

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA18 068355

Date In: 25/1/18-17:52	Job description	Date & Time Completed	Done by
Ref No: NA MSN 1800957624	SAS e-filing		
Veh No: FB M9162P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/1/18-11:50	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: SHC79 00X 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%. F: 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

NA1803297	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	6) TR: Re-inspection \$75			
Dat. 1:	7) N1: Idao DA + SMRT Survey \$160			
Dat. 2 / 3:	8) NTUC Additional Services:-			
	QJ)*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao 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	25/05/2018 17:52
Date Of Accident	25/05/2018 11:50
Exact Location Of Accident	MOULMEIN RD AFTER JUNC MANDALAY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9162P
Insured/Policyholder	
Name Of Registered Owner	LEE WAN LI, SHEREEN
NRIC No	S8522914A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97588103
Alternative Phone No	OFFICE-97588103

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-03 ABS (MTN320-A)
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/18-992267-WTT
Cover Note Number	

Driver

Name of Driver	LEE WAN LI, SHEREEN (LI WANLI)
NRIC No	S8522914A
Date Of Birth	30/07/1985
Occupation	INDOOR
Date Of Driving Pass	24/04/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97588103
Fax Number	
Contact Number	OFFICE-97588103
Email Address	NOEMAIL

Address	BLK 778 YISHUN AVENUE 2 #12-1549
Postcode	760778
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 - MAJOR/MINOR RD
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?	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/20180525/7016.

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	SHC7900X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 3
Passenger 1 NAME: :
GENDER: :
Passenger 2 NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name LEE WAN LI, SHEREEN (LI WANLI)
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBM9162P
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: 25 May '18

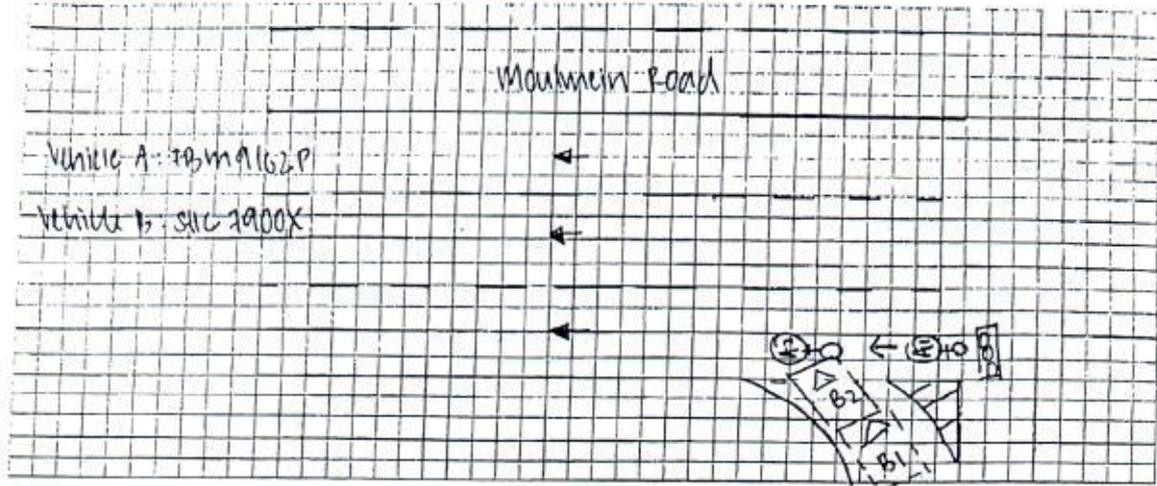


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25 May '18



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

SKETCH PLAN



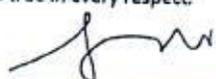
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', 7BM9162P, was travelling straight in my lane along the stated venue. Suddenly, vehicle 'B', SHC 7900X, turned out before stopping before the give-way line and hit onto my vehicle's rear left portion. The great impact caused me & my vehicle to fall onto the right.

DECLARATION

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


Policyholder's Signature
Date & Time: 25 May '18


Driver's Signature
(if driver is not the policyholder)
Date & Time: 25 May '18


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

Date of Accident : 25/05/2018 Accident Time: 1150 (24-HR-Format)
 Accident Place : Moulmein Road, after Mandalay Road
 Vehicle No. (Car Plate No.) : 7BM 9162P Make/Model: _____
 Insurance Company : MSIG Policy No: 60800470
 Owner or Company Name /IC No. : Lee Wan Li, Shereen 88522914A
 Owner or Company Contact No. : 97588103 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : _____
 DRIVER'S Date Of Birth : 30/07/1985 DRIVER'S License Pass Date 02/03/2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
 DRIVER'S Address : 778 Yishun Ave 2 #12-1549 S(760778)
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 01
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>84C 7900X</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: 1 male driver,
 1 male, 1 female passenger.



**SINGAPORE
POLICE FORCE**



T/20180525/7016

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

1 of 3

Report No. T/20180525/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2018 16:33	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LEE WAN LI, SHEREEN		Address: APT BLK 778 YISHUN AVENUE 2 #12-1549 SINGAPORE 760778	
ID Type / ID No.: NRIC NO / S8522914A		Contact No.:	Mobile: 97588103
Nationality: SINGAPORE CITIZEN		Email: shereenleewl@gmail.com	
Sex: Female	Age: 32	Date of Birth: 30/07/1985	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/05/2018 11:50	Type of Location: T-Junction
Location: MOULMEIN ROAD ALONG MOULMEIN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9162P	Motorcycle	YAMAHA	MT-03 ABS (MTN320-A)	Grey	Slightly Damaged	1
SHC7900X	Car				Slightly Damaged	3

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9162P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60800470	10/05/2018	09/05/2019



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LEE WAN LI, SHEREEN	ID No.	S8522914A
Related Vehicle	FBM9162P (Motorcycle)	Contact No.	97588103
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/05/2018	Date Discharge	25/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

ON 25/05/2018 AT ABOUT 11:50AM, I WAS TRAVELLING ALONG MOULMEIN ROAD. I WAS GOING STRAIGHT WHEN SUDDENLY, VEHICLE NUMBER, SHC7900X, CAME OUT FROM THE MINOR ROAD & HIT ONTO MY VEHICLE'S REAR LEFT PORTION. THE GREAT IMPACT CAUSED MY VEHICLE & I TO FALL ON MY RIGHT. I WISH TO STATE THAT VEHICLE NUMBER, SHC7900X, DID NOT STOP & CHECK BEFORE THE GIVE-WAY LINE.

I THEN SUFFERED ABRASIONS & BRUISES, THUS, I WENT TO SEEK MEDICAL ATTENTION AT INTEMEDICAL 24 HR CLINIC & WAS GIVEN 4 DAYS MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**



T/20180525/7016

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

3 of 3

Report No. T/20180525/7016

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:
TP / TPIB /
KASMAWATI BTE SAMIAN
Contact No.: 65476179

Authentication Stamp
NP168

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

Date/Time:
25/05/2018 16:33

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8522914A



Name

LEE WAN LI, SHEREEN
(LI WANLI)

李婉莉

Race

CHINESE

Date of birth

30-07-1985

Sex

F

S8522914A

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8522914A

Name:

LEE WAN LI, SHEREEN
(LI WANLI)

Birth Date: 30 Jul 1985

Issue Date: 14 Dec 2017



5525300



NRIC No. **S8522914A**



Date of issue

07-09-2015

Address

**APT BLK 778 YISHUN AVENUE 2
#12-1549
SINGAPORE 760778**

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

EFFECTIVE DATE

CI
CI

Class 2B	Motorcycles =< 200 CC	02 Mar 2017
Class 2A	Motorcycles between 201 CC and 400 CC	24 Apr 2018
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	04 Mar 2011

S / No.9000280113

S8522914A



Licence No:S8522914A

NP 428A



W 705868
 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

Road Transport Act, 1987 (Malaysia)
 The Motor Vehicles (Third Party Risks) Rules, 1989 (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/VNS/18-992267-WTT A0633-001/W0004**

SUMINSURED : **PWV**
 EXCESS : **\$500 (FIRE&THEFT) \$1000 (EMDT 2K)**
S8522914A

1. Index mark and Registration Number of Vehicle **S8522914A**
FBM9162P
2. Name of Policyholder **YAMAHA** **321 c.c.**
LEE WAN LI, SHERBEN
3. Effective date of the Commencement of Insurance
 for the purposes of the Act **1435PM 10/05/2018**
4. Date of Expiry of Insurance **09/05/2019**
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).

Repl CN: 60800470
 25/05/2018 (T)
 WTT CI 64(04/14)

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