

MSA418028749

Date In: 01/03/2018 09:18	Job description	Date & Time Completed	Done by
Ref No: NBS/MSA/8004198/4	SAS e-illing		
Yell No: ES 57325	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 25/02/2018 11:30	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (within 2hrs, TP 2hrs)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Toll () Fax ()

TP Particulars: Yell No: FBK 23411 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): NI: 0-20%; P: 21-79%; PI: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Reins: ()

() Walk-In Customer | Customer's information strictly Confidential & strictly NO refer of rep/let.

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

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

Remarks: INC bill no: 6788 0016	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: _____

Order Turns	Actions

NAW01465	Invoice Preparation Checklist	Amount	Amount Paid
Driver/Owner:	1) AR: Accident Reporting (\$30)	\$30	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$20)	
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)	\$40/\$45	
C. Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey (\$120)	\$120	
W/In-Comments:	5) RT: Follow-Through Survey (Resurvey) (\$10)	\$10	
L 1:	6) TR: Re-inspection (\$15)	\$15	
L 2/3:	7) NI: 1 Hour DA + SMRT Survey (\$160)	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance (\$5)	\$5	
	10) NI: Repair Coordination (\$10)	\$10	
	11) NI: Post Repair Inspection (\$15)	\$15	
	12) NI: BY / Collect Excess Coordination (\$1)	\$1	
	TP (Nil) / TP (Non-INC) against INC (\$20)	\$20	
	13) NI: 30 mins Mobile (\$0)	\$0	
	Invoice total		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	01/03/2018 09:15
Date Of Accident	25/02/2018 11:30
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE EXIT 18
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS5732S
Insured/Policyholder	
Name Of Registered Owner	HUANG WEI JHIN
NRIC No	S9814232J
Email Address	WJHUANG15@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81380598
Alternative Phone No	OTHERS-81380598

Vehicle Particulars

Manufacturer	HONDA
Model	NSR150SP-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-371214-CA
Cover Note Number	

Driver

Name of Driver	HUANG WEI JHIN
NRIC No	S9814232J
Date Of Birth	01/05/1998
Occupation	INDOOR
Date Of Driving Pass	30/08/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81380598
Fax Number	
Contact Number	OTHERS-81380598
EMail Address	WJHUANG15@GMAIL.COM

Address	BLK 137 PETIR ROAD #11-434
Postcode	670137
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	BUKIT PANJANG SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 124 PENDING ROAD , POSTCODE: 670124 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7609999 - FAX NO: 67636614
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180226/2157

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK7834H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	HUANG WEI JHIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FS5732S
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.



Policyholder's Signature
Date & Time:



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



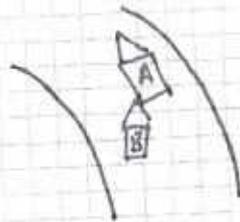
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

PIK TOWARDS CANTON AIRPORT BEFORE 17 18

A: FS 5732S

B: ABK 7834H



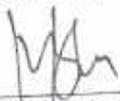
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

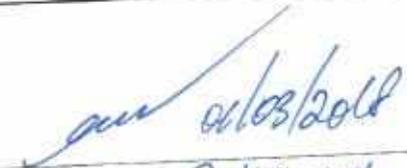
Refer to police report T/20180226/2157

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: 
 NRIC/FIN No.:



Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

Report No. T/20180226/2157

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HUANG WEI JHIN	ID No.	S9814232J
Related Vehicle	FS5732S (Motorcycle)	Contact No.	81380598
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	25/02/2018	Date Discharge	25/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 25/02/2018 at about 1130hrs, I was riding my motorbike FS5732S along PIE towards Changi airport before exit 18 1/2km. I honked at the bike FBK7834H who was in front of me. He slowed down beside me. I gave him a hand gesture of his rear number plate was dangling. The rider acknowledged my hand gesture. After that, I moved off forward. As I was entering the bend, the bike FBK7834H who was riding behind of me collided onto my bike left rear side. We both then fell on the ground. Right after our accident, there were 2 more bikes collided onto each other beside us. There were a car SLP9140T driver namely: Ong Chee Yeow HP: 97888553 informed his in car camera might had capture the accident.

I was conveyed to Tan Tock Seng hospital and issued a 3 days MC. I suffered abrasion on my right arms, right legs, right hips, right shoulder and left ankle. I did not take down the rider of FBK7834H particulars.



Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

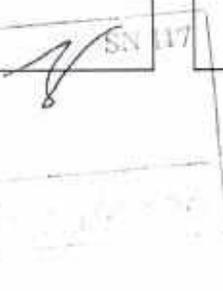
Report No. T/20180226/2157

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: J/ Sgt 2 QUEK JUN CAI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2018 17:41
Officer In Charge Of Case: TP / GIT / SI TAN LEE HWANG DAWN Contact No.: 65476215	Classification Of Case:
Authentication Stamp NP168	

27/07/10

ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 7 / 10) (DD/MM/YYYY), TIME: (11 : 30) (HH:MM)

LOCATION: PIE (towards Ching) - 18 1/2 km mark - (LP 849) - Before exit 18.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FS 57323
- b) INSURANCE COMPANY: MS26
- c) POLICY NUMBER: MSO TMT 1737124
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: NSE 150 SP
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Travel to work
- 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: Huang Wei Jun (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 578192523 CONTACT: 81 38 05 48
- c) ADDRESS: 1714 137 #2 Road #11-424
5675 137

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

- a) NAME: as above (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

* d) DATE OF BIRTH: (01 / 05 / 1949) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 30/08/2016

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

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: Bukit Rajang South NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: F 01c 7834H MODEL: KTM RC
- b) DRIVER'S NAME: _____ CONTACT: _____
- c) NRIC/FIN/PASSPORT: _____

No of passenger (including driver) (1)

9. THIRD PARTY VEHICLE

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

No of passenger (including driver) ()

email = wjhung15@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9814232J



Name

HUANG WEI JHIN

黄 威 锦

Race

CHINESE

Date of birth

01-05-1998

Sex

M

S9814232J

Country of birth

SINGAPORE



4 9 5 1 2 1 4



NRIC No. S9814232J



Date of issue

15-03-2013

Address

APT BLK 137 PETIR ROAD
#11-434
SINGAPORE 670137

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9814232J

Name: HUANG WEI JHIN

Birth Date: 01 May 1998

Issue Date: 30 Aug 2017



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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	30 Aug 2016
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	25 Aug 2016



NP 428A

**MSIG**MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412210G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg**MOTORCYCLE INSURANCE SCHEDULE**

DATE OF ISSUE: 29/09/2017

AGENCY: A0074-001-10001
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/17-371214-CA

INSURED:NAME: HUANG WEI JHIN
ADDRESS: 137 PETIR ROAD
#11-434
SE 670137NRIC NO: S9814232J
DATE OF BIRTH: 01/05/1998 (19 yrs)
DRIVING EXP: 30/08/2016 (1 yr)
CONTACT NO: 81380598

BUSINESS OR PROFESSION: STUDENT

PERIOD OF INSURANCE FROM: 15/09/2017 TO 14/09/2018
03:52PM

REGISTRATION NUMBER: FS5732S

CUBIC CAPACITY: 149

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2000

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

The Insured Only

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

EXCESS:

PREMIUM: 941.40

GST @ 7% 65.90

TOTAL: 1007.30

NO CLAIM BONUS OF 10% IS ALLOWED

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

REPLACING POLICY NO: MSD/VMT/16-350424-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.



Approved Insurers

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBA 48028749 Vehicle Registration No: FS 5732 S
 Name (as shown in NRIC) : Huang Wei Jhin NRIC/FIN/Passport No : S9814232 J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 81380598
 Email Address : _____
 Date of Accident : 25/02/2018 Time of Accident : 11:30
 Place of Accident : Pine Gardens Offshoot Airport B/F Exit 18
 Insurance Company : M&I G

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CI number to MBA/VMT/17-371214-CA

Policyholder / Driver's Signature
Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name: Rishi W...
 NRIC/FIN No.: _____
 Date: 07/03/2018