

NATIONAL Assessment Centre Services			
Date In: 08/08/2018 11:16	Job description	Date & Time Completed	Done by
Ref No: NA/1804974	SAS e-filing		
Veh No: FBH 7992A	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 08/08/2018 08:00	i-Motor Claim Form		
OD: TH 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: 820 780	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

NA/1804974	Invoice Preparation Checklist	Am't (\$) Est. 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) TP: 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*		
	*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: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:			

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	08/08/2018 11:16
Date Of Accident	02/08/2018 08:00
Exact Location Of Accident	ALONG BKE TOWARDS DAIRY FARM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7992A
Insured/Policyholder	
Name Of Registered Owner	RICHARD TAN TIAN HOCK
NRIC No	S1736796Z
Email Address	TIANFU2018@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97915771
Alternative Phone No	OTHERS-97915771

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	72035800

Driver

Name of Driver	RICHARD TAN TIAN HOCK
NRIC No	S1736796Z
Date Of Birth	24/04/1966
Occupation	INDOOR
Date Of Driving Pass	24/07/1984
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97915771
Fax Number	
Contact Number	OTHERS-97915771
Email Address	TIANFU2018@GMAIL.COM

Address	BLK 512 WOODLANDS DRIVE 14 #11-97
Postcode	730512
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRQ7180 (MOTORCYCLE)
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180803/2008

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	JRQ7180
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RAJAN SELVAKUMAR
NRIC/Passport Number	G6623442N
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

RICHARD TAN TIAN HOCK

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBH7992A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

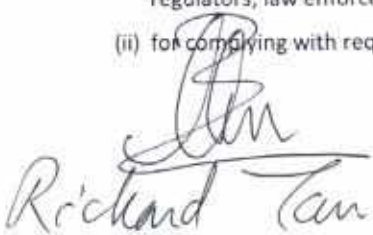
SKETCH PLAN

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.



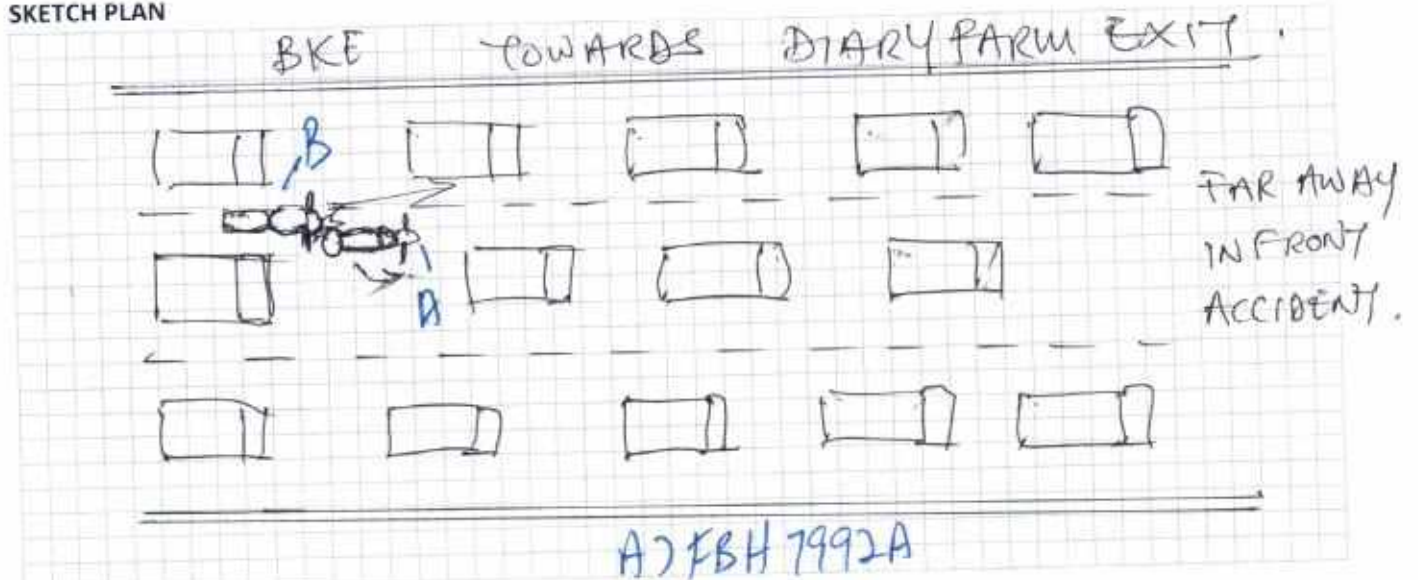
Policyholder's Signature
Date & Time:

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

PLEASE REFER TO POLICE REPORT
7/20/80803/2008

DECLARATION

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

Richard Tan
Policyholder's Signature
Date & Time: 7/8/18

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

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



SINGAPORE POLICE FORCE



T/20180803/2008

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 4

Report No. T/20180803/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/08/2018 01:16		Vide Report No.: F/20180802/0085		Station Diary No.: 20	
Informant's Particulars					
Name of Informant: RICHARD TAN TIAN HOCK			Address: APT BLK 512 WOODLANDS DRIVE 14 #11-97 SINGAPORE 730512		
ID Type / ID No.: NRIC NO / S1736796Z			Contact No.: Home/Office: Mobile: 97915771		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 24/04/1966	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: MAINTAINANCE			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/08/2018 08:00	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Along BKE heading towards the direction of Dairy farm.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
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
FBH7992A	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Seriously Damaged	0
JRQ7180	Motorcycle				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7992A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72035800	03/10/2017	02/10/2018



**SINGAPORE
POLICE FORCE**



T/20180803/2008

2 of 4

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20180803/2008

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	RICHARD TAN TIAN HOCK	ID No.	S1736796Z
Related Vehicle	FBH7992A (Motorcycle)	Contact No.	97915771
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/08/2018	Date Discharge	02/08/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Rider			
Name	RAJAN SELVAKUMAR	ID No.	G6623442N
Related Vehicle	JRQ7180 (Motorcycle)	Contact No.	NIL
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	Slight

Brief Details.

On 02/08/2018 at about 0800hrs, I was riding my bike plate no. FBH7992A along BKE heading towards the direction of diary farm. I was riding on the 2nd lane and wanted to make a lane change to the 1st lane. I noticed that there was a congestion up from due to a traffic accident thus I slowed down (20km/hr to 30km/hr), signaled and made a change of lanes after a quick check on my blind spot. While I was making the change of lanes I felt an impact from the back of my bike and I skidded and fell on my left. The rider who collided onto me came to assist me, he is one namely: Rajan Selvakumar, Male/Malaysian aged 31yrs, FIN No. G6623442N (C/O Pico Guards P/L), owner of bike plate no. JRQ7180. I was conscious but in a lot of pain and was having fainting spells. An AETOS officer who came across our accident assisted to call for the ambulance and the police. I was then conveyed to Ng Teng Fong Hospital to receive treatment. I was discharged on the day itself and received a medical leave of 2 days from 02/08/2018 to 03/08/2018. I wish to inform that I suffered abrasions on my left forearm and left lower limbs, as well as pain on my right knee. I noticed that Rajan Selvakumar suffered abrasions on his right feet while he was treated by the ambulance staff. My bike suffered scratches on the left body and the foot stand area, the gear lever and pillion seat rest were dented. I was informed by the traffic police officer to lodge a report of the accident after receiving treatment from the hospital.



**SINGAPORE
POLICE FORCE**



T/20180803/2008

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180803/2008

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180803/2008

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

4 of 4

Report No. T/20180803/2008

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:

J /

Sgt 3 KELLY LEE KAI LIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

SN 130

Authentication Stamp

NP158

Signature :

Signature Of Informant:

Date/Time:

03/08/2018 01:16

Classification Of Case:

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 02/08/2018 (DD/MM/YYYY), TIME: 08:00 (HH:MM)

LOCATION: AWAHI BIKE TOWARDS DAIRY FARM ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 7992 A
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSD/VMS/17-372883-CA
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA JUPITER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: TRANSPORT FROM HOME TO WORK
 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: RICHARD TAN TIAN HOK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 84367962 CONTACT: 97915771
 c) ADDRESS: BLK 112 WOODLANDS DR 14 #11-97
5730512

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: KAWASARI

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: TR 07180 MODEL: ER-60
 b) DRIVER'S NAME: KARAN SELVAKUMAR
 c) NRIC/FIN/PASSPORT: 966234421 CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 RIDER (1)

* No of passenger
 (including driver)
 ()

email = tiannfu2018@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1736796Z



RICHARD TAN TIAN HOCK

陈添福

Race

CHINESE

Date of Birth

24-04-1966 M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1736796Z

Name:

RICHARD TAN TIAN HOCK

Birth Date: 24 Apr 1966

Issue Date: 10 Jun 2003



NRIC No: S1736796Z



Blood Group: Date of issue

O+ 08-10-1994

APT BLK 512 WOODLANDS DRIVE 14 #11-97
SINGAPORE 730512

NRIC No: S1736796Z

Date: 11/08/2009

No: 6253150

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

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 3000 kilograms

PASS DATE

11 Jul 1984

10 Aug 1988



NP 423A

MSIG

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

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72035800

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

Agency : A0074-001-10225

Date : 28 Sep 2017

Name : RICHARD TAN TIAN HOCK

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED
in the terms of the Company's usual form of **Third Party Fire & Theft** Policy applicable thereto for the
period from **00:01AM** on **03 Oct 2017** to midnight on **02 Oct 2018** unless the
cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of
the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBH7992A	Insured Value	Prevailing Market Value
Engine No.	50C626053	C.C.	134
Chassis No.	MH350C004DK626122		
Year Manufactured	2013	Year of Registration	2013
Make & Model	YAMAHA [JUPITER MX (HC)]		
Rider Type	Policyholder		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the
certificate of insurance from the respective agents within 14 days hereof.

For MSIG Insurance (Singapore) Pte. Ltd.



Approved Insurer

Not valid unless countersigned by Authorized Person

UNIVERSAL MOTORS PTE LTD

BLK 1006 BUKIT MERAH LANE 2

#01-04 SINGAPORE 159762

71932080
TEL: 62782029 FAX: 62732039

MSD/VMS/16-352120

(Please read important information on the reverse page.)