

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 24/01/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18001404/13	SAS e-filing		
Veh No: FBG6291B	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 20/01/18 1050	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SBS5177S

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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)

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	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			



### 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	24/01/2018 09:08
Date Of Accident	20/01/2018 10:30
Exact Location Of Accident	COMMONWEALTH AVE TWDS CLEMENTI RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6291B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FAH CHENG HUAT
NRIC No	S1747506A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90237805
Alternative Phone No	OTHERS-90237805

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	-
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/17-370497-CA
Cover Note Number	

#### Driver

Name of Driver	FAH CHENG HUAT
NRIC No	S1747506A
Date Of Birth	15/09/1966
Occupation	INDOOR
Date Of Driving Pass	26/05/1994
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90237805
Fax Number	
Contact Number	OTHERS-90237805
Email Address	NOEMAIL

Address	BLK 190A RIVERVALE DRIVE #10-980
Postcode	541190
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 - CHANGE/CROSS LANE
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , 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: F/20180123/2020

#### 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	SBS5177S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLC8043R  
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 FAH CHENG HUAT  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? FBG6291B  
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:

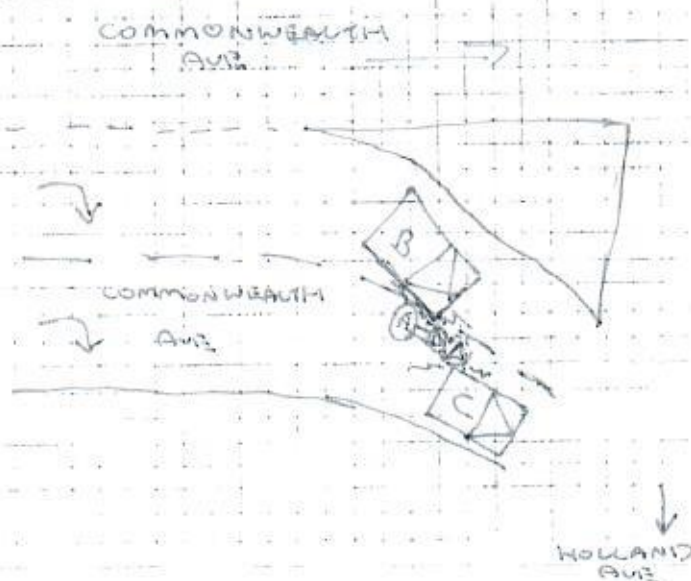
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

COMMONWEALTH AVE TOWARDS CURRENT ROAD DIRECTION

Uganda CUE B - SBS 51773

VERNOUE C - SLC 8043R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER  
P/20190123/2020

VEHICLE A - FBG 6291B

VEHICLE B - SBS 5177S

VEHICLE C - SLC 1043R

SANKANH NPC

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

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: \_\_\_\_\_

 24/01/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





# SINGAPORE POLICE FORCE



F/20180123/2020

1 of 2

**POLICE REPORT (NP299)**

Report No. F/20180123/2020

Police Station Of Origin  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Date/Time Report Made 23/01/2018 03:09	Vide Report No.	Station Diary No. 23
Name Of Informant FAH CHENG HUAT	Address APT BLK 190A RIVERVALE DRIVE #10-980 SINGAPORE 541190	
ID Type / ID No. NRIC NO / S1747506A	Contact No. Home/Office Mobile 90237805	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Chef	Sex Male	Age 51
Institution/School Name	Date of Birth 15/09/1966	Race Chinese
Date/Time Of Incident 20/01/2018 00:00	Location Of Incident Along commonwealth avenue SINGAPORE	

**Brief details.**

On 20/01/2018, I was riding my motorbike vehicle registration number FBG6291B along commonwealth avenue heading towards clementi road direction on the right lane on a 2 lane 1 way traffic.

While travelling straight, suddenly a bus vehicle registration number SBS5177S on the left lane swerved into my lane and hit onto the handle of my motorbike and caused me to lose control which causes me to hit onto the left rear portion of a car vehicle registration number SLC8043R.

Signature Of Officer Recording The Report:

F / Sgt 2 TEO JIA HAO, KENNETH

Signature Of Interpreter:  
Not applicableOfficer In-Charge Of Case:  
F / Sengkang N.P.C /  
Sgt 2 NUR AMIRA BINTE ROZIMAN  
Contact No.: 63438999

Authentication Stamp

Signature Of Informant:

Date/Time:  
23/01/2018 03:09

Classification Of Case:

Signature

Police Officer



**SINGAPORE  
POLICE FORCE**



F/20180123/2020

2 of 2

**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

**Report No. F/20180123/2020**

Hence, I am here to lodge this police report for insurance claiming purpose.

Signature Of Officer Recording The Report:

F / Sgt 2 TEO JIA HAO, KENNETH

Signature Of Interpreter:  
Not applicable

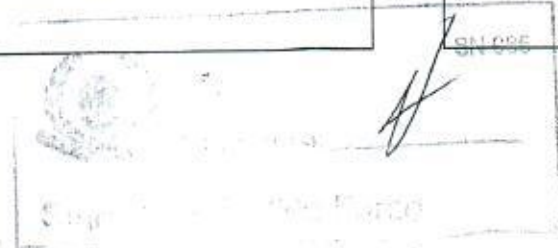
Officer In-Charge Of Case:  
F / Sengkang N.P.C /  
Sgt 2 NUR AMIRA BINTE ROZIMAN  
Contact No.: 63438999

Signature Of Informant:

Date/Time:  
23/01/2018 03:09

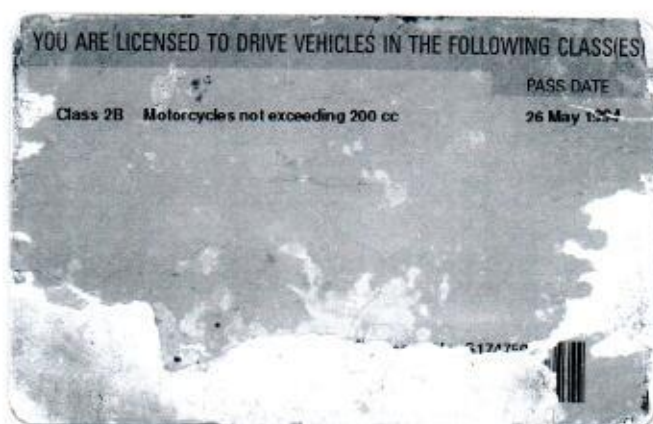
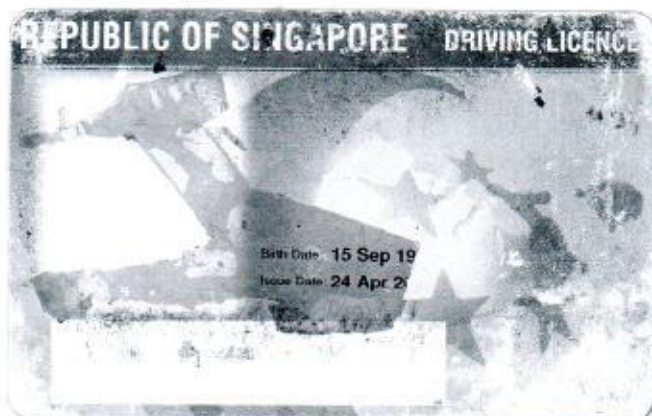
Classification Of Case:

Authentication Stamp





<b>Vehicle No.</b>	F3G 6291 B		<b>Model / Make</b>	JAMHA
<b>Date of Accident</b>	20/01/18			
<b>Time of Accident</b>	1030	HRS		
<b>Location of Accident</b>	COMMONWEALTH AVE TOWARDS CLEMENTI ROAD			
<b>Exact purpose use during accident</b>	PRIVATE USE			
<b>Name of Owner</b>	FAH CHENG HUAT			
<b>Telephone No.</b>	H/P : 90237805	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	S1747506A			
<b>Address</b>	BLK 190A RIVERVALE DR #10-980 S(541190)			
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY	
<b>Insurance Company</b>	MSIG			
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>	MSO / VMT / 17-370497-CA			
<b>Name of Driver</b>	As Above If No,			
<b>NRIC</b>	Any Passengers : NIL			
<b>Date of birth</b>	15/09/1966			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	26 MAR 1994			
<b>Gender</b>	Male / Female			
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No, <input checked="" type="checkbox"/>	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state OWNER		
<b>Weather condition</b>	Clear <input checked="" type="checkbox"/>	Raining	Other	
<b>Road Surface</b>	Dry <input checked="" type="checkbox"/>	Wet	Other	
<b>Any Injuries</b>	No, <input checked="" type="checkbox"/>	If Yes, Who?		
<b>Name And Contact No.</b>	FAH CHENG HUAT 90237805			
<b>Name And Contact No.</b>				
<b>Police Report</b>	No, <input checked="" type="checkbox"/>	If Yes, Where? SENGKANG NPE		
<b>Vehicle B No.</b>	SBS 51775	Any Passengers :		
<b>Name of Driver</b>	Contact No. :			
<b>Vehicle C No.</b>	SLC 8043R	Any Passengers :		
<b>Vehicle D No.</b>	Any Passengers :			
<b>Vehicle E no.</b>	Any Passengers :			
<b>Vehicle F No.</b>	Any Passengers :			
<b>Vehicle G No.</b>	Any Passengers :			
<b>Witness Name</b>	Witness Contact :			
<b>Accident Portion</b>	HIT ON LEFT / FALL ON THE RIGHT			
<b>Camera Recorder</b>	Yes / No			
<b>Email Address</b>				
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?				
				Yes / No
<b>PARTICULAR WORKSHOP</b>	MOTO 51 PTE LTD			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	JACKY			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP Email ADDRESS</b>	Sales @ n51.com.sg			







CA 492108

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122120)  
4 Shenton Way, # 21-01, SGX Centre2, 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, 1929 (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/17-370497-CA A0074-001/10110

SUM INSURED : TPL  
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FBG6291B  
YAMAHA 153 c.c.
2. Name of Policyholder FAH CHENG HUAT
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AM 21/09/2017
4. Date of Expiry of Insurance 20/09/2018
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.

04/09/2017 (CG)  
CA/C1-03 (05/13)