

# NATIONAL Assessment Centre Services

(Unit 1/2/000)

NA/170751552

Date In: 6/11/2017 14:03	Job description	Date & Time Completed	Done by
Ref No: NBA/170751552	SAS e-filing		
Veh No: FBF 8181C	E-mail (with DA, AIC this)		
D.O.A: 22/11/2017 11:30	4-Motor Claim Form		
OD / TP Reporting Only	1-Motor W/O (with DA, AIC this)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeh No: FBF 825K	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 6646	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:	Action:

NA/1707516	Invoice Preparation Checklist	Bill	Adm. Bill
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$150		
	5) PT: Follow-Through Survey (Resurvey) \$70		
	6) TR: Re-inspection \$75		
	7) NT: Adv DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NT: Courtesy Car / Tpl Allowance \$5		
	10) NT: Repair Coordination \$10		
	11) NT: Post Repair Inspection \$25		
	12) NT: DY / Collateral Excess Coordination \$5		
	13) NT: TP (Non-INC) against INC \$20		
	14) NT: Idm Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice date	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	01/12/2017 14:03
Date Of Accident	22/11/2017 11:30
Exact Location Of Accident	ALONG NEIL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8181C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHIEW KANG
NRIC No	S1463742G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81118294
Alternative Phone No	OTHERS-81118294

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-360048-CA
Cover Note Number	

### Driver

Name of Driver	TAN CHIEW KANG
NRIC No	S1463742G
Date Of Birth	10/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1981
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81118294
Fax Number	
Contact Number	OTHERS-81118294
Email Address	NOEMAIL

Address	BL 79 INDUS ROAD #12-465
Postcode	161079
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	COLLISION - HEAD TO REAR
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171127/2033

#### 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	FBJ825K
Vehicle Make/Model/Colour	HONDA ANF125
Details Of Properties	
Name of Driver	LIN JIAN
NRIC/Passport Number	G2031535R
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 TAN CHIEW KANG

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBF8181C

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:

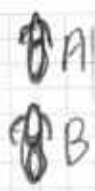
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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

ALONG NEIL ROAD		<p>A) FBF 8181 C</p> <p>B) FBJ 825 K</p>
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
7/2017/127/2033

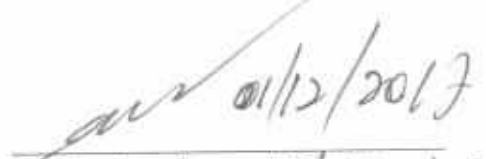
## DECLARATION

I/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.:





# SINGAPORE POLICE FORCE



T/20171127/2033

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171127/2033

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/11/2017 11:31	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: TAN CHIEW KANG			Address: 79 INDUS RD #12-465 SINGAPORE 161079	
ID Type / ID No.: NRIC NO / S1463742G			Contact No.: Home/Office: Mobile: 81118294	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 10/09/1961	Type of Informant: Rider	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: RIDER			Driving Licence Information: Class:	Date of Expiry:

### General information of the Accident

General information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/11/2017 11:30	Type of Location:
Location: Along Road 1 NEIL ROAD				
TRAFFIC LIGHT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF8181C	Motorcycle	HONDA	CB400X	Black	Slightly Damaged	0
FBJ825K	Motorcycle	HONDA	ANF125MSS A	Red	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF8181C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT17360048	01/03/2017	28/02/2018



**SINGAPORE  
POLICE FORCE**



T/20171127/2033

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171127/2033

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	TAN CHIEW KANG	ID No.	S1463742G
Related Vehicle	FBF8181C (Motorcycle)	Contact No.	81118294
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	22/11/2017	Date Discharge	25/11/2017
No. of Days granted Medical Leave	30	Degree of Injury	Serious
<b>Rider</b>			
Name	LIN JIAN	ID No.	G2031535R
Related Vehicle	FBJ825K (Motorcycle)	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	Slight

**Brief Details.**

ON 22/11/2017 AT ABOUT 1130HRS,  
I WAS ABOUT TO STOP AT THE TRAFFIC LIGHT AT NEIL RD WHEN SUDDENLY ANOTHER  
MOTORCYCLE(FBJ825K) HIT BEHIND MY VEHICLE. I COULD NOT REACT IN TIME AND I FELL OFF  
MY VEHICLE IMMEDIATELY.I WAS INFORMED BY THE OTHER RIDER THAT HE IS TRYING TO  
BEAT THE TRAFFIC BUT COULD NOT DO IT IN TIME. I SUFFERED A FRACTURED RIGHT HAND  
AND A BRUISED RIGHT KNEE.I WAS CONVEYED TO THE HOSPITAL. I WAS HOSPITALISED FOR  
FOUR DAYS AND WERE GIVEN 30 DAYS MC.





**SINGAPORE  
POLICE FORCE**



T/20171127/2033

3 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20171127/2033

**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:  
TP /  
LEE KWANG HONG KENDRICK

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI ANG YI TING, STEPHANIE  
Contact No.: 65476414

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
27/11/2017 11:31

Classification Of Case:

	<b>SINGAPORE POLICE FORCE</b>
Signature:	

# ACCIDENT STATEMENT

ACCIDENT DATE: 22/11/2017 (DD/MM/YYYY), TIME: 11.30 (HH:MM)

LOCATION: Along NHUL ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 8181C  
 b) INSURANCE COMPANY: MSLG  
 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: Working Pullish  
 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: THAN CHHAN KONTA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91118294  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

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

\* d) DATE OF BIRTH: 10/09/1981 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 07/12/1981

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBJ 825K MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Lim Jian  
 c) NRIC/FIN/PASSPORT: G 203155R CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE


- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email =

fax =

video

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1463742G



TAN CHIEW KANG  
陈秋江  
CHINESE  
Date of Birth: 10-09-1961 M  
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1463742G  
Name: TAN CHIEW KANG

Birth Date: 10 Sep 1961  
Valid Until: 07 Oct 2003




2474023



NRIC No: S1463742G



NRIC Group: 0000 of Male  
Date: 12-10-1994

APT BLK 79 INDUS ROAD #12-465  
SINGAPORE 101079  
NRIC No: S1463742G Date: 28/09/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles not exceeding 200 cc	07 Oct 1961
Class 2A	Motorcycles between 201 cc and 400 cc	07 Oct 1961

NP 476A





MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
www.msig.com.sg

CA 480242

**CERTIFICATE OF INSURANCE**

Road Transport Act, 1987 (Malaysia)  
The Motor Vehicles (Third Party Risks) Rules, 1949 (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/VMS/17-360048-CA A0074-001/10110

SUM INSURED : PMV

EXCESS : \$500(FIRE&amp;THEFT) \$1000(ENOT 2K)

1. Index mark and Registration Number of Vehicle : FBF8181C  
HONDA 399 c.c.
2. Name of Policyholder : TAN CHIEW KANG
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AM 01/03/2017
4. Date of Expiry of Insurance 28/02/2018
5. Persons or Classes of Persons entitled to drive  
a. The Policyholder.

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 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 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).

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

22/02/2017 (BB)

CA/CI-03 (B/13)