

NATIONAL Assessment Centre Services (wef 1 Jan 05) MMA 118003940

Date In: 8/11/18 19:50	Job description	Date & Time Completed	Done by
Ref No: NA/MSG 18000469164	SAS e-filing		
Veh No: FBK 6124E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 8/11/18 09:00	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: SLD 4975Y 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

Claimant's Particulars :-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Est Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$30		
Est 1:	For claiming against INC Only (wef 10 Jan 2005)			
Est 2/3:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpl Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
	TP (N11): TP (Non INC) against INC	\$20		
	9) N12: Idac Mobile	\$0		
	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	08/01/2018 19:50
Date Of Accident	08/01/2018 09:00
Exact Location Of Accident	PASIR PANJANG RD INFRONT OF NO100 PASIR PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6124E
Insured/Policyholder	
Name Of Registered Owner	NICHOLAS YAP TIAN TECK
NRIC No	S8931691Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97963298
Alternative Phone No	OFFICE-97963298

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA PRIMAVERA 150
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/17-373112-CA
Cover Note Number	-

Driver

Name of Driver	NICHOLAS YAP TIAN TECK
NRIC No	S8931691Z
Date Of Birth	16/09/1989
Occupation	INDOOR
Date Of Driving Pass	29/10/2015
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97963298
Fax Number	
Contact Number	OFFICE-97963298
EMail Address	NOEMAIL

Address	BLK 731 CLEMENTI WEST ST 2 #08-308
Postcode	120731
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	DRIZZLING
Road Surface	WET

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	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
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	SLD4975Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELIZABETH ONG
NRIC/Passport Number	
Contact Number	83223655
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	NICHOLAS YAP TIAN TECK
Approximate Age	
Injuries Sustain	ABRASION LEFT LIMB, SCRATCHES WITH BRUISES ON LEFT CHEEK, PAIN BOTH ARMS
Injured person in which vehicle?	FBK6124E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.:

Vehicle No.	FBK 6124E		Model / Make	PIAGGIO VESPA
Date of Accident	08/01/18			
Time of Accident	0900	HRS		
Location of Accident	PASIR PANJANG RD TOWARDS SEAH M RD DIRECTION, (IN FRONT OF 100 PASIR PANJANG)			
Exact purpose use during accident	PRIVATE USE			
Name of Owner	NICHOLAS YAP TIAN TECK			
Telephone No.	H/P : 97963298	Home :	Office :	
NRIC	S808691E			
Address	BLK 731 CLEMENTI WEST ST 2 #08-308 S(120731)			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	MSIG			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire/Theft	
Policy No.	MSD/VMS/17-373112-CA			
Name of Driver	As Above If No,			
NRIC			Any Passengers :	NIL
Date of birth	16 SEP 1989			
Occupation	Outdoor	/	Indoor	
Driving License Pass Date	29 OCT 2015			
Gender	Male	/	Female	
Contact No.	H/P :	Home :	Office :	
Address				
Driver have any own vehicle	No,	If yes, Reg No.		
Relationship	Employee,	If no, state		OWNER
Weather condition	Clear	Raining	Other	DRIZZLING
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	NICHOLAS YAP TIAN TECK 97963298			
Name And Contact No.				
Police Report	No,	If Yes, Where?		
Vehicle B No.	SLD 4975Y	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	FRONT LEFT / FALL ON THE RIGHT			
Camera Recorder	Yes / No			
Email Address				
PARTICULAR WORKSHOP	MOTOSI PTE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	JACK Y			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@msi.com.sg			



**SINGAPORE
POLICE FORCE**



T/20180108/2135

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180108/2135

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6124E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72041100	14/11/2017	13/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NICHOLAS YAP TIAN TECK		ID No.	S8931691Z
Related Vehicle	FBK6124E (Scooter)		Contact No.	97963298
Hospital/Clinic	ALEXANDRA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	08/01/2018		Date Discharge	08/01/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	ELIZABETH ONG		ID No.	NIL
Related Vehicle	SLD4975Y (Car)		Contact No.	83223655
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 08.01.2018 at about 0900hrs, I was travelling alone on my scooter FBK6124E along Pasir Panjang Road at the extreme right lane. As I was moving forward, a silver colour Honda car SLD4975Y, which was on the third lane, swerved into my lane. I unable to stop in time and the front of my scooter collided against the right side of the said car. I fell down and landed on my right side. The driver, who is an elderly Chinese lady, stopped and assessed the damage. Both of us took pictures and we exchanged our particulars. Afterwhich, the driver drove away while I activated my own towing crew. The towing crew came and towed away my scooter. I sustained three abrasions on my left limb, minor scratches with bruise on my left cheek and pain on my both arms. I went to Alexandra Hospital and was given three days medical leaves.



**SINGAPORE
POLICE FORCE**



T/20180108/2135

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Report No. T/20180108/2135

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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: D / Sr Staff Sgt HAZLIN SURAYA BINTE RAMLEY	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2018 16:42
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt LEE SOON LYE Contact No.: 65476239	Classification Of Case:
Authentication Stamp NP168	

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S8931691Z**
 Name **NICHOLAS YAP TIAN TECK**

Birth Date **16 Sep 1989**
 Issue Date **15 Nov 2012**

002124359C



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S8931691Z**



Name
NICHOLAS YAP TIAN TECK

葉添得
 Race
CHINESE

Date of birth
16-09-1989 Sex **M**

Country of birth
SINGAPORE

S8931691Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	29 Oct 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	15 Nov 2012

S / No. 9000228845

58931691Z

Licence No. S8931691Z

NP 428A

3618369



NRIC No. **S8931691Z**



Date of issue
29-09-2004

Address
**APT BLK 731 CLEMENTI WEST STREET 2
 #08-308
 SINGAPORE 120731**



AS2016 - 09764 CA 495090

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/VMS/17-373112-CA A0074-001/10223

SUM INSURED : PMV

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

1. Index mark and Registration Number of Vehicle FBK6124E
 PIAGGIO 155 c.c.
2. Name of Policyholder NICHOLAS YAP TIAN TECK
3. Effective date of the Commencement of Insurance
- for the purposes of the Act 1201AM 14/11/2017
4. Date of Expiry of Insurance 13/11/2018
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 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.

Repl CN: 72041100

25/10/2017 (KP)

CA/CI-03 (05/13)