

NATIONAL Assessment Centre Services

(part 1 of 2)

MA 47163029

Date In: 11/12/2017 17:55	Job description	Date & Time Completed	Done by
Ref No: NBD/M84/1023500/Y	SAS e-tiling		
Veh No: PY 3340X	E-mail (with 3 hrs, AIC 3 hrs)		
D.O.A: 09/18/2017 18:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (with 3 hrs, AIC 3 hrs)		
TP Insured:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars	Yeli No: SLQ 9597	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: Customers Information strictly Confidential & Strictly NO refer of repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks: INC Hotline: 6788 0010	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

NAIT07672

Human's Particulars	Invoice Preparation Checklist	Amount (\$)	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)		
	4) FT: Follow-Through Survey (\$150)		
	5) PT: Follow-Through Survey (Resurvey) (\$30)		
	Excluding against INC Only (use F10 in 200)		
	6) TR: Re-inspection (\$15)		
	7) N1: 1 day DA + SMRT Survey (\$140)		
	8) NTUC Additional Services:		
	Q11:		
	*N3: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$15	
	*N8: DY / Collect Unsett Coordination	\$5	
	TP (N1): TP (Non INC) against INC	\$20	
	P) N13: 1 day Mobile	\$10	
	Invoice dated	File Charged	
	Invoice date	File 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 17:55
Date Of Accident	09/12/2017 18:00
Exact Location Of Accident	WEST COAST DRIVE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY3340X
Insured/Policyholder	
Name Of Registered Owner	PHUA KOK KHOON (PAN GUOKUN)
NRIC No	S7347400J
Email Address	SIMPLELADY89@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-88693141
Alternative Phone No	OTHERS-88693141

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M-197CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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/17-367375-CA
Cover Note Number	

Driver

Name of Driver	PHUA KOK KHOON (PAN GUOKUN)
NRIC No	S7347400J
Date Of Birth	22/12/1973
Occupation	INDOOR
Date Of Driving Pass	23/06/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88693141
Fax Number	
Contact Number	OTHERS-88693141
Email Address	SIMPLELADY89@HOTMAIL.SG

Address	BLK 181 BISHAN STREET 13 #06-257
Postcode	570181
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
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)	0

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

PLEASE REFER TO POLICE REPORT T/20171209/7014

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	SJQ9597
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	MR.AH SOON
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SKETCH PLAN

IMPORTANT NOTICE

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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.:

11/12/2017

Res Li WATARS

SKETCH PLAN

81K 503 West Coast DR

LOADING
&
UNLOADING.



FY
3340X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to Police Report
1/2017/209/2014

DECLARATION

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

[Signature]

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.:

11/12/2017
Rashid



SINGAPORE POLICE FORCE



T/20171209/7014

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

1 of 3

Report No. T/20171209/7014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2017 22:40		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: PHUA KOK KHOON		Address: APT BLK 181 BISHAN STREET 13 #06-257 SINGAPORE 570181			
ID Type / ID No.: NRIC NO / S7347400J		Contact No.: Home / Office: Mobile: 88693141			
Nationality: SINGAPORE CITIZEN		Email: simplelady89@hotmail.sg			
Sex: Male	Age: 43	Date of Birth: 22/12/1973	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/12/2017 18:00	Type of Location: Car Park
Location: WEST COAST DRIVE Carpark				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY3340X	Motorcycle		honda	Grey		0
SJQ 9597	Car			Black		0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171209/7014

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

2 of 3

Report No. T/20171209/7014

CONTINUATION OF REPORT

Vehicle Owner			
Name	PHUA KOK KHOON	ID No.	S7347400J
Related Vehicle	NIL	Contact No.	88693141
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am an employer of a stall at Blk 503 West Coast Dr Stall No.28. My motorcycle of plate number FY3340X was parked on the said car park. At around 1800 on 9/12/2017, a stall holder Mr Ah Soon Contact No 94224397 came to my stall and informed me that my motorbike was being hit and he has taken down the registration plate of the car that had hit my motorcycle and drove off. The mentioned car was in black colour of plate number SJQ 9597. I wish to state that due to the hit my motorcycle was unable to function.



**SINGAPORE
POLICE FORCE**



T/20171209/7014

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

3 of 3

Report No. T/20171209/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
09/12/2017 22:40

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 09/12/2017 (DD/MM/YYYY), TIME: 18:00 (HH:MM)

LOCATION: WAS7 COAST DRIVE CARPORT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY3340X
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Mountain
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: BIKE WAS PARK
 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: PINKA KOK KIRAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: _____

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)
 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: STQ 9597 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(0)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = simpreeddy89@hotmail.sg

Fax = _____

VIDEO _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7347400J



PHUA KOK KHOON
(PAN GUOKUN)
潘國坤
CHINESE
Date of Birth: 22-12-1973 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Personal No. S7347400J



PHUA KOK KHOON
(PAN GUOKUN)
Date of Birth: 22 Dec 1973
Date of Issue: 16 Apr 2000



2819186



NRIC No. S7347400J



Group: B+ Date of Issue: 16-04-1996

Address:
APT BLK 181 BISHAN STREET 13
#06-257
SINGAPORE 570181


YOU ARE LICENSED TO DRIVE VEHICLES OF THE FOLLOWING CLASSES:

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 CC	23 Jun 1998
Class 2A	Motorcycles between 201 CC and 400 CC	28 Jul 2000
Class 2	Motorcycles > 400 CC	01 Jul 2000
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	26 Mar 1998
Class 4	Heavy motor cars and motor tractors > 2500 kg	21 Dec 1999
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	18 Jan 2000

97347400J

S / No. 9000071727

License No. S7347400J



HP 429A



CA 488564
 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, 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/17-367315-CA A0074-001/10900

SUM INSURED : TPL
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FY3340X**
HONDA 197 c.c.
2. Name of Policyholder **PHUA KOK KHOON**
3. Effective date of the Commencement of Insurance
 for the purposes of the Act **0918AM 07/07/2017**
4. Date of Expiry of Insurance **06/07/2018**
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 93 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.

07/07/2017 (CG)
 CA01-03 (01/1/1)

THIS IS A PRINTING SAMPLE. THE ACTUAL POLICY WILL BE DIFFERENT.

DO NOT SIGN ANYTHING ON THIS SAMPLE. OR A SIMILAR