

19 MAY 2008 29870

Date In: 02/03/2008 17:11	Job description	Date & Time Completed	Done by
Ref No: NAG/MSG/004099/Y	SAS e-Milling		
Veh No: FBK 1749K	E-mill (while there, A/C 2 hrs)		
D.O.A: 19/02/2008 15:58	E-Motor Claim Form		
OD: TP Reporting Only	E-Motor W/O (within 30 days, 1P check)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: SHC 8899K	INC () / Non-INC ()	
Owner / Drivers:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: () % (Note: B/L 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 rep/rep.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Removals: ()	INC: ()	6/8/00/16/	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: ()

Action: ()

NAG/001441	INVOICE PREPARATION CHARGES			
	1) ARI: Accident Reporting (\$20)			
	2) DA: Damage Assessment (\$100)	INC (\$30)		
	3) TP: Towing Fee	\$40/\$41		
	4) PT: Follow-Through Survey	\$120		
	5) RT: Follow-Through Survey (Resurvey)	\$10		
	For submission against INC Only (Per 10 Jan 2005)			
	6) TR: Re-inspection	\$15		
	7) NI: NI/DA + SMRT Survey	\$160		
	8) NTUC Additional Survey (only)			
C. Checked by (Sign-In-Charge):	Q11:			
	NI: Courtesy Car / Tpl Allowance	\$1		
	NI: Repair Coordination	\$10		
	NI: Post-Trip Inspection	\$25		
	NI: DY / Collision Uncover Coordination	\$1		
Comments:	TP (NI) / TP (Non-INC) against INC	\$20		
	NI: NI/DA Mobile	\$10		
L 2/3:	Invoice dated	Not Charged		
	Invoice Paid	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	02/03/2018 17:11
Date Of Accident	19/02/2018 15:55
Exact Location Of Accident	ALONG JURONG WEST AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1749K
Insured/Policyholder	
Name Of Registered Owner	WAN BOK YAN
NRIC No	S0220561J
Email Address	WANKERLYN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-86707533
Alternative Phone No	OTHERS-86707533

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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/VMT/17-362448-CA
Cover Note Number	

Driver

Name of Driver	WAN BOK YAN
NRIC No	S0220561J
Date Of Birth	01/11/1951
Occupation	INDOOR
Date Of Driving Pass	13/01/1983
Driving Experience	35 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86707533
Fax Number	
Contact Number	OTHERS-86707533
Email Address	WANKERLYN@YAHOO.COM.SG

Address	BLK 345 KANG CHING ROAD #10-99
Postcode	610345
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	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	JURONG NPP
Police Station Address	ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO PHOTOS AND POLICE REPORT T/20180228/2058 (INSURED IS IN COMA AND STILL IN HOSPITAL BIKE AT TRAFFIC COMPOUND, SON COME AND MAKE REPORT)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8899K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	WAN BOK YAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBK1749K
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.

Wan Bok Jan

Policyholder's Signature
Date & Time:

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

02/03/2018
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

Rashid Wantoos

SKETCH PLAN

Can't Recall How Accident Happened

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/2/2018 at about 1555 hrs, I was riding my motorcycle FBK1749K along Jurong West Ave 4 after filtering from Jalan Boon Lay. I had checked before making a lane change however, upon changing to the middle lane. A taxi SHC8899K collided onto my motorcycle after I had changed my lane. I did not know what happens subsequently as I had passed out after the fall.

DECLARATION

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

Wan Bak Yan

Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

or/ox/hold

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Rafael Wong



SINGAPORE POLICE FORCE



T/20180225/2058

1 of 3

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

Report No. T/20180225/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2018 16:15		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: WAN BOK YAN			Address: APT BLK 345 KANG CHING ROAD #10-99 SINGAPORE 610345		
ID Type / ID No.: NRIC NO / S0220561J			Contact No.: Home/Office: Mobile: 86707533		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 66	Date of Birth: 01/11/1951	Type of Informant: Rider		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Retiree		Driving Licence Information: Class: 2B,3,5 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/02/2018 15:55	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST AVENUE 4				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1749K	Motorcycle	YAMAHA	JUPITER MX (HC)	White		0
SH06699K	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20180225/2055

Police Station Of Origin:
Jurong NPP
168 Yung Loh Road #01-58 SINGAPORE
610159
Tel No: 1800-2669999

2 of 3

Report No. T/20180225/2055

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Exp: y Date
FBK1749K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT17362448	21/04/2017	19/01/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider:			
Name	WAN BOK YAN	ID No.	S0220561J
Related Vehicle	FBK1749K (Motorcycle)	Contact No.	86707533
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	19/02/2018	Date Discharge	24/02/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On 19/02/2018 at about 1555rs, I was riding my motorcycle; FBK1749K along Jurong West Ave 4 after filtering from Jalan Boon Lay. I had checked before making a lane change however, upon changing to the middle lane. A taxi; SHC8899K collided onto my motorcycle after I had changed my lane however I did not know what happen subsequently, as I had passed out after the fall.









Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

PHS
IC.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 19 / 2 / 2018 (dd/mm/yy) Time of Accident: 15 : 53 (24-HR-FORMAT)

Vehicle No.: FBK1749K Vehicle Make & Model: YAMAHA 134 C.C.

Exact location of Accident: Along Jurong West Avenue 4.

Policyholder's Name / IC No.: Wan Bok Yan / 10220561J

Driver's Name / IC No.: Wan Bok Yan / 50220561J (As Above) ☐

Driver's Contact No.: 8670 7533 Company Contact No.: NIL.

Driver's Address: Blk 345 Kang Ching Road #10-99 S(610345)

Insurance Company: MSIG Email address (if any): wankerlyn@yahoo.com.sg.

Relationship between Owner & Driver: (Please **CIRCLE** one only)

☒ Owner / ☐ Spouse / ☐ Children / ☐ Friend / ☐ Parents / ☐ Sibling / ☐ Relative / ☐ Employee / ☐ Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 1

Passenger Name : _____

Gender : Male / Female

Passenger Name : _____

Gender : Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: Wan Bok Yan.

Injuries Sustain: Multiple fracture at Right R.b and Collar Bone
Abrasions Injured Person in Which Vehicle: Self.

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Jurong NPP, 158 Yung Lok Road.

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SHC 88991C

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0220561J



Name

WAN BOK YAN

阮 木 楊

Race

CHINESE

Date of Birth

01-11-1951

Sex

M

Country of Birth

SINGAPORE



S0220561J

2044269



NRIC No. **S0220561J**

Blood Group

Date of issue

O+

11-05-1994

Address

APT BLK 345 KANG CHING ROAD #10-99
SINGAPORE 610345

NRIC No:

S0220561J

Date:

11-05-1994

No:

1959346

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. **S0220561J**

WAN BOK YAN

Birth Date **01 Nov 1951**
 Expiry Date **31 Mar 2003**

000334159A

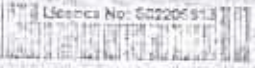


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	13 Jan 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	31 May 1977

NP 429A

Licence No. **S0220561J**





MSIG

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

CA 482927

CERTIFICATE OF INSURANCE

31372

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1958 (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 : MSQ/VMS/17-362448-CA A0074-001/10026

SUM INSURED : PMV

EXCESS : \$300(FIRE&THEFT) \$800(END 2K)

1. Index mark and Registration Number of Vehicle FBK1749K
YAMAHA 134 c.c.
2. Name of Policyholder WAN BOK YAN
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 21/04/2017
4. Date of Expiry of Insurance 20/04/2018
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.

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