

# NATIONAL Assessment Centre Services

(wef 1 Jan'06)

SNR2360005

Date In: # 26/6/23 17:80	Job description	Date & Time Completed	Done by
Ref No: QSA/MS423006425/H	SAS e-filing		
Veh No: FKV533P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 26/6/23 15:27	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Veh No: SLA1267-T 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	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) TP : 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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : 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	26/06/2023 17:50 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/06/2023 15:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TUAS EXIT CLEMENTI AVE 2
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBV533P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ZAID BIN OTHMAN
NRIC No	SXXX615G
Email Address	ZAIDOTHMAN7@GMAIL.COM
Mobile Phone No	(Phone) +65-87494892
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	EXCITER 155
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	155

## INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51020467

## DRIVER

Name of Driver	ZAID BIN OTHMAN
NRIC No	SXXX615G
Date Of Birth	21/08/1995
Occupation	Outdoor

Date Of Driving Pass	05/06/2023
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-87494892
Alt. Phone Number	-
Email Address	ZAIDOTHMAN7@GMAIL.COM
Address	506 WEST COAST DRIVE
Address complement	#06-219
Postcode	120506
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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

#### 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	SLA1267T
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

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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**")

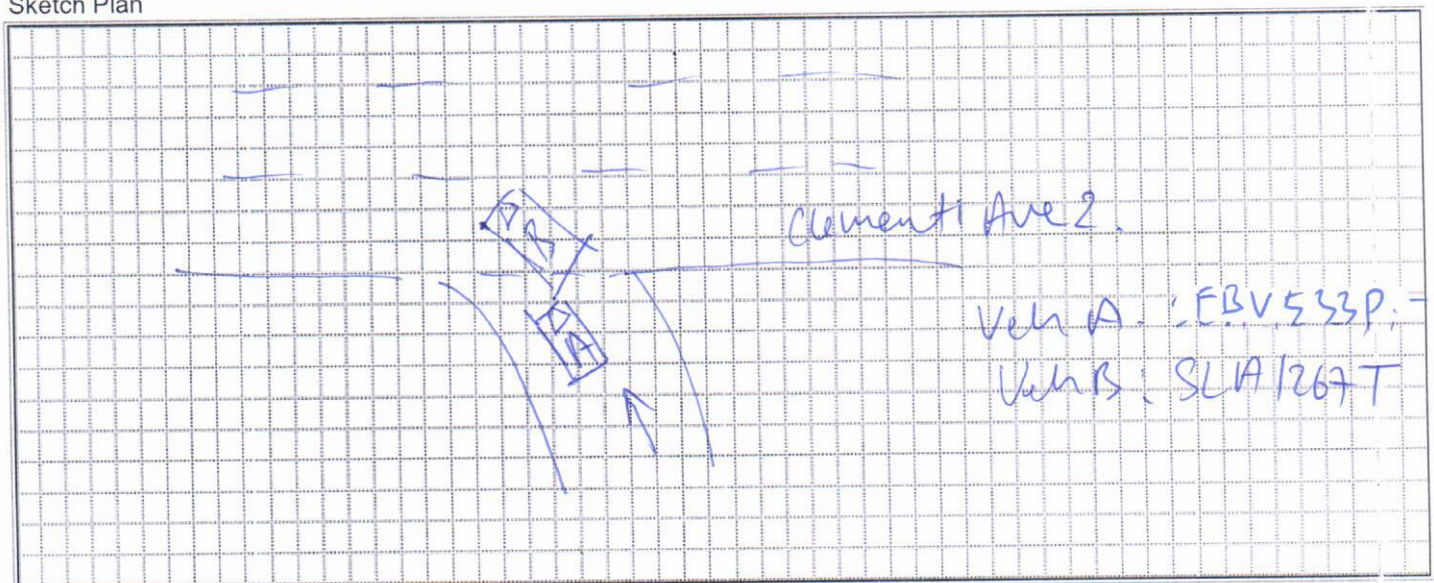
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the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

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

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

### Sketch Plan



Describe Circumstance of the Accident

I was riding my bike turning left to Clementi Ave 2,  
Vehicle B was in front, as traffic was clear.  
Vehicle B move and I follow, but suddenly.  
Vehicle B stopped and my bike slightly hit  
onto Veh B rear LH portion.

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)



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 26/6/23.	TIME OF ACCIDENT : 327pm.
VEHICLE NO : FBV533P.	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Yamaha Exciter 155	LOCATION : AGE Ties Exit Clementi Ave 2
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : MSIG.	POLICY NO : CN51020467 Cover note no:
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE )
NAME OF OWNER : Zaid Bin Uthman.	NRIC : S9529615G.
ADDRESS : BLK 506 West Coast Drive. #06-219. S(120566)	CONTACT NO : 87494892.
EMAIL ADDRESS : zaidothuman7@gmail.com.	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : CONTACT NO :
DRIVER OWNER RELATIONSHIP : Owner.	PASSENGER : MALE ( ) FEMALE ( )
DATE OF BIRTH : 2 / 8 / 1995.	DRIVING PASSING DATE : 05 / 06 / 2023.
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SLA1267T	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC :	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / 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

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	: 05/06/2023
Cover Note No.	: CN51020467
Existing Policy No.	: -
Intermediary Name	: Hua Ho Trading
Name of Insured	: ZAID BIN OTHMAN
Named Driver	: ZAID BIN OTHMAN, MOHAMMAD HAZIQ BIN HAMID
Make and Model of Vehicle	: Yamaha Motorcycle
Vehicle Registration No.	: FBV533P
Year of Manufacture	: 2023
Engine No.	: G3P7E008761
Chassis No	: RLCUG141111008750
Capacity	: 155.00 C.C.
Cover	: Third Party Fire And Theft Cover
Sum Insured	: Market value at time of loss
Period of Insurance	: 05/06/2023 To 04/06/2024
Excess	: As Agreed
Finance Company	: BIKER'S LAB PTE LTD
Vehicle for Commercial Purpose	: Yes
Food Delivery Use	: Yes

I/We hereby certify that this Cover note is issued in accordance with the Provisions of the Motor Vehicles(Third Party Risks & Compensation) Act 1960 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.