

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>05/06/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MSG/8010146/13</b>	SAS e-filing		
Veh No: <b>SFR8328Z</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>04/06/18</b> <b>1420</b>	i-Motor Claim Form		
OD: TP <b>Reporting Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (      ) Tel:      Fax:      )

TP Particulars:	Veh No: <b>JRS 4342</b>	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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance (      ) / Courtesy Car (      )		
2) QC Check / Post Repair Inspection (      )		
3) Upload Resurvey Photo [Repair Cost > \$3000] (      )		

Injury: \_\_\_\_\_

Date/Time	Actions

<b>NA1803488</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	OD:		
	*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		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 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	05/06/2018 11:40
Date Of Accident	04/06/2018 14:20
Exact Location Of Accident	NICOLL DRIVE TWDS CARGO COMPLEX
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK8328Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YAP CHIN GUAN
NRIC No	S1716179B
Email Address	YAPCG@LINKWAYLOG.COM.SG
Mobile Phone No	(LOCAL) +65-96353614
Alternative Phone No	OTHERS-96353614

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY 2.5
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 28836457 QMY
Cover Note Number	

### Driver

Name of Driver	YAP CHIN GUAN
NRIC No	S1716179B
Date Of Birth	01/10/1965
Occupation	INDOOR
Date Of Driving Pass	13/07/1983
Driving Experience	34 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96353614
Fax Number	
Contact Number	OTHERS-96353614
Email Address	YAPCG@LINKWAYLOG.COM.SG

Address	64 JALAN PERGAM
Postcode	488340
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRS4342 (MOTORCYCLE)
Number of vehicles involved in the accident	
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	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180604/2149

#### 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	JRS4342
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

YM4671Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

UNKNOWN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

JRS4342

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

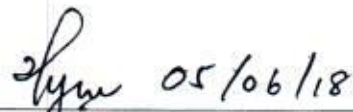
Date & Time:

5/6/18  
11:55 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

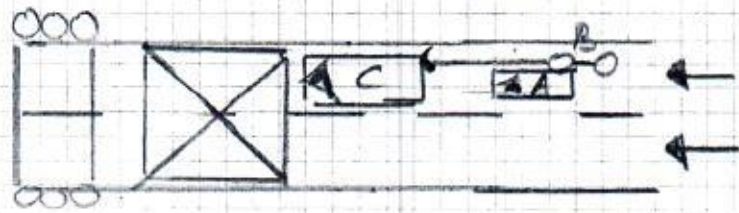
NRIC/FIN No.:

SKETCH PLAN

A - SFK8328Z

B - JRS4342

C - YM4671Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180604/2149

DECLARATION

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




Policyholder's Signature

Date & Time: 4/6/18  
1155HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 05/06/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180604/2149

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20180604/2149

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/06/2018 17:23		Vide Report No.: M/20180604/0019		Station Diary No.: 33	
<b>Informant's Particulars</b>					
Name of Informant: YAP CHIN GUAN			Address: 64 JALAN PERGAM SINGAPORE 488340		
ID Type / ID No.: NRIC NO / S1716179B			Contact No.: Home/Office:		Mobile: 96353614
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 01/10/1965	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DIRECTOR			Driving Licence Information: Class: 3,4		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/06/2018 14:20	Type of Location: Straight Road
Location: Along Road 1 NICOLL DRIVE  TOWARDS CARGO COMPLEX				
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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRS4342	Motorcycle					0
SFK8328Z	Car					0
YM4671Y	TRUCK					0



**SINGAPORE  
POLICE FORCE**



T/20180604/2149

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

2 of 3

Report No. T/20180604/2149

**CONTINUATION OF REPORT**

**Brief Details.**

On 04/06/2018 at about 1420hrs I was driving my car along Nicoll Dr. Subsequently the truck in front of me came to a complete stop as the traffic light indicated red. I was driving behind the truck and slowed down my car and came to a complete stop. Out of nowhere the motorcyclist side swiped the right side of my vehicle and hit the rear of the truck. The rider fell down on to the road and was conscious. I believed he was injured. An ambulance arrived and brought him to the hospital. traffic police was at scene and I was advised to lodge a police report.

**Truck driver's particulars :**

Hernandez Christopher  
G5097209M  
HP : 9831 0929  
YM 4671Y





**SINGAPORE  
POLICE FORCE**



T/20180604/2149

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20180604/2149

**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:  
G /  
Sgt 2 RANDY RONALD MINJOOT

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/06/2018 17:23

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt YUS MASTARI I KHAZALI  
Contact No.: 65476214

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number **S1716179B**  
 Name **YAP CHIN GUAN**  
 Birth Date **01 Oct 1965**  
 Issue Date **12 Jun 2003**

000566332G

**REPUBLIC OF SINGAPORE**  
 IDENTITY CARD NO. **S1716.179B**



Name **YAP CHIN GUAN**  
 葉振源  
 Race **CHINESE**  
 Date of Birth **01-10-1965** Sex **M**  
 Country of Birth **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS**

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Jul 1983
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	22 Dec 1986

Licence No: **S1716179B**

1399496



NRIC No: **S1716179B**



Biometric Group **B+** Date of issue **03-11-1993**

64 JALAN PERGAM  
 SINGAPORE 488340  
 NRIC No: **S1716179B** Date: **03/12/2008** No: **6073934**





MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co. Reg. No. 200412212G, GST Reg. No. 20-0412212G

## 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 RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

**MOTOR MAX PLUS**  
**Comprehensive**

Certificate No. B 28836457 QMY

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SPK8328Z

2. Name of Policyholder  
Yap Chin Guan

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
26/10/2017

4. Date of Expiry of Insurance  
25/10/2018

5. Persons or Classes of Persons entitled to drive\*

Yap Chin Guan

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.  
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

for Chief Executive Officer