

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA11713726

Date In: 29/11/17-16:47	Job description	Date & Time Completed	Done by
Ref No: NA/MSA17022728/24	SAS e-filing		
Veh No: F3F6893U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 6/11/17-07:15	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: PA44497

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%. P: 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

NA1707377

Invoice Preparation Checklist

Am't (\$)

Est Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Sat. 1:

Sat. 2 / 3:

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

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

3) TF: Towing Fee \$40/\$45

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:-

QD:

*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 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	29/11/2017 16:47
Date Of Accident	06/11/2017 07:15
Exact Location Of Accident	PIE TWDS TOH GUAN RD EXIT NEAR IMM BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF6893U
Insured/Policyholder	
Name Of Registered Owner	CHOO GEOK LEONG
NRIC No	S1622449I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96509717
Alternative Phone No	OFFICE-96509717

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-372659-CA
Cover Note Number	

Driver

Name of Driver	CHOO GEOK LEONG
NRIC No	S1622449I
Date Of Birth	03/08/1963
Occupation	INDOOR
Date Of Driving Pass	27/10/1982
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96509717
Fax Number	
Contact Number	OFFICE-96509717
Email Address	NOEMAIL

Address	BLK 144 PASIR RIS STREET 11 #06-85
Postcode	510144
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171106/2111.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA4449T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name CHOO GEOK LEONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBF6893U

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.

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

Vehicle A: FBF 6893U
Vehicle B: PA 4449T

PIC (Chang) finds job near
police near 100m.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/2017 1166/2111.

DECLARATION

We declare the foregoing particulars are true in every respect.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (6 / 11 / 17) (DD/MM/YYYY), TIME: (07:15) (HH:MM)

LOCATION: Along PIE ^(Changi) & twds Tsh Guan Rd Exit near IMM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF68930
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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: Choo Gede Long (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1622497 CONTACT: 96501717
 c) ADDRESS: Blk 144 Pasir Ris Street 11 # 06-15 (110144)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER (as above)

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

- * d) DATE OF BIRTH: (3 / 8 / 1963) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 27 / 10 / 1982 (class 2B)

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) owner (Body)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: Pasir Ris NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PA44497 MODEL: _____ * No of passen
 b) DRIVER'S NAME: _____ (including dr
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (—)

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____ * No of passen
 e) DRIVER'S NAME: _____ (including dr
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____ (—)

email =

fax =

lowlaykhjm@yahoo.com.sg



SINGAPORE POLICE FORCE



T/20171106/2111

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Lee Ming - 511 920 59

1 of 3

Report No. T/20171106/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2017 14:33		Vide Report No.:		Station Diary No.: 57
Informant's Particulars				
Name of Informant: CHOO GEOK LEONG		Address: APT BLK 144 PASIR RIS STREET 11 #06-85 SINGAPORE 510144		
ID Type / ID No.: NRIC NO / S1622449I		Contact No.: Home/Office:		Mobile: 96509717
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 03/08/1963	Type of Informant: Rider	
Race: Chinese		Language:	Institution / School Name:	
Occupation: CORDINATOR		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/11/2017 07:15	Type of Location: Straight Road
Location: Along Road 1 PASIR ISLAND EXPRESSWAY Along PIE towards Toh Guan exit near IMM.				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF6893U	Motorcycle	HONDA	CBF150	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF6893U	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72037210	22/10/2017	21/10/2018



**SINGAPORE
POLICE FORCE**



T/20171106/2111

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Police Station Of Origin:
Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457

Tel No: 1800-5852999

Report No. T/20171106/2111

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHOO GEOK LEONG	ID No.	S1622449I
Related Vehicle	FBF6893U (Motorcycle)	Contact No.	96509717
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	06	Degree of Injury	NIL

Brief Details.

On 06/11/2017 at about 0715hrs, I was riding my motorcycle FBF6893U along PIE towards Toh Guan exit near IMM shopping mall. As I was riding, there was a motorcycle one car length in front of me skidded. The car in front of me then applied the brake. To avoid colliding with the car in front of me, I moved toward my left to move forward. However, there was a mini bus on the left lane beside me and I hit on to the rear end of the mini bus. I fall on my left and I sustain a fracture left collar bone I also suffered scratches on my left palm, my left elbow and left knee. Traffic police and ambulance was also at scene. I was conveyed to Ng Teng Fong General Hospital by the ambulance. I was also unable to recall the license plate number of the vehicles that was involved in the accident.



**SINGAPORE
POLICE FORCE**



T/20171106/2111

3 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20171106/2111

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:

G /

Sgt 2 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/11/2017 14:33

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL

Contact No.: 65476246

Classification Of Case:

SN 163

Authentication Stamp

NP168



Signature: _____

Singapore Police Force

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Licence Number: **S16224491**

Name: **CHOO GEOK LEONG**

Birth Date: **03 Aug 1963**

Issue Date: **11 Sep 2003**

Barcode: 00001963GA

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S16224491**

Portrait photo of a man.

Name: **CHOO GEOK LEONG**

Race: **朱 玉 龙**

Race: **CHINESE**

Date of birth: **03-08-1963**

Sex: **M**

Country of birth: **SINGAPORE**

Small circular portrait photo.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	27 Oct 1992
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Nov 1993

NP 428A

Licence No: **S16224491**

Barcode

4397727

Barcode

NRIC No. **S16224491**

Portrait photo of a man.

Date of issue: **06-05-2009**

Address: **APT BLK 144 PASIR RIS STREET 11 #06-B5 SINGAPORE 510144**

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (U.S. Reg. No. 7004127175)
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:** 30/10/2017**AGENCY:** A0074-001-10147
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/17-372659-CA**INSURED:****NAME:** CHOO GEOK LEONG
ADDRESS: 144 PASIR RIS STREET 11
#06-85
SE 510144**NRIC NO:** S16224491
DATE OF BIRTH: 03/08/1963 (54 yrs)
DRIVING EXP: 27/10/1982 (34 yrs)
CONTACT NO: 96509717**BUSINESS OR PROFESSION:** SUPERVISOR**PERIOD OF INSURANCE FROM:** 22/10/2017 12:01AM **TO** 21/10/2018**REGISTRATION NUMBER:** FBF6893U**CUBIC CAPACITY:** 149**MAKE OF VEHICLE:** HONDA**YEAR OF REGISTRATION:** 2011**INSURED ESTIMATE OF VALUE:** PMV
PREVAILING MARKET VALUE**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

The Insured Only

ENDORSEMENTS APPLICABLE: 2C 2K 3Q M23 97 - INSURED**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**PREMIUM:** 160.00**GST @ 7%:** 11.20**TOTAL:** 171.20**NO CLAIM BONUS OF 20% IS ALLOWED****NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:****REPLACING POLICY NO:** MSD/VMS/16-352881-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