

Date In: 16/11/17 14:06	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/MS617021904/h4	E-mail (owner/driver/ACC/dms):		
Veh No: FX 8556 M	i-Motor Claim Form		
D.O.A: 15/11/17 10:40	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> 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:

G8A 3438 Y

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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat 1:

Cat 2: 3

MA1707099

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Inc Bill

Add Bill

1) AR: Accident Reporting (\$30) 30.00

2) DA: Damage Assessment (\$100) INC (\$80)

3) TF: Towing Fee \$40.545

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 15 Jan 2015)

6) TR: Re-inspection \$75

7) N1: Idac DA - SMRI Survey \$160

8) NTUC Additional Services:-

OIL

*N1: Courtesy Car / Tpl Allowance 35

*N1: Repair Co-ordination 310

*N1: Post Repair Inspection 925

*N1: DM - Collect Excess Co-ordination 35

TP (N1) : TP (N1) INC against INC 500

9) N12: Idac Mobile 30

Invoice date:

Fax Charged

Invoice date:

Fax 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 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 ability.
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 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 Report	16/11/2017 14:06
Date Of Accident	15/11/2017 10:40
Exact Location Of Accident	JUNC OF HORNE RD & FRENCH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX8556M
Insured/Policyholder	
Name Of Registered Owner	XINZHONG AUTOPARTS LLP
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62916051

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-369726-CA
Cover Note Number	-

Driver

Name of Driver	LIM YONG THONG TOMMY(LIN YONGTONG TOMMY)
NRIC No	S8327365H
Date Of Birth	10/09/1983
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96708383
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 749 YISHUN ST 72 #07-122
Postcode	760749
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA3438Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAY CHOON MIANG
NRIC/Passport Number	S1497391E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

LIM YONG THONG TOMMY(LIN YONGTONG TOMMY)

Approximate Age

Injuries Sustain

LEFT ELBOW ABRASION, LEFT KNEE, SWELLING LEFT HIPS

Injured person in which vehicle?

FX8556M

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

新中汽配有限公司

XINZHONG AUTOPARTS LLP

33 Tyrwhitt Road
Singapore 267535

Tel: 6291 6051 Fax: 6291 6052
E-mail: xzauto@singnet.com.sg

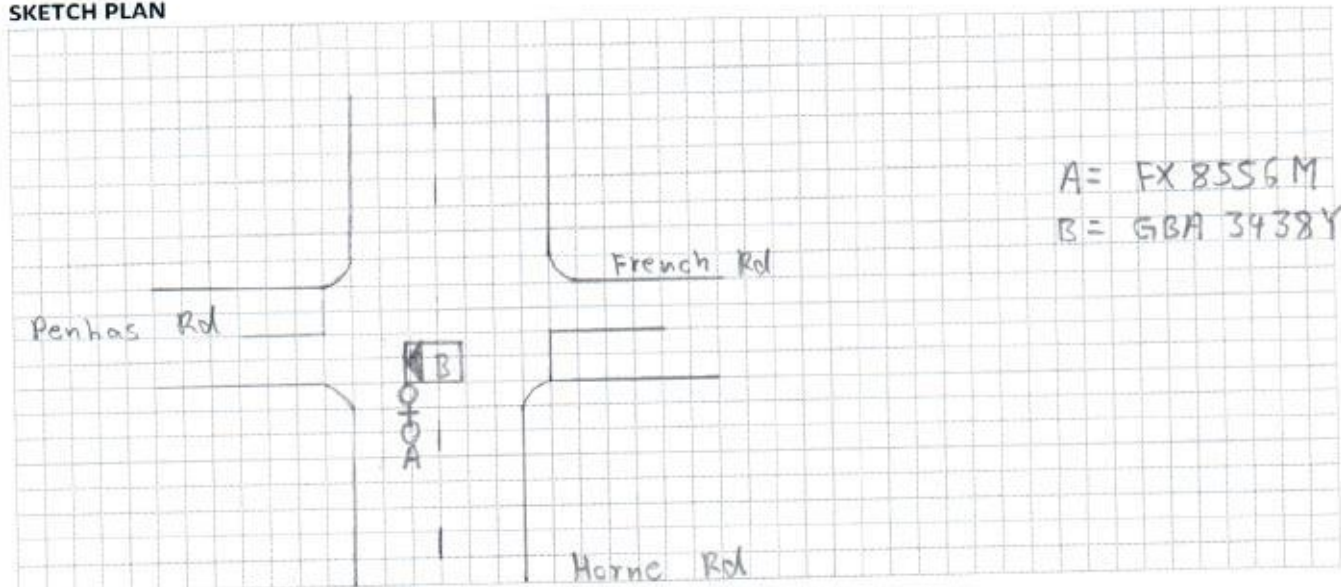
Policyholder's Signature
Date & Time:

VOLVO
AUD
SKODA
SEAT
PORSCHE
VOLVO

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

Please Refer to Police Report

DECLARATION

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

XINZHONG AUTOPARTS LLP
 33 Tyrwhitt Road
 Singapore 207535
 Tel: (65) 6291 6051 Fax: 6291 6052
 E-mail: xzauto@singnet.com.sg

VOLKSWAGEN
 AUDI
 SKODA
 SEAT
 PEUGEOT
 VOLVO
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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



PORE
FORCE



T/20171116/2052

1 of 3

Report No. T/20171116/2052

Origin:
P.C.
Central SINGAPORE 768827
J0-8529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2017 12:37	Vide Report No.: A/20171115/0037	Station Diary No.: 61
Informant's Particulars		
Name of Informant: LIM YONG THONG, TOMMY		Address: APT BLK 749 YISHUN STREET 72 #07-122 SINGAPORE 760749
ID Type / ID No.: NRIC NO / S8327365H		Contact No.: Home/Office: Mobile: 96708383
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 34	Date of Birth: 10/09/1983
Race: Chinese		Type of Informant: Rider
Occupation: DISPATCH RIDER		Language: English
		Institution / School Name:
Driving Licence Information: Class: 2B,3,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/11/2017 10:40	Type of Location: X-Junction
Location: Along Road 1 HORNE ROAD JUNCTION OF FRENCH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	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
FX8556M	Motorcycle	HONDA	WAVE	Red	Seriously Damaged	0
GBA3438Y	Van	CITROEN		Black	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171116/2052

2 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20171116/2052

CONTINUATION OF REPORT

Rider			
Name	LIM YONG THONG, TOMMY	ID No.	S8327365H
Related Vehicle	FX8556M (Motorcycle)	Contact No.	96708383
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,3A Date of Expiry: NIL
Date Treatment	15/11/2017	Date Discharge	15/11/2017
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	TAY CHOON MIANG	ID No.	S1497391E
Related Vehicle	GBA3438Y (Van)	Contact No.	NIL
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.

On 15.11.17 at about 1040hrs, I was riding my company motorcycle registration no. FX8556M (Honda Wave Red) along Horne Road. As I was approaching junction of French Road, a vehicle GBA3438Y (Citroen Black) suddenly appeared and I do not have much time and space to avoid a collision. I jumped off from my motorbike on colliding with the said vehicle and I landed about 10 meter at the side my motorbike and my motorbike landed onto the left side after the collision. The driver of vehicle Tay Choon Miang S1497391E came off from his vehicle and assisted me. We wanted to settle privately in the beginning but the driver later asked me to call for police to scene. I called my colleague Andrew Lim, to assist me and he came down to assist.

About 30minutes later, ambulance and police came to scene and I was conveyed to Raffles Hospital. I sustained injuries on my left elbow abrasion, left knee abrasion, swelling on left hips. I was given 4 days of medical leaves from Raffles Hospital (Nearest Hospital to the scene). The hospital medical staff took my X-rays whilst receiving treatments. My colleague Andrew assisted me to get driver's particulars and TPIO Christopher instruction vide A/20171115/0037 for me to lodge this police report. The damages to my motorbike is on its left and front side. I also believe that the mechanism of the gear levers and clutch were faulty. The observed that the van has minimal damages on its front left side.



**SINGAPORE
POLICE FORCE**



T/20171116/2052

3 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20171116/2052

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt GHAZALI BIN IBRAHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

16/11/2017 12:37

Classification Of Case:



Signature:

Singapore Police Force

Driver

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8327365H**

Name: **LIM YONG THONG, TOMMY**
(LIN YONGTONG, TOMMY)

Birth Date: **10 Sep 1983**

Issue Date: **08 May 2017**

002681899G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8327365H**

Name: **LIM YONG THONG, TOMMY**
(LIN YONGTONG, TOMMY)

林 永 通

Race: **CHINESE**

Date of birth: **10-09-1983** Sex: **M**

Country of birth: **SINGAPORE**

S8327365H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	24 Aug 2017
Class 3A	Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles without clutch pedals <= 2500 kg	08 May 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	12 Aug 2017

S / No. 9000272906

S8327365H

NP 428A



3712716

NRIC No. **S8327365H**



Date of Issue
22-04-2005

Address

APT BLK 749 YISHUN STREET 72
#07-122
SINGAPORE 760749



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 30/08/2017

AGENCY: A0074-001-10093
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/17-369726-CA

INSURED:

NAME: XINZHONG AUTOPARTS LLP
ADDRESS: 33 TYRWHITT ROAD
SE 207535

NRIC NO: T08LL0804C
DATE OF BIRTH: (-1 yrs)
DRIVING EXP: (0 yr)
CONTACT NO: 62916051
82025101

BUSINESS OR PROFESSION: WHOLESALES OF PARTS AND ACCESSORIES FOR

PERIOD OF INSURANCE FROM: 04/08/2017 TO 03/08/2018
04:35PM

REGISTRATION NUMBER: FX8556M

MAKE OF VEHICLE: HONDA

INSURED ESTIMATE OF VALUE: TPL

CUBIC CAPACITY: 125

YEAR OF REGISTRATION: 2004

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

Any person who is driving on the Insured's Order
or with their permission.

ENDORSEMENTS APPLICABLE: 3P

EXCESS:

PREMIUM: 370.00

GST @ 7% 25.90

TOTAL: 395.90

NO CLAIM BONUS OF 0% IS ALLOWED

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

REPLACING POLICY NO: MSD/VMT/11-820079-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers



CA 491179
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200413212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 060007
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of 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.

CERTIFICATE NO : MSD/VMT/17-369726-CA A0074-001/10093

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FXB556M**
HONDA **125 c.c.**
2. Name of Policyholder **XINZHONG AUTOPARTS LLP**
3. Effective date of the Commencement of Insurance
for the purposes of the Act **0435PM 04/08/2017**
4. Date of Expiry of Insurance **03/08/2018**

5. Persons or Classes of Persons entitled to drive
a. Any person who is driving on the Policyholder's order
or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

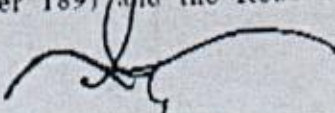
7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for any purpose in connection with the Motor Trade.

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

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 the Road Transport Act, 1987 (Malaysia).

Rep1 CH: 72021040
17/08/2017 (KP)
CANCELLATION (U5/TJ)


COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.