

NATIONAL Assessment Centre Services		Ref: JAN05	MNA 118015727
Date In: 11/2/18 10:51	Job description	Date & Time Completed	Done by
Ref No: NA/MSG 18001974/44	SAS e-filing		
Veh No: YN 1207 U	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 1911118 16:50	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: ET 5058 A	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: _____
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Date/Time	Actions

NA1800720	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: 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 2019)		
	6) TR: Re-inspection \$75		
	7) N1: Idac-DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 \$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 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	01/02/2018 10:51
Date Of Accident	18/01/2018 16:50
Exact Location Of Accident	SIMEI AVE B4 JUNC OF UPP CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1207U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WAH MENG ENTERPRISE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67475388

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28722208 MKC
Cover Note Number	-

### Driver

Name of Driver	LAU SIANG LONG
NRIC No	S1638839D
Date Of Birth	24/05/1964
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1982
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83439396
Fax Number	
Contact Number	
EMail Address	NOEMAIL



Address	BLK 298B COMPASSVALE ST #09-150
Postcode	542298
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	NO COLLISION
Weather Conditions	RAINING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS TRAVELLING ALONG SIMEI AVE ON THE FIRST LANE BEFORE THE TRAFFIC JUNC OF UPP CHANGI RD. THE DAY WAS RAINING DAY AND I ONLY DRIVING AROUND 30-40 KM/H. SUDDENLY I SAW A MOTORCYCLE COME SO FAST FROM THE LEFT LANE(2ND LANE) AND HE JAMMED BRAKE TO AVOID ANOTHER MOTORCYCLE WHICH WAS INFRONT OF HIM. THE NEXT MOMENT, THE SAY BIKE LOST CONTROL AND FALL DOWN. THE BIKE FALL ON THE SECOND LANE, BUT THE RIDER FLY TO MY LANE. AS SUCH I MANAGE MY BRAKE AND STOP IN TIME TO AVOID COLLIDED ON THE RIDER. AFTER THE INCIDENT, THE RIDER ASK 2 HELPER AND ME HELP TO PULL THE BIKE TO THE ROAD SIDE, I ASK THE RIDER OKAY OR NOT, HE SAY OKAY. THE RIDER ALSO SIGN ON THE PAPER HE WILL NOT TO MAKE ANY POLICE REPORT AND HE WILL SETTLE THE INJURY ON HIMSELF.

#### 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	FT5058A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	LOKMAN BIN JA'AFAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

## 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

Opp Changi Rd

OTO OTO OTO OTO

OTO

A

Simei Ave

A = YN 1207 U  
B = FT 5058 A

Please Refer to statement

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

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

200

*[Signature]*

I Lokman Bin Jafar, 58730200 H,  
wish not to make police report. Private  
settlement is on hand. I will settle  
my injury on my own. ~~The repairs~~

20



Lokman Bin Jafar  
58730200 H

91264884

19 January 2014

@ 6:00 pm

FT 505BA

WED 912-64884  
atf

no police  
report. settle  
private it.

5:04 PM @  
18 Jan 2018



(Sime)  
(Abe)  
K LINE

www.kline.com.sg

637307001  
F15055



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S1638839D**

Name: **LAU SIANG LONG**

Birth Date: **24 May 1964**

Issue Date: **08 Jul 2014**

002320724D



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1638839D**



Name: **LAU SIANG LONG**

**刘祥隆**

Race: **CHINESE**

Date of birth: **24-05-1964**

Sex: **M**

Country/Place of birth: **SINGAPORE**


S1638839D




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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	31 Mar 1987
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	05 Feb 1982
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 Sep 1985

Licence No: S1638839D



NP 428A

5334313



66861

NRIC No: **S1638839D**



Date of issue: **11-07-2014**

Address: **APT BLK 298B COMPASSVALE STREET  
#09-150  
SINGAPORE 542298**



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SCX Centre 2, Singapore 068807  
Tel: +65 6827 7888, Fax: +65 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Administered By



3 Shenton Way, #20-01, Shenton House, Singapore 06805  
Telephone: (+65) 6224 9075 Facsimile: (+65) 6222 7556  
C/O: MSIG, P.O. Box 106104300

## 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. 169 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.2.300

Goods Carrying Vehicle - Sch. I

### COMMERCIAL VEHICLE

Comprehensive

Certificate No. A 26722208 MKQ

Excess: SGD1,500

1. Index Mark and Registration Number of Vehicle

YN1207U

2. Name of Policyholder

Wah Meng Enterprise Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

07/05/2017

4. Date of Expiry of Insurance

06/05/2018

5. Persons or Classes of Persons entitled to drive\*

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use\*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 169) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 169).

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 169) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer



# TAN CHIN HOE & CO

ADVOCATES & SOLICITORS

GST No. & UEN: 53131160X

24 Raffles Place  
#24-01 Clifford Centre  
Singapore 048621

Tel: 6538 2687  
Facsimile: 6538 0287  
Email: info@tanchinhoe.com.sg

Your Ref: RT/48/2018/sn

Our Ref:  
29 January 2018

FAX NO: 68277800

MSIG Insurance (Singapore) Pte Ltd  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807

Attention: Claims Department

Dear Sirs

## ACCIDENT INVOLVING FT5058A AND YN1207U ON 19 JANUARY 2018

1. We act for Mr Lokman Bin Ja'afar who was involved in an accident caused solely by the negligence of your insured, the driver of YN1207U. Our client was injured as a result of the accident.
2. We will revert with our client's quantification shortly.
3. In the meantime, our client's motorcycle is at the premises of A S Phoon Pte Ltd at Blk 36 Toh Guan Road East #01-35 Singapore 608580. Please contact Mr Kee at 65150770 for an appointment to survey the motorcycle within 2 days, falling which A S Phoon Pte Ltd will proceed to carry out the repairs.
4. We also enclose a copy of our client's traffic police report for your attention.
5. Please let us have a copy of your insured driver's accident statement/traffic police report, if any.

Yours faithfully

- cc
1. client
  2. Wah Meng Enterprise Pte Limited  
7500A Beach Road  
#06-322  
Singapore 199591
  3. A S Phoon Pte Ltd  
Fax No: 65150779