

NATIONAL Assessment Centre Services

(wef 1 Jan'05) MNA117159771-01

Date In: 4/12/17-16:26	Job description	Date & Time Completed	Done by
Ref No: NA/M3617022983/24	SAS e-filing		
Veh No: PBC84454	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 13/11/17-13:30	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: SLK1706R	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

NA1707478	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Est. Bill	Add. Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	04/12/2017 16:26
Date Of Accident	13/11/2017 13:30
Exact Location Of Accident	PAYA LEBAR RD TWDS UPPER PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8445H
Insured/Policyholder	
Name Of Registered Owner	CHUA TIAN KIAT
NRIC No	S6816354D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81012721
Alternative Phone No	OFFICE-81012721

Vehicle Particulars

Manufacturer	HONDA
Model	-
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
Fleet Policy	NO
Policy Number	MSD/MT/17-983163-WTT
Cover Note Number	

Driver

Name of Driver	CHUA TIAN KIAT
NRIC No	S6816354D
Date Of Birth	02/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1987
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81012721
Fax Number	
Contact Number	OFFICE-81012721
Email Address	NOEMAIL

Address	BLK 274B PUNGGOL PLACE #08-822
Postcode	822274
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	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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171115/2136. REMARK: VEHICLE HAS BEEN SCRAPPED.

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	SLK1706R
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)	2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name CHUA TIAN KIAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBC8445H

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

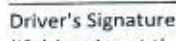
IMPORTANT NOTICE

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: FBC845HA
vehicle B: JCK17-6R

Refer to police report. T/20171115/2136.

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

GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Enquire Vehicle Disposal Details

Vehicle Details	
Vehicle No.	FBC8445H
Chassis No.	NF125MD5000890
Engine No.	NF125MDE5000890
Propellant	Petrol
De-registration Date	18 Nov 2017
De-registration Reason	Scrapped
Disposal Details	
Disposal Operator	KHENG KENG AUTO PTE LTD
Chassis Disposal Type	KHENG KENG AUTO PTE LTD
Chassis Disposal Date	18 Nov 2017
Engine Disposal Type	KHENG KENG AUTO PTE LTD
Engine Disposal Date	18 Nov 2017

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Last updated on 19 Nov 2017 at 12:12 AM

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA117139771 Vehicle Registration No: FBC8443H
Name (as shown in NRIC) : CHUA TIAN KIAT NRIC/FIN/Passport No : S6816354D
(*Vehicle Driver / ~~Vehicle Owner~~)(*) Please delete as appropriate
Address : Blk 274B Ponggol Place #08-822 Singapore (822274)
Contact (Tel) : _____ Mobile No. : 81012721
Email Address : _____
Date of Accident : 13/11/17 Time of Accident : 13:30
Place of Accident : Paya Lebar Rd turns upper Paya Lebar Rd
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend policy number.

Policyholder / Driver's Signature
Date:



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



**SINGAPORE
POLICE FORCE**



T/20171115/2136

1 of 3

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

Report No. T/20171115/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2017 16:19		Vide Report No.: T/20171115/2105		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA TIAN KIAT			Address: APT BLK 274B PUNGGOL PLACE #08-822 SINGAPORE 822274		
ID Type / ID No.: NRIC NO / S6816354D			Contact No.: Home/Office: Mobile: 81012721		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 02/05/1968	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/11/2017 13:30	Type of Location: Straight Road
Location: Along Road 1 PAYA LEBAR ROAD TOWARDS UPPER PAYA LEBAR ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8445H	Motorcycle	HONDA	NF125MD	Red	Slightly Damaged	1
SLK1706R		MERCEDES BENZ		Black	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC8445H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60745890	17/06/2017	16/06/2018



SINGAPORE POLICE FORCE



T/20171115/2136

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

Report No. T/20171115/2136

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHUA TIAN KIAT	ID No.	S6816354D
Related Vehicle	NIL	Contact No.	81012721
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	13/11/2017	Date Discharge	14/11/2017
No. of Days granted Medical Leave	11	Degree of Injury	Slight
Driver			
Name	SHAWN	ID No.	NIL
Related Vehicle	NIL	Contact No.	85448365
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 13/11/2017, at about 1330hrs, I was riding my motorcycle along Paya Lebar Road towards Upper Paya Lebar Road, on the second lane from the right. Upon reaching the opposite of Caltex petrol station, a black in colour Mercedes was seen exiting from the left. It was a filter lane out to Paya Lebar Road. I then slowed down as the Mercedes kept inching out into the first lane from the left and into my lane. However, upon entering my lane in front of me, the vehicle suddenly braked. I applied jam brake and tried to swerve to the right to avoid hitting the vehicle however there was not enough time and space and as such, I collided into the rear right of the vehicle.

Due to the impact, my motorcycle was flipped and my face hit onto some thing. I then dropped on the ground facing down and I quickly sat down. My face was covered in blood and as such, I could not open my eyes.

Shortly later, the police and the ambulance arrived where I was then conveyed to Changi General Hospital. Due to the impact, I suffered a cut on my forehead, injured my nose(amended), a chipped tooth and a cut on the upper lip. My motorcycle's headlight and front fender was also damaged due to the accident.



**SINGAPORE
POLICE FORCE**



T/20171115/2136

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

3 of 3

Report No. T/20171115/2136

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 /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476179

Authentication Stamp
NP168


Signature Of Informant:

Date/Time:
15/11/2017 16:19

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6816354D**
 Name: **CHUA TIAN KIAT**
 Birth Date: **02 May 1968**
 Issue Date: **17 Jun 2003**

1000573771H

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S6816354D**



Name: **CHUA TIAN KIAT**
 蔡添吉
 Race: **CHINESE**
 Date of Birth: **02-05-1968** Sex: **M**
 Country of Birth: **SINGAPORE**

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

Class	Description	Valid Until
Class 2R	Motorcycles not exceeding 200 cc	27 Aug 1987
Class 2T	Motorcycles between 201 cc and 400 cc	27 Aug 1987
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 12500 kilograms	20 Jul 1993

Licence No: **S6816354D**

NP 422/A

A0119021



NPIC No: **S6816354D**



Group: **B** Date of issue: **03-04-2002**

APT BLK 274B PUNGGOL PLACE #08-822
SINGAPORE 822274

NPIC No: **S6816354D** Date: **30/04/2012** No: **7036044**

**MSIG**

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: 12/06/2017

AGENCY: A0633-001-W0841
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMT/17-983163-WT1

INSURED:

NAME: CHUA TIAN KIAT /
ADDRESS: BLK 274B PUNGGOL PLACE
#08-822
S822274

NRIC NO: S6816354D
DATE OF BIRTH: 02/05/1968 (49 yrs)
DRIVING EXP: 27/08/1987 (29 yrs)
CONTACT NO:

BUSINESS OR PROFESSION: SELF EMPLOYED

PERIOD OF INSURANCE FROM: 17/06/2017 / **TO** 16/06/2018 /
00:01AM

REGISTRATION NUMBER: FBC8445H /

CUBIC CAPACITY: 125

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2002

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

The Insured Only

ENDORSEMENTS APPLICABLE: 3P PA INSURED MEMO MCFM

EXCESS:

PREMIUM: 283.50

GST @ 7%: 19.85

TOTAL : 303.35

NO CLAIM BONUS OF 10% IS ALLOWED

NAME OF EMPLOYER AND/OR

HIRE PURCHASE OWNER: NIL (31.50)

REPLACING POLICY NO: MSD/VMT/16-973233-WTT

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