

Date In: 13/04/2018 16:03	Job description	Date & Time Completed	Done by
Ref No: NBS188900068967	SAS e-tiling		
Veh No: FBB 7608 S	E-mail (Public & Private)		
O.O.A: 13/04/2018 17:00	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (Vehicle & Parts, TP, etc)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / IRQ Assign Wksp / QWY:	Tel:	Fax:
TP Particulars	Yell No: SLP5648K	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date:	Time:
Insured/Driver Liability: ()	% (Note: Bil Status (WO): Nil 0-20% P: 21-79% P: 80-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: ()	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-in Questionnaire: Customer's information strictly Confidential & strictly NO refer of reporter.

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

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

Remarks:	Wksp/Line: 6788/00163	Date & Time Completed:	Done by:
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: ()

Direct Line: ()

Actions: ()

Invoice Preparation Details	Amount	Used Bill
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$150	
4) RT: Follow Through Survey	\$10	
5) XT: Follow Through Survey (Recovery)	\$10	
6) TR: Bill of Materials	\$10	
7) NTUC Additional Services	\$10	
8) NTUC Additional Services	\$10	
9) NTUC Additional Services	\$10	
10) NTUC Additional Services	\$10	
11) NTUC Additional Services	\$10	
12) NTUC Additional Services	\$10	
13) NTUC Additional Services	\$10	
14) NTUC Additional Services	\$10	
15) NTUC Additional Services	\$10	
16) NTUC Additional Services	\$10	
17) NTUC Additional Services	\$10	
18) NTUC Additional Services	\$10	
19) NTUC Additional Services	\$10	
20) NTUC Additional Services	\$10	

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	13/04/2018 16:03
Date Of Accident	12/04/2018 17:00
Exact Location Of Accident	PIE EXPRESS WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB7608S
Insured/Policyholder	
Name Of Registered Owner	BOEY MING LOONG, EDWARD
NRIC No	S9500712J
Email Address	EDWARD_BOEY1995@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93656054
Alternative Phone No	OFFICE-93656054

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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/18-988826-WTT
Cover Note Number	

Driver

Name of Driver	BOEY MING LOONG, EDWARD
NRIC No	S9500712J
Date Of Birth	05/01/1995
Occupation	INDOOR
Date Of Driving Pass	17/10/2017
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93656054
Fax Number	
Contact Number	OFFICE-93656054
Email Address	EDWARD_BOEY1995@HOTMAIL.COM

Address	BLK 348 TAMPINES ST 33 #08-406 S(520348)
Postcode	
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE TO REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP5645E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MED HUI HUI, EUNICE
NRIC/Passport Number	S8201437C
Contact Number	88684304
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

13/4/18 11.39am

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

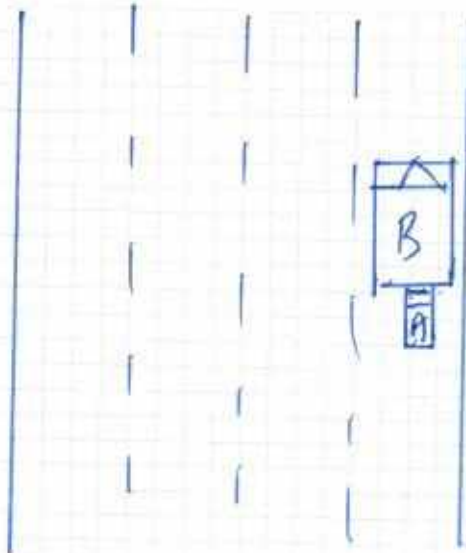
13/4/18 11.39am

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

Refli under

SKETCH PLAN

Pike Expressway



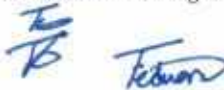
A) FBS 7608 S
B) SLP 5645 E


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was on the way back home on PIE Expressway was keeping a distance away, at that time I was at the fast lane which when I notice the sudden brake which I did react but wasn't in time which came in contact with her rear bumper. No one was injured during this impact which we exchange information & contact. Back then she taken the photo evidence of her damage, when later on I ask for that her reply was workshop said is not a need to disclose to me, hence I send a video evidence of it which she claim that the rear bumper drop off which cost \$350 for repair & \$650 for claim of loss if we want a private settlement. So I did ask for her workshop quote that she get from but wasn't told, wanted to ask for the payslip showing 1 week of earning so that I can gauge the payment reasonable amount. But ended up settling with her and our agreement was to ~~private settlement~~ get insurance claims. The interesting part was after our agreement, she did ask again if I want a private or claim which I think something is fishy ~~maybe she wanted~~. She claims that bumper drop off but in my video it was fine & \$750 was way too much.

DECLARATION

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


Policyholder's Signature
Date & Time:
13/4/18


Driver's Signature
(If driver is not the policyholder)
Date & Time:
13/4/18


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 13/04/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 04 / 2018 (DD/MM/YYYY), TIME: 17 : 00 (HH:MM)

LOCATION: PIE Express way

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FB676085
 b) INSURANCE COMPANY: MSI
 c) POLICY NUMBER: A0633-001/W0803
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda super 4
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Back to home
 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: Boey Ming Loay Edward (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9507127 CONTACT: 97656054
 c) ADDRESS: Blk 143 Tampines St 11 # 08-406 S1520748

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 05 / 01 / 1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 17/10/2017

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Boey Ming Loay Edward

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLP 5645E MODEL: Mazda 3
 b) DRIVER'S NAME: NEO Hui Hui, Eunice
 c) NRIC/FIN/PASSPORT: S8201437C CONTACT: 88684304

9. THIRD PARTY VEHICLE

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

No of passenger
(including driver)
(1)

No of passenger
(including driver)
(2)

No of passenger
(including driver)
()

Email = Edward - boey 1995@hotmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9500712J



Name
BOEY MING LOONG, EDWARD

梅明伦

Race
CHINESE

Date of birth
05-01-1995

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S9500712J



BOEY MING LOONG, EDWARD

Birth Date: 05 Jan 1995

Issue Date: 08 Dec 2015



002500935K




4508519



NPIC No. S9500712J

Date of issue
07-01-2010

Address
APT BLK 348 TAMPINES STREET 33
#08-406
SINGAPORE 520348

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

EFFECTIVE DATE

Class 2B	Motorcycles up to 200 CC	18 Apr 2016
Class 2A	Motorcycles between 201 CC and 400 CC	17 Oct 2017
Class 3	Motor cars up to 3500 kg with up to 7 passengers, exclusive of the driver; and motor tractors/trailers up to 2500 kg	08 Dec 2015

S / No. 9000274667

NP 426A



Licence No: S9500712J



MSIG

W 701895
 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

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/VNT/18-988826-WTT A0633-001/W0803

SUM INSURED : TPL
 EXCESS : NIL

3. Index mark and Registration Number of Vehicle 33500712J
 3BB7608S
2. Name of Policyholder HONDA CB400 399 c.c.
 BOEY MING LOONG EDWARD
3. Effective date of the Commencement of Insurance
 for the purposes of the Act 1447PM 00/01/2018
4. Date of Expiry of Insurance 07/01/2019
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).

08/01/2018 (L)
 WTT-CI-9403414

WTT INSURANCE AGENCIES PTE LTD
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

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 : MA48049283 Vehicle Registration No : FAB 7688 S
Name(as shown in NRIC): BOH MING LOON, EDWARD
(*Vehicle Driver X Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : _____
Address : _____
Contact (Tel) : _____ (H/P) : 93656050
(Email) : _____
Date of Accident : 12/04/2018 Time of Accident : 17:00
Place of Accident : PIC FREMERSWAY
Insurance Company : M&V

(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:

~~CHARTER~~ THIS CAR? NUMBER 70 MSD/VMT/18-988826-WT7

Signature of Vehicle Owner / Driver

Date: