

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA18039790

Date In: 23/1/18-17:52	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18005500/24	SAS e-filing		
Veh No: FDG6049K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/1/18-08:35	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: JLV7719B	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% 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 repairer.

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

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

Remarks:	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	Actions

NA1801865	Invoice Preparation Checklist:	Am't (\$) ft Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
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		
	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:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile 30		
Dat 2 / 3:	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	23/03/2018 17:52
Date Of Accident	23/03/2018 08:35
Exact Location Of Accident	ALONG TPE AFTER PASIR RIS DR 8 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG6049K
Insured/Policyholder	
Name Of Registered Owner	YAP CHIN HOCK
NRIC No	S6869282B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90169588
Alternative Phone No	OFFICE-90169588
Vehicle Particulars	
Manufacturer	HONDA
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-371577-CA
Cover Note Number	
Driver	
Name of Driver	YAP CHIN HOCK
NRIC No	S6869282B
Date Of Birth	06/09/1968
Occupation	INDOOR
Date Of Driving Pass	28/02/1995
Driving Experience	23 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90169588
Fax Number	
Contact Number	OFFICE-90169588
EMail Address	NOEMAIL

Address	5 JLN BUKIT KEMPAS 4/14 TMN BUKIT KEMPAS
Postcode	81200
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	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

REFER TO POLICE REPORT -T/20180323/2092.

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	SLW7719B
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 YAP CHIN HOCK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG6049K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


SKETCH PLAN


IMPORTANT NOTICE


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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.:

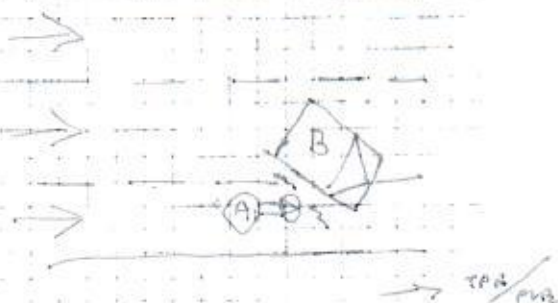
SKETCH PLAN

TPR towards PLE after passing MS DRY EXIT

Vehicle A - F356-604 G.K

Vehicle B - SCW771913

SLIP ROAD FROM
DRY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT T/20180323/2092

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

Vehicle No.	FBG 6049 K		Model / Make	HONDA
Date of Accident	23/03/2018			
Time of Accident	08:35		HRS	
Location of Accident	TAMPINES EXPRESSWAY - PIE (TPE - PIE) PASIR RIS DR 8			
Exact purpose use during accident				
Name of Owner	YAP CHIN HOCK			
Telephone No.	H/P: 90169588		Home :	Office :
NRIC	S6869282 B			
Address	5 JUN BUKIT KEMAS 4/14 TMN BUKIT KEMAS 81200 JBHOR			
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY			
Insurance Company	MSIA			
Type of Coverage	Comprehensive Third Party Third Party / Fire / Theft			
Policy No.				
Name of Driver	As Above If No,			
NRIC	Any Passengers :			
Date of birth	06/09/1968			
Occupation	Outdoor / <u>Indoor</u>			
Driving License Pass Date				
Gender	<u>Male</u> / Female			
Contact No.	H/P :		Home :	Office :
Address	AS ABOVE			
Driver have any own vehicle	No, If yes, Reg No.			
Relationship	Employee, If no, state			
Weather condition	<u>Clear</u> Raining Other			
Road Surface	<u>Dry</u> Wet Other			
Any Injuries	No, If Yes, Who? YAP CHIN HOCK			
Name And Contact No.				
Name And Contact No.				
Police Report	No, <u>If Yes, Where?</u>			
Vehicle B No.	SLW 77198		Any Passengers :	
Name of Driver			Contact No. :	
Vehicle C No.			Any Passengers :	
Vehicle D No.			Any Passengers :	
Vehicle E no.			Any Passengers :	
Vehicle F No.			Any Passengers :	
Vehicle G No.			Any Passengers :	
Witness Name			Witness Contact :	
Accident Portion				
Camera Recorder	Yes / <u>No</u>			
Email Address				
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /				
OFFERING ACCIDENT CLAIMS ASSISTANCE? Yes / No				
PARTICULAR WORKSHOP	MOTO 51 PIE LTD			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	JACKY			
FAX NO	6741 0510			
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg			



SINGAPORE POLICE FORCE



T/20180323/2092

1 of 3

Report No. T/20180323/2092

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/03/2018 13:22	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: YAP CHIN HOCK			Address: 5 JLN BUKIT KEMPAS 4/14 TMN BUKIT KEMPAS 81200 JOHOR		
ID Type / ID No.: NRIC NO / S6869282B			Contact No.: Home/Office: Mobile: 90169588		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 49	Date of Birth: 06/09/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Mechanical engineering technician (general)			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/03/2018 08:35	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY PAN ISLAND EXPRESSWAY TPE > PIE (Pasir Ris Dr 8).				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6049K	Motorcycle	HONDA	ANF125MSS A		Seriously Damaged	0
SLW7719B	Car	VOLVO	S60 T2			0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180323/2092

2 of 3

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

Report No. T/20180323/2092

CONTINUATION OF REPORT

Driver			
Name	YAP CHIN HOCK	ID No.	S6869282B
Related Vehicle	FBG6049K (Motorcycle)	Contact No.	90169588
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/03/2018	Date Discharge	23/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

Referring to report no: E/20180323/0064

23/03/2018 at about 0835 hrs, i was traveling along TPE > PIE (Pasir Ris Dr 8). I was traveling on the first lane when suddenly another vehicle cut me from the second lane and I collided onto his right front portion of the car.



**SINGAPORE
POLICE FORCE**



T/20180323/2092

3 of 3

Report No. T/20180323/2092

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

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:
TP /
SEBASTIAN NG JING PEI

Signature Of Interpreter:
Not applicable

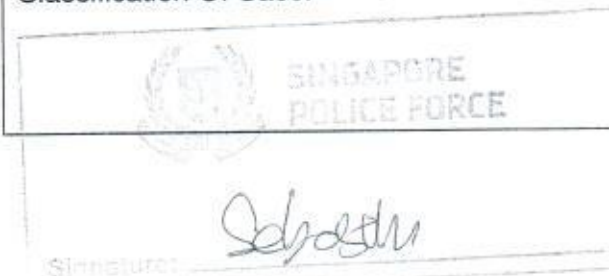
Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
23/03/2018 13:22

Classification Of Case:



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6869282B**

Name:

YAP CHIN HOCK

Birth Date: **06 Sep 1968**

Issue Date: **02 Jun 2015**



002433630G

SG
50

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S6869282B**



Name

YAP CHIN HOCK

葉鎮福

Race

CHINESE

Date of birth

06-09-1968

Country/Place of birth

MALAYSIA

Sex

M

S6869282B

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE

28 Feb 1995



Licence No: S6869282B

NP 428A

9297790



NRIC No. **S6869282B**



Nationality

MALAYSIAN

Date of issue

29-05-2013

Address

**5 JLN BUKIT KEMPAS 4/14 TMN BUKIT
KEMPAS 81200 JOHOR**

**MSIG****CA 493344**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

126-186

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/17-371577-CA A0074-001/10139

SUM INSURED : PMV

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

1. Index mark and Registration Number of Vehicle **FBG6049K**
2. Name of Policyholder **HONDA** **125 c.c.**
YAP CHIN HOCK
3. Effective date of the Commencement of Insurance
 for the purposes of the Act **1201AM 11/09/2017**
4. Date of Expiry of Insurance **10/09/2018**
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).

Repl CN: 72029180

COMMERCIAL AGENCY PTE. LTD.