

Date In: 11/12/17 17:52	Job description	Date & Time Completed	Done by
Ref No: NAI MSG 17023499/h4	SAS e-filing		
Veh No: FBB 1802 L	E-mail (within 3hrs. Aft Dns)		
D.O.A. 9/12/17 13:30	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (within 3hrs. Aft Dns)		
	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:

SJB S115 R

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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

Injury: ( )

Date/Time

Actions

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref: ( )

Ref: ( )

NAI307652

## Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

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

2) DA: Damage Assessment (\$100) INC (\$30)

3) TF: Towing Fee \$40-\$40

4) FT: Follow-Through Survey \$120

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

For claiming against INC Only (wef 10 Jan 2014)

6) TR: Re-inspection \$75

7) N1: (See DA - SMRI Survey) \$160

8) NTUC Additional Services:-

OT:

\*N5: Courtesy Car / Tpl Allowance \$5

\*N6: Repair Co-ordination \$10

\*N7: Post Repair Inspection \$24

\*N8: DV: Collect Excess Coordination \$5

\*TP (N11) / TP (N12) INC against INC \$10

9) N12: (See Mobile) \$0

Invoice dated

Fee Charged

Invoice total

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	11/12/2017 17:52
Date Of Accident	08/12/2017 13:30
Exact Location Of Accident	JUNC OF HORNE RD & KING GEORGE'S AVE TWDS KALLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB1802L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	XINZHONG AUTOPARTS LLP
Co Reg No	37571600M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62916051

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
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/17-356532-CA
Cover Note Number	-

### Driver

Name of Driver	ONG HONG GHEE(WENG HONGYI)
NRIC No	S7240490D
Date Of Birth	30/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1997
Driving Experience	20 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90127141
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	BLK 445 YISHUN AVE 11 #06-38
Postcode	760445
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	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJB5115R
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	DANNY
Phone Number	98579192

## 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 207535  
Tel: (65) 6291 6051 Fax: 6291 6052

Policyholder's Signature  
Date & Time:

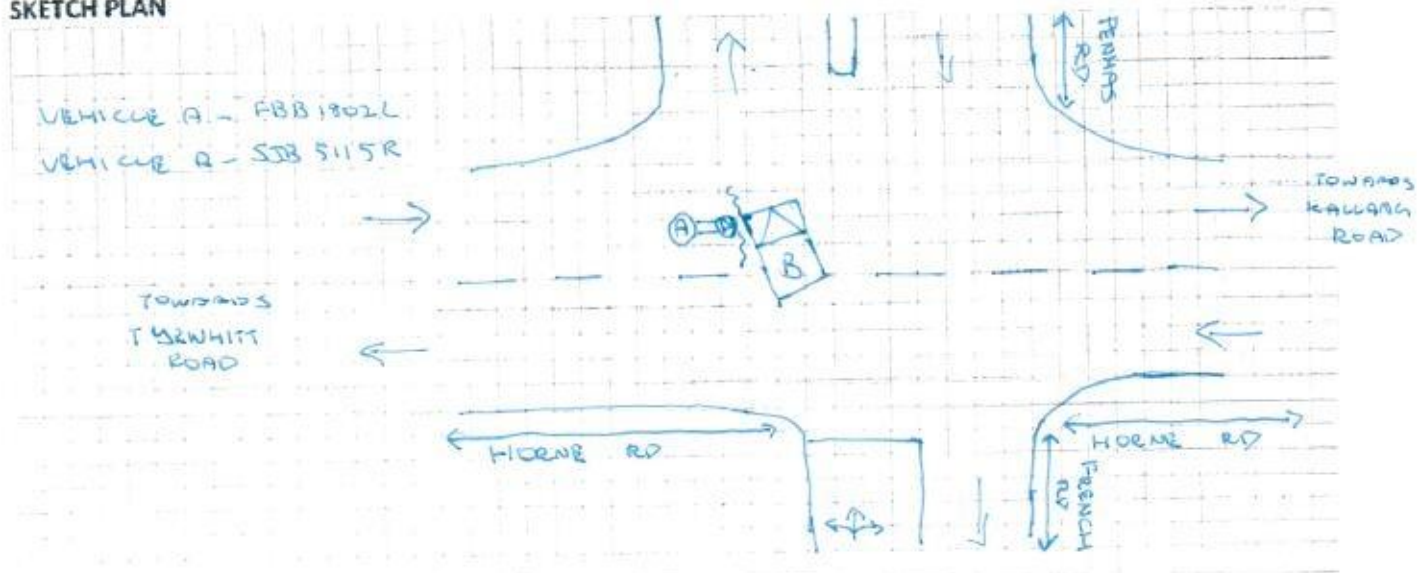
VOLVO  
AUDI  
SKODA  
SEAT  
PORSCHE

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

AS PER POLICE REPORT

REPORT NUMBER  
T/20171210/2038

VEHICLE A - F3B 1802 L

VEHICLE B - SJ8 5115 R

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 KINZHONG AUTO PARTS LLP  
 43 Tyewhit Road  
 Singapore 207535  
 Tel: 6090 246095 Fax: 6091 8052  
 E-mail: kzhong@kzhong.com.sg  
 Date & Time:

VOLVO: AGE:  
 AUD: SKODA  
 SEAT: PORSCHE  
 VOLVO:

Driver's Signature  
 (If driver is not the policyholder)

VOLVO  
AUD  
SKODA  
SEAT  
PORSCHE  
VOLVO Drive

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

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



<b>Vehicle No.</b>	FAB 18021	<b>Model / Make</b>	HONDA WAVE
<b>Date of Accident</b>	05/12/17		
<b>Time of Accident</b>	1330	<b>HRS</b>	
<b>Location of Accident</b>	HORNE RD TOWARDS KALLANG RD (JUNCTION OF "HORNARD/PENHARD/REACH RD")		
<b>Exact purpose use during accident</b>	WORKING HOURS		
<b>Name of Owner</b>	XINZHONG AUTOPARTS LLP		
<b>Telephone No.</b>	H/P :	Home :	Office : 62916051
<b>NRIC</b>	37571600M		
<b>Address</b>	23 TIRWHITT ROAD S(207333)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	MSIG		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	MSD/UMT/17-356532-CA		
<b>Name of Driver</b>	As Above If No, ONH HONG GHEE		
<b>NRIC</b>	572404901	<b>Any Passengers :</b>	NIL
<b>Date of birth</b>	30/10/1972		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	22 OCT 1997		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 9012 7141	Home :	Office :
<b>Address</b>	BLK 445 YISHUN AVE11 #06-38 S(760445)		
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No,	If Yes, Who?	
<b>Name And Contact No.</b>	ONH HONG GHEE 9012 7141		
<b>Name And Contact No.</b>			
<b>Police Report</b>	No,	If Yes, Where?	YISHUN NORTH NPC
<b>Vehicle B No.</b>	SSB 5115 R	<b>Any Passengers :</b>	
<b>Name of Driver</b>		<b>Contact No. :</b>	
<b>Vehicle C No.</b>		<b>Any Passengers :</b>	
<b>Vehicle D No.</b>		<b>Any Passengers :</b>	
<b>Vehicle E no.</b>		<b>Any Passengers :</b>	
<b>Vehicle F No.</b>		<b>Any Passengers :</b>	
<b>Vehicle G No.</b>		<b>Any Passengers :</b>	
<b>Witness Name</b>	<b>Witness Contact :</b>		
<b>Accident Portion</b>	FRT AND FALL ON LEFT		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
<b>PARTICULAR WORKSHOP</b>	MOTO 51 PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	JACKY		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		





**SINGAPORE  
POLICE FORCE**



T/20171210/2038

1 of 3

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

Report No. T/20171210/2038

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/12/2017 13:41		Vide Report No.:		Station Diary No.: 56
<b>Informant's Particulars</b>				
Name of Informant: ONG HONG GHEE		Address: APT BLK 445 YISHUN AVENUE 11 #06-38 SINGAPORE 760445		
ID Type / ID No.: NRIC NO / S7240490D		Contact No.: Home/Office: Mobile: 90127141		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 45	Date of Birth: 30/10/1972	Type of Informant: Rider	
Race: Chinese		Language: Mandarin	Institution / School Name:	
Occupation: DISPATCH RIDER		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/12/2017 13:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 HORNE ROAD KING GEORGE'S AVENUE At the cross-junction of Horne Road and King George's Avenue, towards Kallang Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB1802L	Motorcycle	HONDA	Wave	Blue	Seriously Damaged	0
SJB5115R	Car	SUZUKI	Swift	White		0

**Details of Person Involved**

Any Pedestrian Involved: No  
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20171210/2038

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

2 of 3

Report No. T/20171210/2038

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	ONG HONG GHEE	ID No.	S7240490D
Related Vehicle	FBB1802L (Motorcycle)	Contact No.	90127141
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	08/12/2017	Date Discharge	08/12/2017
No. of Days granted Medical Leave	07	Degree of Injury	Serious
<b>Driver</b>			
Name	KOTEGAWA TOMO	ID No.	G5478837T
Related Vehicle	NIL	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 08/12/2017 at about 1330hrs, I was riding my motorcycle FBB1802L (blue Honda Wave) at the cross-junction of Horne Road and King George's Avenue, towards Kallang Road. When I was about to ride thru the said junction, one white colored vehicle SJB5115R (Suzuki Swift) made a right turn from Horne Road to King George's Avenue and I could not stop my vehicle in time; therefore I collided onto the left portion of the said vehicle.

After the incident, the driver of SJB5115R shifted the vehicle to aside and approached me. There is another motorcyclist which was travelling behind me at that point of time and he is willing to be my witness. His name is Danny with the contact number 9857 9192 and had assisted me to call for ambulance.

I was conveyed to Raffles Hospital after the incident and was given 7 days of hospitalization leave from 08/12/2017 to 14/12/2017. I sustained pain on my whole body, swelling and bruises on my left feet & ankle region. There is no vehicle camera installed on my motorcycle.





**SINGAPORE  
POLICE FORCE**



T/20171210/2038

3 of 3

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


Report No. T/20171210/2038

**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 LAU JIXIANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2017 13:41
Officer In Charge Of Case: TP / GIT / 65470000	Classification Of Case:
Contact No.:	SN 035
Authentication Stamp NP168	Signature:  Singapore Police Force

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7240490D**  
Name:

**ONG HONG GHEE**  
(WENG HONGYI)

Birth Date: **30 Oct 1972**  
Issue Date: **30 Aug 2003**



# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7240490D**



**ONG HONG GHEE**  
(WENG HONGYI)

Race:  
**CHINESE**  
Date of Birth:  
**30-10-1972**  
Country of Birth:  
**SINGAPORE**

Sex:  
**M**

**S7240490D**

# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

## PASS DATE

Class 2B Motorcycles <= 200 CC  
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg  
Class 4 Heavy motor cars and motor tractors > 2500 kg

23-Oct-1997  
25-Mar-2011  
04-Oct-2016

S7240490D

S / No. 9000252401



NP 426A



1184459

NRIC No: **S7240490D**



Blood Group: **O+** Date of issue: **12-08-1993**

**APT BLK 445 YISHUN AVENUE 11 #06-38**  
**SINGAPORE 760445**

NRIC No: **S7240490D**

Date: **14/02/2013**

No: **7248064**





CA 476357

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

**CERTIFICATE OF INSURANCE**

Road Transport Act, 1987 (Malaysia)  
The Motor Vehicles (Third Party Risks) Rules, 1989 (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 : VSD/VMT/17-356532-CA A0074-001/10241

SUM INSURED : TPL  
EXCESS : NIL1. Index mark and Registration Number of Vehicle : FB61802L  
HONDA 125 c.c.  
2. Name of Policyholder : XINZHONG AUTOPARTS LLP3. Effective date of the Commencement of Insurance  
for the purposes of the Act

1201AM 27/12/2016

4. Date of Expiry of Insurance

28/12/2017

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 o. 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).

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

23/12/2016 10G1  
CA/C1-03 (05/15)