

Date In: 20/12/2017 16:08	Job description	Date & Time Completed	Done by
Ref No: NA/MSG17024156/44	SAS e-filing		
Veh No: FBA 9124M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 19/12/2017 20:30	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: SLK 7761R	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 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

NA1707840	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*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 (N11 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	20/12/2017 16:08
Date Of Accident	19/12/2017 20:30
Exact Location Of Accident	CTE TWDS CITY BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA9124M
Insured/Policyholder	
Name Of Registered Owner	MA TIA MONG
NRIC No	S1391813I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90299984
Alternative Phone No	OTHERS-90299984

Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A
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	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/17-362300-CA
Cover Note Number	

Driver

Name of Driver	PHOO CHIK SAI
NRIC No	S2695977B
Date Of Birth	29/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1991
Driving Experience	26 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98958587
Fax Number	
Contact Number	OTHERS-98958587
Email Address	NOEMAIL

Address	BLK 12 MARSILING LANE #05-45
Postcode	730012
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171220/2000

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	SLK7761R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

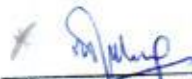
SKETCH PLAN


IMPORTANT NOTICE

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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:

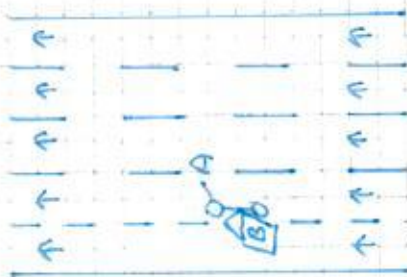

Driver's Signature
(If driver is not the policyholder)
Date & Time;


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

20/12/2017

SKETCH PLAN

CTE Toward City Before Braddell Exit



A - FBA 9124M

B - SLK 7761R


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per police report no. T/20171220/2000

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.:

20/12/2017



SINGAPORE POLICE FORCE



T/20171220/2000

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20171220/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2017 00:29	Vide Report No.:	Station Diary No.: 9
--------------------------------------------	------------------	-------------------------

Informant's Particulars

Name of Informant: PHOO CHIK SAI			Address: APT BLK 12 MARSILING LANE #05-45 SINGAPORE 730012		
ID Type / ID No.: NRIC NO / S2695977B			Contact No.: Home/Office: Mobile: 98958587		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 29/07/1966	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: Employment agent/Labour contractor			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/12/2017 20:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Along CTE near to Braddell Road exit				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA9124M	Motorcycle			Grey	No Damage	0
SLK7761R	Car			Black	No Damage	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171220/2000

2 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20171220/2000

CONTINUATION OF REPORT

Rider			
Name	PHOO CHIK SAI	ID No.	S2695977B
Related Vehicle	FBA9124M (Motorcycle)	Contact No.	98958587
Hospital/Clinic	HISEMAINN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	19/12/2017	Date Discharge	19/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Unknown Male Malay	ID No.	NIL
Related Vehicle	NIL	Contact No.	91351171
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 19/12/2017 at about 2030hr, I was riding along CTE towards Geylang and I was riding at the extreme left lane. While I approaching Braddell Road out of sudden a black car drove out from nowhere and the car had hit onto my left arm. I tried to regain control of my motorcycle and luckily I was not fell down from my motorcycle. I waved at the driver signal him to stop at the road side and the driver who was a malay driver told me that i was in the blind spot because a bus had block his view. he also told me that he is a Uber driver. The driver told me to see doctor and he will pay for me. After i see doctor, the driver told me that he will not pay the medical fee and he told me to lodge a police report. I was given 3 day MC due to pain at the left arm and left leg.



**SINGAPORE
POLICE FORCE**



T/20171220/2000

3 of 3

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20171220/2000

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 WOON WEE CHEEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/12/2017 00:29

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



**SINGAPORE
POLICE FORCE**

Classification Of Case:

SIGNATURE

Authentication Stamp

NP168

Vehicle No.	FBA 9124 M	Model / Make	Honda ANF 125
Date of Accident	19/12/17		
Time of Accident	20.30	HRS	
Location of Accident	CTE Toward City Before Braddell Exit.		
Exact purpose use during accident	Private Use		
Name of Owner	Ma Tia Mong		
Telephone No.	H/P : 9029 9984	Home :	Office :
NRIC	S1391813 I		
Address	Blk 115 Ang mo kio Ave 4 #11-371 S(560115)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MSI / VMT / 17-362300-CA		
Name of Driver	As Above (If No) Phoo Chik Sai		
NRIC	S2695977B	Any Passengers : Nil	
Date of birth	29/7/1966		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	26 Jul 1991		
Gender	Male / Female		
Contact No.	H/P : 9895 8587	Home :	Office :
Address	Blk 12 Marsiling Lane #05-45 S(730012)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	(If Yes, Who?)	
Name And Contact No.	Phoo Chik Sai (Driver)		
Name And Contact No.			
Police Report	No,	(If Yes, Where?) Geylang NPL	
Vehicle B No.	SLK 7761 R	Any Passengers : Nil	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Hit on Left		
Camera Recorder	Yes / (No)		
Email Address			
PARTICULAR WORKSHOP	Motor 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jucky		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales @ n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S13918131



Name
MA TIA MONG

Race
馬潮茂
CHINESE

Date of birth
27-02-1959

Country of birth
SINGAPORE

Sex
M

S13918131

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. **S13918131**

Name
MA TIA MONG

Birth Date **27 Feb 1959**

Issue Date **24 Feb 2003**

000205763E

Owner

4915237



NRIC No. **S13918131**



Date of issue
20-12-2012

APT BLK 115 ANG MO KIO AVENUE 4 #11-371
SINGAPORE 560115

NRIC No. **S13918131** Date: **04/08/2014**

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

Class 2B Motorcycles not exceeding 200 cc

PASS DATE
28 Oct 1981

Licence No: **S13918131**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2695977B



Name

PHOO CHIK SAI

符志財

Race

CHINESE

Date of birth

29-07-1966

Sex

M

Country of birth

MALAYSIA

S2695977B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S2695977B

Name

PHOO CHIK SAI

Birth Date: 29 Jul 1966

Issue Date: 07 Feb 2013



002147814H

Rider



9192117

NRIC No. S2695977B



Nationality

MALAYSIAN

Date of issue

07-02-2013

Address

APT BLK 12 MARSILING LANE
#05-45
SINGAPORE 730012

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

EFFECTIVE DATE

- | | | |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Class 2B | Motorcycles \leq 200 cc | 26 Jul 1991 |
| Class 3 | Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg | 26 Jul 1991 |
| Class 4 | *Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg
*Motor vehicles which are not constructed to carry load and the unladen weight $<$ 7250kg | 26 Jul 1991 |



Licence No: S2695977B

NP 428A



MSIG

CA 495181

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 : WSD/VMT/17-362300-CA A0074-001/10124 E616755

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FBA9124W
HONDA 125 c.c.
2. Name of Policyholder MA TIA MONG
3. Effective date of the Commencement of Insurance
for the purposes of the Act 0942AM 05/10/2017
4. Date of Expiry of Insurance 10/05/2018

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. PHOO CHIX SAI ONLY

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).

Ref CN: 71982640

26/10/2017 (SL)

CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.