Date & Time Completed	Done by
Ref No: CBA/M8628006336/Y	SAS e-filing		
Veh No: FW 9674D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/06/2023 21:55	i-Motor Claim Form		
OD / (TP) / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SAS 312E	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: (Date:	Time: ()
Insured/Driver Liability: () %	[Note-Bst. 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	Am't (\$)	Am't
Driver/Owner:	1) AR : Accident Reporting (\$30);	1st Bill	Add
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		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OP*		
	*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	

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

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	22/06/2023 15:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/06/2023 21:55 (SGT)
Exact Location of Accident	Clementi Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW9674D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHEIKH HASHMAT AZIM BIN HASHIM
NRIC No	SXXXX211D
Email Address	azimrockstar@hotmail.com
Mobile Phone No	(Phone) +65-83337454
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	PHANTOM200
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	Manual
CC	197

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300458040 VMP

DRIVER

Name of Driver	SHEIKH HASHMAT AZIM BIN HASHIM
NRIC No	SXXXX211D
Date Of Birth	06/02/1995
Occupation	Indoor

Date Of Driving Pass	29/07/2019
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83337454
Alt. Phone Number	-
Email Address	azimrockstar@hotmail.com
Address	BLK 110 WOODLANDS STREET 13 #09-138
Address complement	-
Postcode	730110
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 - Major/Minor Rd
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)	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	Clementi Division Headquarters
Police Station Phone No	(Phone) +65-18007740000
Alt. Police Station Phone No	(Fax) +65-67741705
Police Station Address	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230612/2061

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFS372E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ERIC
Contact Number	(Phone) +65-96975695
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	SHEIKH HASHMAT AZIM BIN HASHIM
Gender	Male
Phone No	(Phone) +65-83337454
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SERIOUS INJURY
Were seat belts worn?	FW9674D
Was this injured conveyed to hospital by ambulance?	No
	Yes

WITNESS DETAILS

WITNESS 1

Name	DINESH
Phone	(Phone) +65-86062469
Email	-

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 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 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.

A. An 22/6/23 1505hrs

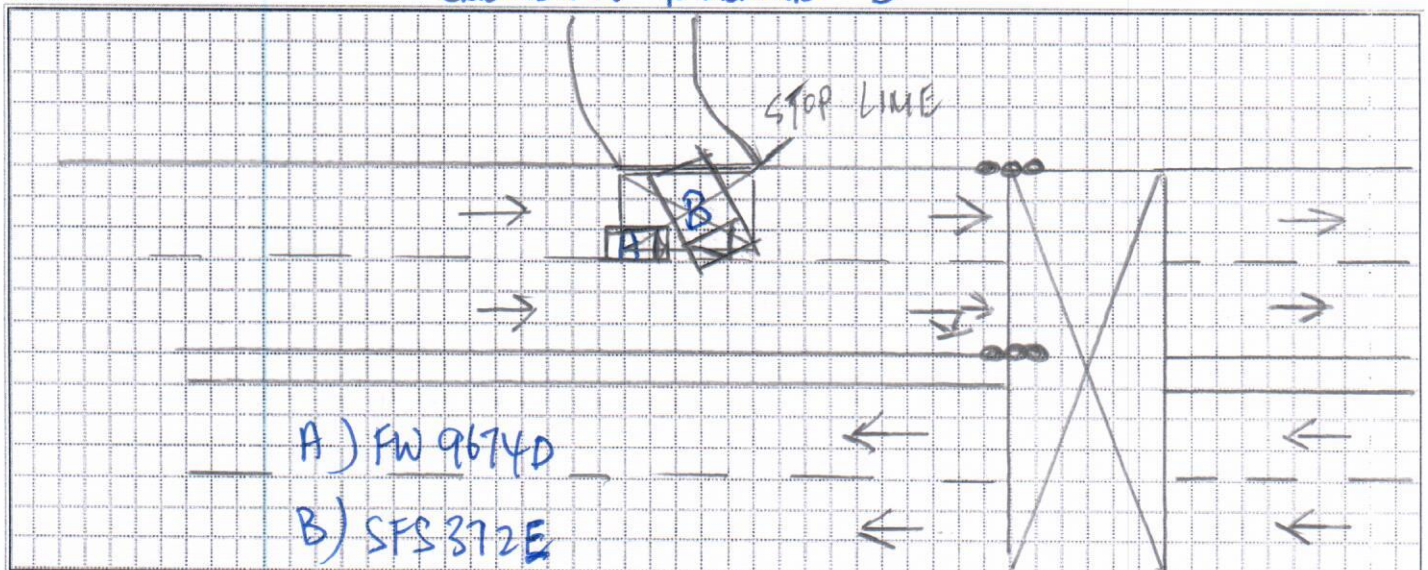
Policyholder's Signature / Date & Time

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

[Signature] 22/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

CLEMENTI AVENUE 3



Describe Circumstance of the Accident

REFER TO POLICE REPORT 7/20230612/2061

Declaration

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

Am 22/6/23 1505hrs

Policyholder's Signature / Date & Time

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

22/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



T/20230612/2061

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20230612/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/06/2023 16:53

Vide Report No.:
D/20230601/0085

Station Diary No.:
101

Informant's Particulars

Name of Informant: SHEIKH HASHMAT AZIM BIN HASHIM		Address: APT BLK 110 WOODLANDS STREET 13 #09-138 SINGAPORE 730110	
ID Type / ID No.: NRIC NO / S9574211D		Contact No.: Home/Office: Mobile: 83337454	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 06/02/1995	Type of Informant: Rider
Race: Malay		Language: English	
Occupation: Youth work associate		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/06/2023 21:55	Type of Location: Straight Road
Location: CLEMENTI AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW9674D	Motorcycle	HONDA	PHANTOM2 00	Blue	Slightly Damaged	0
SFS372E	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW9674D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300458040	06/07/2021	22/07/2023



**SINGAPORE
POLICE FORCE**



T/20230612/2061

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No. T/20230612/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHEIKH HASHMAT AZIM BIN HASHIM	ID No.	S9574211D
Related Vehicle	FW9674D (Motorcycle)	Contact No.	83337454
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/06/2023	Date Discharge	01/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ERIC	ID No.	NIL
Related Vehicle	SFS372E (Car)	Contact No.	96975695
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Reference to incident number: D/20230601/0085.

On 01.06.2023 at about 2155hrs, I was riding my motorcycle FW9674D (Honda, black in colour) along Clementi Ave 3 at the left lane of two-lane road. At that time, the weather is clear, and the road surface is dry. Before the traffic junction beside Clementi Mall, out of sudden, a car SFS372E (Nissan, yellow in colour) came out from the left of Clementi Mall, carpark and cut across the two lane road. I could not stop on time and collided with the car right side subsequently I fall on the road. I felt numb on my leg, and I called for Ambulance assistance.

Upon Ambulance arrival, the paramedics assess my injury and convey me to Ng Teng Fong General Hospital. Before I convey to the hospital, Traffic Police also arrived at scene. The officer then advised me to lodge a Road Traffic Accident report.

I wish to state that this is the first time I met an accident with the vehicle. I do not install camera on my motorcycle or helmet. I believed that the car had install in-car camera. I am lodging this report for Traffic Police follow up.



**SINGAPORE
POLICE FORCE**



T/20230612/2061

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20230612/2061

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
STAFF SGT ROSLAN BIN
ROHANY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT MUHAMMAD GHAZALI BIN
ABDUL RAZAK
Contact No.: 96192037

NP168

Signature Of Informant:

Date/Time:
12/06/2023 16:53

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 1/6/23	TIME OF ACCIDENT : 21.55
VEHICLE NO : FW9674D	TRANSMISSION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Honda Phantom Ta200	LOCATION : Setan Clementi Ave 3
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : SMIG MSIG	POLICY NO : A 300458040 Ymp
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/ <u>MOTORCYCLE</u>)
NAME OF OWNER : Sheikh Hashmat Azim	NRIC : 995742110
ADDRESS : 110 Woodland St 13 H04-138 (770110)	CONTACT NO : 83337454
EMAIL ADDRESS : azimrockstar@hotmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : <u>As above</u>	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 06 / 02 / 1995	DRIVING PASSING DATE : 20 / 07 / 2019
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS : _____
ANY INJURIES : NO, IF <u>YES</u> : Face	POLICE REPORT : NO / IF <u>YES</u> WHERE ? _____
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : SFS372E	VEHICLE C REG NO : _____
DRIVER NAME : <u>Eric</u>	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : 96975695	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF <u>YES</u> :
DRIVER NAME : _____	NAME : <u>Dinesh</u>
NRIC : _____	CONTACT : 86062469
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : <u>YES</u> / NO

**MSIG**

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 Only****Certificate No.** A 300458040 VMP**Excess : NIL****Windscreen Excess : NIL****1. Index Mark and Registration Number of Vehicle**
FW9674D**2. Name of Policyholder**
SHEIKH HASHMAT AZIM BIN HASHIM**3. Effective Date of the Commencement of Insurance for the purposes of the Act**
23/07/2022**4. Date of Expiry of Insurance**
22/07/2023**5. Persons or Classes of Persons entitled to drive***
SHEIKH HASHMAT AZIM BIN HASHIM

*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