

# NATIONAL Assessment Centre Services (ver 1 Jan 2008)

NA418006373

Date In: 12/11/2018 18:08	Job description	Date & Time Completed	Done by:
Ref No: NGA/NGA/1001081/Y	SAS e-illing		
Veh No: FS 833 S	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 28/12/2017 21:45	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (Within 3hrs, TP 3hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars:	Yeh No:	4X575E INC ( ) / Non-INC ( )
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: ( ) % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 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 6016	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: \_\_\_\_\_

NA1800534	Invoice Breakdown Checklist:	Amount	Actual Bill
Customer's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Assigned Portion:	4) PT: Follow-Through Survey	\$120	
	5) XT: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Re-inspection	\$25	
	7) NL: (24/DA + SMRT Survey)	\$180	
	8) NTUC Additional Services		
	9) Q11		
C. Checked by (Engr-In-Charge):	*N1: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Unpaid Coordination	\$3	
	TP (N1) / TP (Non INC) against INC	\$20	
	P: N3: Idas photo	\$0	
	Invoice dated	Not Charged	
	Invoice dated	Not 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 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	12/01/2018 18:08
Date Of Accident	10/01/2018 21:45
Exact Location Of Accident	BLK 111 COMMONWEALTH CRESCENT OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS833S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHOON QUI
NRIC No	S1337255A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96374037
Alternative Phone No	OTHERS-96374037

### Vehicle Particulars

Manufacturer	HONDA
Model	CM 125 CR-124CC (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/17-363081-CA
Cover Note Number	

### Driver

Name of Driver	TAN CHOON QUI
NRIC No	S1337255A
Date Of Birth	11/01/1958
Occupation	INDOOR
Date Of Driving Pass	24/11/1978
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96374037
Fax Number	
Contact Number	OTHERS-96374037
EMail Address	NOEMAIL



Address	BLK 110 COMMONWEALTH CRESCENT #04-274
Postcode	140110
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180111/2171

#### 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	QX575E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## 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:

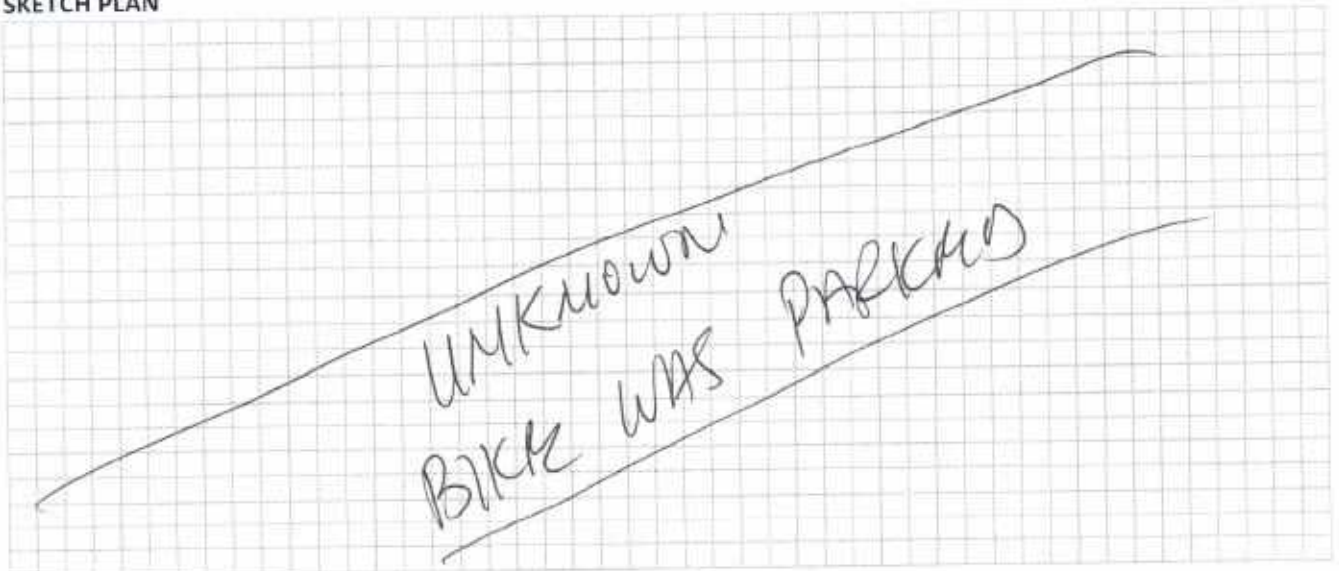
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Handwritten text in the description area: "P/S RECD 7. Police Report 7/2018 01/11/2171"

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: 12/01/2018  
NRIC/FIN No.: Keshi WATHOB





# SINGAPORE POLICE FORCE



T/20180111/2171

1 of 3

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

Report No. T/20180111/2171

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2018 17:33	Vide Report No.: D/20180111/0013	Station Diary No.: 16
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**Informant's Particulars**

Name of Informant: TAN CHOON QUI			Address: APT BLK 110 COMMONWEALTH CRESCENT #04-274 SINGAPORE 140110		
ID Type / ID No.: NRIC NO / S1337255A			Contact No.: Home/Office: Mobile: 96374037		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 11/01/1958	Type of Informant: Rider		
Race: Chinese			Language:	Institution / School Name:	
Occupation: HAKWER			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 10/01/2018 21:45	Type of Location: Car Park
Location: Along Road 1 COMMONWEALTH CRESCENT  Blk 111 Commonwealth Crescent Open Car Carpark				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS833S	Motorcycle	HONDA	CM 125 CR	Black		0
QX575E	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS833S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17363081	18/05/2017	17/05/2018



# SINGAPORE POLICE FORCE



T/20180111/2171

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Report No. T/20180111/2171

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN CHOON QUI	ID No.	S1337255A
Related Vehicle	FS833S (Motorcycle)	Contact No.	96374037
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 the 10/01/2018 at about 2145hrs, I came to the carpark and discovered that motorcycle was abut slunt and it was not on the actual lot that I parked earlier. I saw that my helmet was on the side of the road. I tried motorcycle and It was still working and I shifted to another lot. At about 11/01/2018 at about 0345hrs, two officers came to my unit and informed that earlier they had reversed and had hit my motorcycle.





**SINGAPORE  
POLICE FORCE**



T/20180111/2171

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

3 of 3

Report No. T/20180111/2171

**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 /  
Staff Sgt FIRDAUS BIN NOR SIMAN

*FA*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt TANG SIEW PING  
Contact No.: 65476430

Signature Of Informant:

*[Handwritten signature]*

Date/Time  
11/01/2018 17:33

Classification Of Case:

Authentication Stamp  
NP168

SN 50

*FA*

# ACCIDENT STATEMENT

ACCIDENT DATE: 10/01/2018 (DD/MM/YYYY), TIME: 21:45 (HH:MM)

LOCATION: BK 111 Commwark 4 CRUSKIN OPEN CAR PARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FS 833 S  
 b) INSURANCE COMPANY: msu  
 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: BIKE WAS PARKED  
 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: TAM CHON QUI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

# No of passenger  
 (including driver)  
(0)

- DRIVER  
 a) NAME: DR. MOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 11/01/1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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: Commwark 4

## 8. THIRD PARTY VEHICLE

# No of passenger  
 (including driver)  
( )

- a) VEHICLE NUMBER: QX 575 E MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

# No of passenger  
 (including driver)  
( )

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

email =

fax =

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1337255A



TAN CHOON QUI

Race  
CHINESE  
Date of Birth  
11-01-1958  
Sex  
M  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1337255A  
Name  
TAN CHOON QUI

Birth Date: 11 Jan 1958  
Issue Date: 04 Nov 2003



041825A



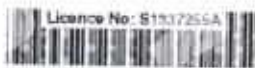
S1337255A

IN X 110 COMMONWEALTH CRESCENT PM-274  
SINGAPORE 140110  
S1337255A  
Date: 08-09-2000 No: 2694821

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	24 Nov 1978
Class 2A Motorcycles exceeding 200 cc and 400 cc	24 Nov 1978
Class 2 Motorcycles exceeding 400 cc	24 Nov 1978
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Nov 1978

Licence No: S1337255A



HP 428A





MSIG

CA 483642

MSIG Insurance (Singapore) Pte. Ltd. (In 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/17-363081-CA A0074-001/1000

SUM INSURED : TPL  
EXCESS : NIL

1. Index mark and Registration Number of Vehicle : F58335 124 c.c.  
HONDA
2. Name of Policyholder : TAN CHOON QUI
3. Effective date of the Commencement of Insurance : 1201AM 18/05/2017  
for the purposes of the Act
4. Date of Expiry of Insurance : 17/05/2018
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.

13/04/2017 (KS)  
CA/CH3 (05/13)