

MA#418034914

Date In: 14/03/2018 09:43	Job Description	Date & Time Completed	Done by
Ref No: NBA/MS918004866/Y	SAS e-Billing		
Veh No: FB52878U	E-mail (vehicle sheet, AIC sheet)		
D.O.A: 01/03/2018 04:00	1-Motor Claim Form		
OD TP / Reporting Only	1-Motor W/O (vehicle sheet, TP sheet)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()

TP Particulars: Yell No: SHC 312P, 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%, 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 rater of repair.

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

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

Remarks: ()

1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Date/Time	Action

NA180655

Human Comments	Invoice Breakdown (GAT & JIS)	Amount	Unit/Blk
Driver/Owner	1) AR: Accident Reporting (\$50)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Assigned Portion:	3) TP: Towing Fee \$40/2x2		
	4) PT: Follow-Through Survey \$150		
	5) RT: Follow-Through Survey (Recovery) \$75		
	6) TR: Mileage \$33		
	7) NI: (2x) DA + SMRT Survey \$160		
	8) NTUC Additional Survey \$0		
	9) NI: (2x) DA + SMRT Survey \$160		
	10) NTUC Additional Survey \$0		
Checked by (Engr-In-Charge):	11) NI: Courtesy Car / Tol Allowance \$5		
	12) NI: Repair Coordination \$10		
	13) NI: Post Repair Inspection \$15		
	14) NI: DY / Collar / Access Coordination \$5		
	15) NI: (2x) TP / Non-INC / Collar INC \$10		
	16) NI: (2x) Mileage \$30		
	Invoice Total: Not Charged		
	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	/	14/03/2018 09:43
Date Of Accident		01/03/2018 04:00
Exact Location Of Accident	/	SLIP ROAD FROM KRAMAT LANE TO CTE TUNNEL
Country/State of Loss		SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2878U
Insured/Policyholder	
Name Of Registered Owner	LOW AH KAU
NRIC No	S2113412J
Email Address	ALVINLOW1007@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96955851
Alternative Phone No	HOME-62718539

Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A-125CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY 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	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/VMS/17-360144-CA
Cover Note Number	

Driver

Name of Driver	LOW AH KAU
NRIC No	S2113412J
Date Of Birth	31/10/1946
Occupation	INDOOR
Date Of Driving Pass	23/04/1977
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96955851
Fax Number	
Contact Number	HOME-62718539
E-Mail Address	ALVINLOW1007@YAHOO.COM.SG

Address	BLK 32 TELOK BLANGAH DRIVE #09-259
Postcode	090032
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20180307/7004

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	SHC312P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	98324112
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

DETAILS OF INJURED PERSON 1

Name	TAN AH KAU
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ2878U
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:

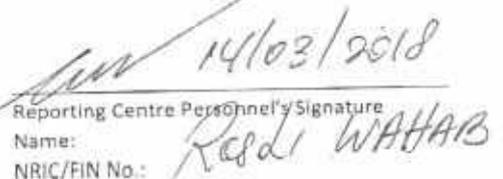
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


14/03/2018
Resdi WAHAB

SKETCH PLAN

REFER TO AMBUSHMAN?

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
T/26180307/9004.

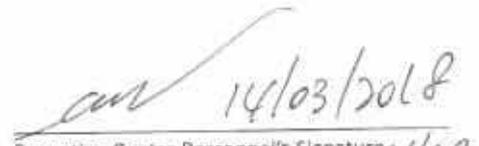
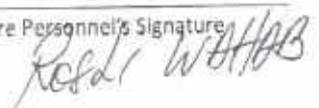
DECLARATION

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

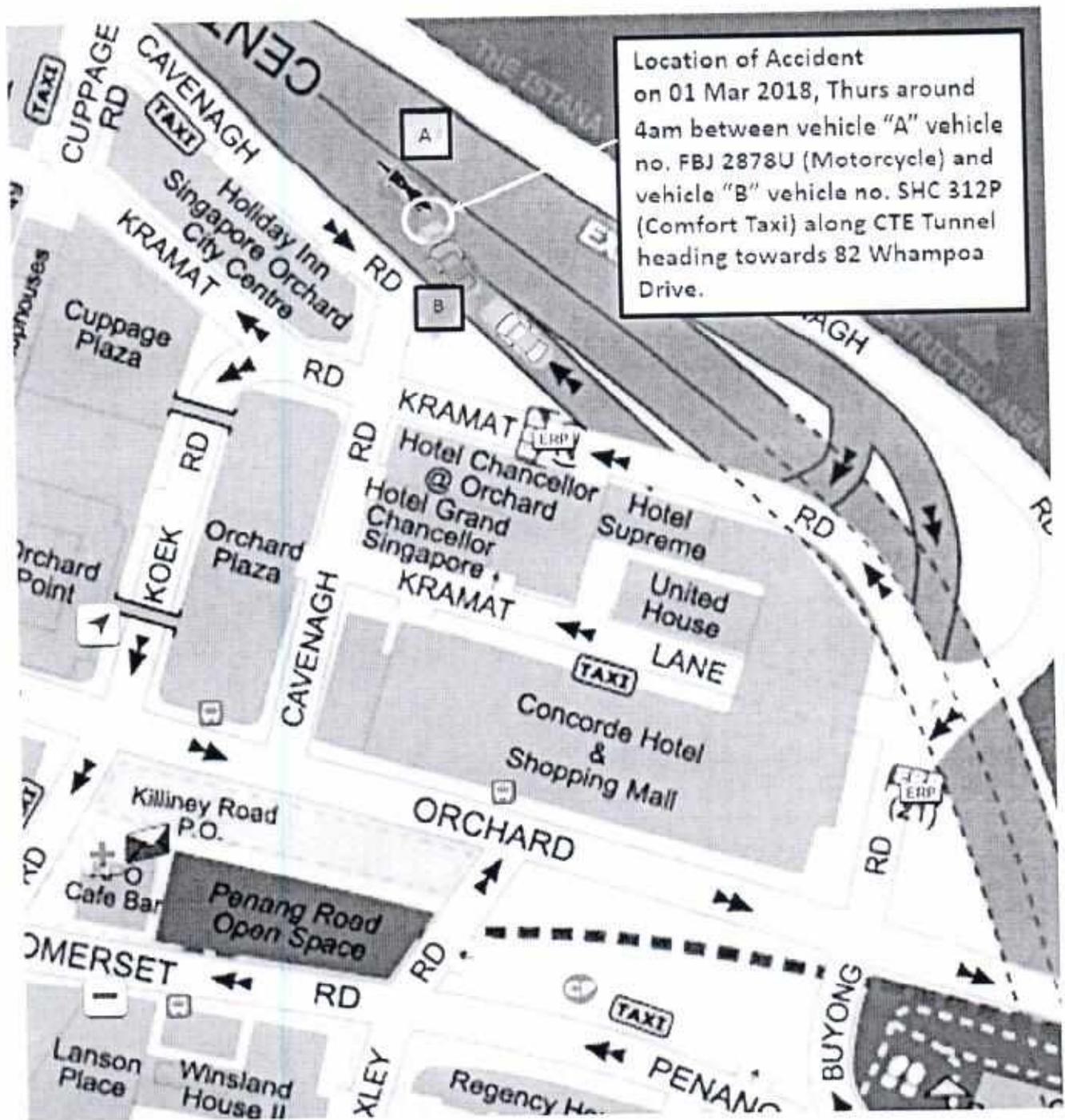


Policyholder's Signature
Date & Time:

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


14/03/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Appendix A – Location of Accident on 01 Mar 2018





Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180307/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOW AH KAU	ID No.	S2113412J
Related Vehicle	FBJ2878U (Motorcycle)	Contact No.	83085924
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: 05/03/2023
Date Treatment	01/03/2018	Date Discharge	02/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	Serious

Brief Details.

On 01 Mar 2018, Thursday around 4.00am, I was riding my motorbike from home located at Block 32 Telok Blangah Rise, #09-259 to my workplace located at 82 Whampoa Drive.

While I was riding along CTE Tunnel towards Moulmein road, a taxi (SHC312P) entering into CTE Tunnel from Kramat Road from my left, hit my motorbike from the rear. I fell off from my motorbike. My hands and legs was injured from the fall. (Please refer to Appendix 1 - Location of Accident on 01 Mar 2018.)

The taxi stopped and helped me up. There were 2 passengers inside the taxi. The driver asked if I need an ambulance. Thinking that I was alright I informed him that there is no need to.

He wrote down his contact no. and vehicle no. on a piece of paper for me and soon drove off.

I continue my journey to my workplace. Upon reaching my workplace, my colleague saw that my hands and legs was bleeding profusely as such they helped to call for an ambulance.

The ambulance arrived around 4.30am and I was admitted to Tan Tock Seng Hospital A&E Department.



**SINGAPORE
POLICE FORCE**



T/20180307/7004

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180307/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/03/2018 14:58

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 01/03/2018 (DD/MM/YYYY), TIME: 04:00 (HH:MM)

LOCATION: CTE Tunnel

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: FB1287811
 - b) INSURANCE COMPANY: MSIG
 - c) POLICY NUMBER: IT-360144-CA
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: HONDA (125CC)
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: OWN
 - 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: Low Ah Kai (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: S2113412 CONTACT: 62718539
 - c) ADDRESS: Blk 32, 110K BANGKIAN RISE #09-259 910900329

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger (including driver) (1)

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

d) DATE OF BIRTH: (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) DATE OF DRIVING PASS 23 APR 1977

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)

6. b) ROAD SURFACE: (DRY / WET / OTHERS)

7. WAS ANYBODY INJURED (YES/NO)

a) REPORTED TO POLICE (YES/NO) IF YES, PLEASE STATE WHICH POLICE STATION: On-line

No of passenger (including driver) (2)

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: SHC312P MODEL: Toyota
 - b) DRIVER'S NAME: CONTACT: 98324112
 - c) NRIC/FIN/PASSPORT:

No of passenger (including driver) ()

9. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: MODEL:
 - b) DRIVER'S NAME: CONTACT:
 - c) NRIC/FIN/PASSPORT:

(Alvin Low) 96955851
Email = alvinlow1007@yahoo.com.sg

fax =
video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2113412J



Name
LOW AH KAU

刘垂九

Race
CHINESE

Date of Birth 31-10-1946 Sex M

Country of Birth
JOHORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2113412J

Name
LOW AH KAU

Birth Date 31 Oct 1946

Issue Date 12 May 2003





0893904



NRIC No. S2113412J



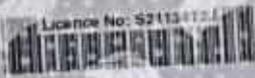
Blood Group O+ Date of Issue 15-04-1993

Address
APT BLK 32 TELOK BLANGAH RISE
#09-259
SINGAPORE 0409

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS:

CLASS	DESCRIPTION	PA'S DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Apr 1977
Class 2A	Motorcycles between 201 cc and 400 cc	23 Apr 1977
Class 2	Motorcycles exceeding 400 cc	23 Apr 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Oct 1966

Licence No: S2113412J



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/VMS/17-360144-CA A0074-001/10900

SUM INSURED : PMV

EXCESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

1. Index mark and Registration Number of Vehicle FBJ2878U
HONDA 125 c.c.
2. Name of Policyholder LOW AH KAU
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 05/03/2017
4. Date of Expiry of Insurance 04/03/2018
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).

