

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118048884

Date In: 12/4/18-17:43	Job description	Date & Time Completed	Done by
Ref No: 4A/MSH18006797/24	SAS e-filing		
Veh No: FDE42492	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 8/2/18-21:30	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: WLS2393	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: (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:**

Date/Time	Actions

NA1802297	<b>Invoice Preparation Checklist</b>	Amt (\$)	Amt (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	Int Bill	Add Bill
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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Dat. 1:	TP (N11): TP (Non INC) against INC \$20		
Dat. 2 / 3:	9) N12: Idac Mobile 30		
	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	12/04/2018 17:43
Date Of Accident	08/02/2018 21:30
Exact Location Of Accident	JUNC KRANJI RD & WOODLANDS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE4249Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG HUEY ANN
NRIC No	S8461454H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93889275
Alternative Phone No	OFFICE-93889275

### Vehicle Particulars

Manufacturer	HONDA
Model	TIGER GL200R M
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
Fleet Policy	NO
Policy Number	MSD/VMT/17-373171-CA
Cover Note Number	

### Driver

Name of Driver	TAN CHIN GHEE
NRIC No	S8367157B
Date Of Birth	20/11/1983
Occupation	INDOOR
Date Of Driving Pass	08/09/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94872970
Fax Number	
Contact Number	OFFICE-94872970
Email Address	NOEMAIL

Address	BLK 522 JELAPANG ROAD #19-295
Postcode	670522
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	WLS2393 (PRIVATE CAR)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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/20180213/2098.

#### 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	WLS2393
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)

1

**DETAILS OF INJURED PERSON 1**

Name TAN CHIN GHEE

Approximate Age

Injuries Sustain FACE

Injured person in which vehicle? FBE4249Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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:

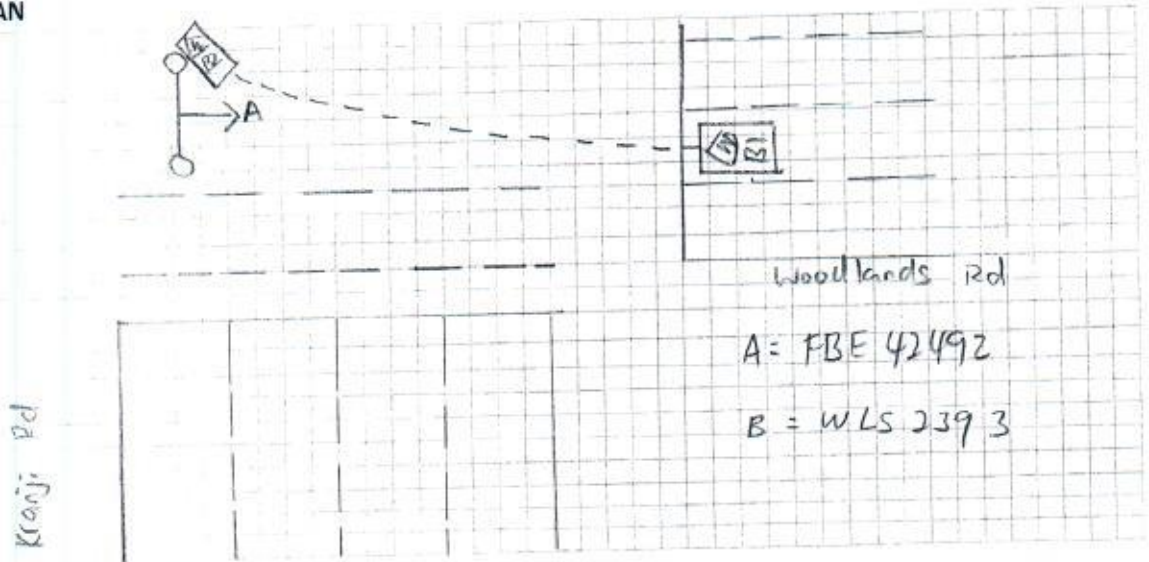
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20186213/2098.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: ( 8 / 2 / 18 ) (DD/MM/YYYY), TIME: ( 21 : 30 ) (HH:MM)

LOCATION: Junc Kranji Rd & Woodlands Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB42492  
 b) INSURANCE COMPANY: MSIA  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8461454H CONTACT: 93886275  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## 3. DRIVER

- a) NAME: Tan chin Ghee (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8367157B CONTACT: 94872970  
 c) ADDRESS: Blk 522 Jelapang Road #19-295 (670522)

\*d) DATE OF BIRTH: ( 20 / 11 / 1983 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 8/9/2016

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

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

6. WAS ANYBODY INJURED (YES / NO) - face

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WLS 2393 MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger (including d) ( 1 )

\* No of passenger (including d) ( 1 )

\* No of passenger (including d) ( - )

email = Annchong 1119 @ hotmail . com

fax =



T/20180213/2098

1 of 3

Report No. T/20180213/2098

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No F06567

Report Number T/20180213/2098

Vide Report Number J/20180208/0229

Date/Time of Report Made 13/02/2018 15:34

Place Report Lodged Traffic Police Division HQ

Type of Informant Rider

Name of Informant Tan Chin Ghee

ID Type / ID No. NRIC NO / S8367157B

Home/Office

Mobile 94872970

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 08/02/2018 21:05

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE4249Z	Motorcycle				Slightly Damaged	0

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





T/20180213/2098

2 of 3

Report No. T/20180213/2098

**Continuation of CSF For NP168**

<b>Rider</b>			
Name	Tan Chin Ghee	ID No.	S8367157B
Related Vehicle	NIL	Contact No.	94872970
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Facts.**

I AM RIDING ON KRANJI RD > TURF CLUB AVENUE IN BETWEEN 2ND AND 3RD LANE. OF 4 LANES ROAD. AT JUNCTION OF WOODLANDS AVENUE 3, THE TRAFFIC LIGHT WAS GREEN ON MY FAVOUR SO I PROCEEDED STRAIGHT. SUDDENLY, AN UNKNOWN CAR MADE A RIGHT TURN FROM THE OPPOSITE DIRECTION AND COLLIDED ONTO ME. THAT IS ALL.



## Continuation of CSF For NP168

### 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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / YEO CHUN JIAN
Classification of Case	1) INJURY / ATTENDED BY POLICE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: **G7566436U**

Name: **TAN CHIN GHEE**

Date of Birth: **20 Nov 1983**

Issue Date: **08 Sep 2016**

Valid Till: **07/09/2021**

002607690D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8367157B**

Name: **TAN CHIN GHEE**

陈旭升

Race: **CHINESE**

Date of birth: **20-11-1983**

Country/Place of birth: **MALAYSIA**

Sex: **M**





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

Class	Description	Effective Date
Class 2B	Motorcycles =< 200 cc	08 Sep 2016
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	08 Sep 2016

NP 42BA

Licence No: **G7566436U**



9417938

**S8367157B**

NRIC No. **S8367157B**

Nationality: **MALAYSIAN**

Date of issue: **16-09-2016**

Address: **APT BLK 522 JELAPANG ROAD  
#19-295  
SINGAPORE 670522**




**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212D)  
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:** 31/10/2017**AGENCY:** A0074-001-10237  
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMT/17-373171-CA**INSURED:**

**NAME:** CHONG HUEY ANN (NOT DRIVING)  
**ADDRESS:** BLK 522 JELAPANG ROAD  
#19-295  
SE 670522

**NRIC NO:** S8461454H  
**DATE OF BIRTH:** 19/11/1984 (32 yrs)  
**DRIVING EXP:** (0 yr)  
**CONTACT NO:** 94872970

**BUSINESS OR PROFESSION:** ADMIN

**PERIOD OF INSURANCE FROM:** 07/10/2017 **TO** 06/10/2018  
12:01AM

**REGISTRATION NUMBER:** FBE4249Z**CUBIC CAPACITY:** 197**MAKE OF VEHICLE:** HONDA**YEAR OF REGISTRATION:** 2010**INSURED ESTIMATE OF VALUE:** TPL**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

TAN CHIN GHEE ONLY

NRIC: S8367157B DOB: 20/11/1983 EXP: 08/09/2016 OCCP: DRIVER

**ENDORSEMENTS APPLICABLE:** 3P 94 95 97 - SUB/RIDER**EXCESS:****PREMIUM:** 153.00**GST @ 7%:** 10.71**TOTAL:** 163.71

NO CLAIM BONUS OF 10% IS ALLOWED

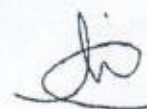
**NAME OF EMPLOYER AND/OR**  
**HIRE PURCHASE OWNER:**

**REPLACING POLICY NO:** MSD/VMS/16-350572-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