

Date In: 22/12/17 13:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/MSG 17024270/h4	E-mail: widia@inc.attn:na		
Veh No: FDF 98SSK	1-Motor Claim Form		
D.O.A: 12/12/17 07:30	1-Motor W/O (Within 60 Days TP 4th)		
OD: <input checked="" type="radio"/> Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment Survey Report		
	Ass't Report by Fax / Hand to Owner / Wksn		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SKP 750 6Y	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

NA 1707898	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		Inc Bill	Ass Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
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 \$50		
Auditors' Comments:-	For Claiming against INC Only (wef 10 Jan 2018)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA - SMRI Survey \$150		
	8) NTUC Additional Services:-		
	Q1:		
	*N3: Courtesy Car / Tpt Allowance	\$5	
	*N4: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV: Collect Excess Coordination	\$5	
	TP (N11): TP (N11) INC, against INC	\$40	
	8) N12: Idac Mobile	\$1	
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	22/12/2017 13:53
Date Of Accident	12/12/2017 07:30
Exact Location Of Accident	UPP SERANGOON VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9855K
Insured/Policyholder	
Name Of Registered Owner	GAN SUAT PENG
NRIC No	S1155353B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94507357
Alternative Phone No	OFFICE-94507357

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-369556-CA
Cover Note Number	-

Driver

Name of Driver	YEO KHOON TAT
NRIC No	S0174674Z
Date Of Birth	17/04/1953
Occupation	INDOOR
Date Of Driving Pass	28/10/1978
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93399255
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 476B UPP SERANGOON VIEW #02-528
Postcode	532476
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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
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.

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	SKP7506Y
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	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEO KHOON TAT

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBF9855K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

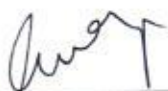
SKETCH PLAN


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:

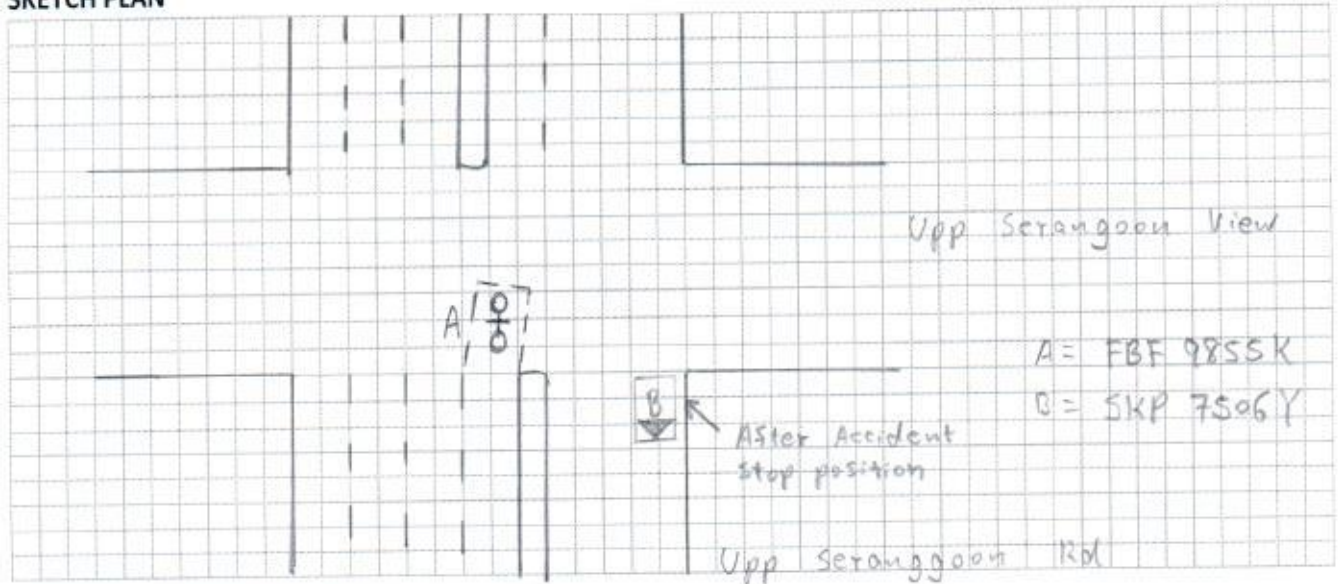
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

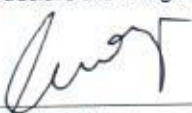



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 12 / 17) (DD/MM/YYYY), TIME: (07 : 30) (HH:MM)

LOCATION: Upp Serangoon View

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 9855 K
b) INSURANCE COMPANY: MSIG
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: Private use
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: Gan Suat Peng (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S 1155 353 B CONTACT: 94507357
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Yeo Khoon Tat (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 93399255
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

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: SKP 7506 Y 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)
(1)

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

Kee @ asphoon.

email = fredlink@live.com.sg
fax = super-cyber@hotmail.com



SINGAPORE POLICE FORCE



T/20171221/2077

1 of 3

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

Report No. T/20171221/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 14:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YEO KHOON TAT			Address: APT BLK 476B UPPER SERANGOON VIEW #02-528 HDB- HOUGANG SINGAPORE 532476	
ID Type / ID No.: NRIC NO / S0174674Z			Contact No.:	Mobile: 93399255
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 64	Date of Birth: 17/04/1953	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/12/2017 07:30	Type of Location:
Location: Along Road 1 UPPER SERANGOON VIEW				
UPPER SERANGOON VIEW				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF9855K	Bicycle <i>Motorbike</i>					0
SKP7506Y	Car					<i>2</i>

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171221/2077

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

2 of 3

Report No. T/20171221/2077

CONTINUATION OF REPORT

Rider			
Name	YEO KHOON TAT	ID No.	S0174674Z
Related Vehicle	FBF9855K (Bicycle) <i>Motorbike</i>	Contact No.	93399255
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	12/12/2017	Date Discharge	20/12/2017
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKP7506Y (Car)	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 12/12/2017 at around 0730hrs around Upper Serangoon Road

I was travelling along the road from upper serangoon road turning right towards upper Serangoon view , I stopped at the white box to make a turn towards upper serangoon view when a car hit me out of nowhere, I was shocked and did not know what happen. after that the driver and me stopped at the junction of the road and an ambulance was called. I do not know which part he hit me from or which part of my motorbike was damage. I was then conveyed to Tan Tock Seng.



SINGAPORE
POLICE FORCE



T/20171221/2077

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

3 of 3

Report No. T/20171221/2077

CONTINUATION OF REPORT

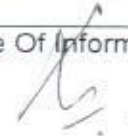

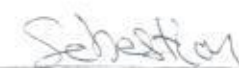
Sketch Plan

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 / GIT / Contact No.:

Authentication Stamp
NP168

Signature Of Informant: 
Date/Time: 21/12/2017 14:43
Classification Of Case:  SINGAPORE POLICE FORCE
Signature: 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0174674Z



Name
YEO KHOON TAT

楊崑達

Race
CHINESE


Date of Birth
17-04-1953

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number S0174674Z

Name
YEO KHOON TAT

Birth Date 17 Apr 1953

Issue Date 25 Aug 2003




NRIC No. S0174674Z



Blood Group Date of issue
B+ 17-06-1994

APT BLK 476B UPPER SERANGOON VIEW #02-528
SINGAPORE 532476

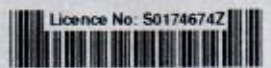
NRIC No: S0174674Z Date: 16/12/2014

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	28 Oct 1978
Class 2A Motorcycles between 201 cc and 400 cc	28 Oct 1978
Class 2 Motorcycles exceeding 400 cc	28 Oct 1978

NP 428A

Licence No: S0174674Z





CA 491002

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 069907
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/VMS/17-369556-CA A0074-001/10223

SUM INSURED: PMV
EXCESS: \$300 (FIRE & THEFT) \$600 (ENDT 2K)

1. I mark and Registration Number of Vehicle FBFG855K
2. Name of Policyholder HONDA 149 c.c.
GAN SUAT PENG (NOT DRIVING)
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 13/08/2017
4. Date of Expiry of Insurance 12/08/2018
5. Persons or Classes of Persons entitled to drive
a. YEO KHOO TAT 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).

Rep'd CN: 72021510

16/08/2017 (KP)

CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.