

NATIONAL Assessment Centre Services

Date In: 15/08/2018 12:37	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/MSG18014830/14	E-mail (within 8hrs, AIC 2hrs):		
Veh No: FZ 356R	I-Motor Claim Form		
DOA: 08/08/2018 15:00	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (IP) Reporting Only	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: Yeh No: MID 20599	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

NA1805137	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
C Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Officer's Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao 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		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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	15/08/2018 12:37
Date Of Accident	08/08/2018 15:00
Exact Location Of Accident	CARPARK OUTSIDE PASIR LABA CAMP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ356R
Insured/Policyholder	
Name Of Registered Owner	TAN HAI HONG
NRIC No	S9611583J
Email Address	BOI_VIGOUR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96451702
Alternative Phone No	OTHERS-96451702

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF
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/17-369386-CA
Cover Note Number	

Driver

Name of Driver	TAN HAI HONG
NRIC No	S9611583J
Date Of Birth	02/04/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/11/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96451702
Fax Number	
Contact Number	OTHERS-96451702
Email Address	BOI_VIGOUR@HOTMAIL.COM

Address	BLK 475A UPPER SERANGOON CRESCENT #06-509
Postcode	531475
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?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , 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/20180808/2135

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	MID20599
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)

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

— NO IDEA WHAT HAPPEN —

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— PLS Refer to the Attached —
T/20180808/2135

DECLARATION

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

Hoy
Policyholder's Signature
Date & Time:

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

15/8/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GOOD DAY,
THIS IS ZWO SARAVANAN FROM TRANSPORT
HUB EAST BEDOK NODE.

THERE WAS A VEHICLE INCIDENT BETWEEN YOUR
MOTORBIKE AND A 5-TON MILITARY TRUCK.

PLEASE CALL ME AT 90128352 . THANK YOU.

PLEASE MAKE A POLICE REPORT AS WELL.

THE CONTACTS OF THE CLAIMS COMPANY IS IN THE
BACK PAGE. PLEASE CONTACT THEM.

THANK YOU.

Accident involving MINDEF and Civilian Vehicles

Dear Potential Claimant,

We refer to your vehicle no. F2356R involved in an accident with MID 20599 on 070818 (accident date).

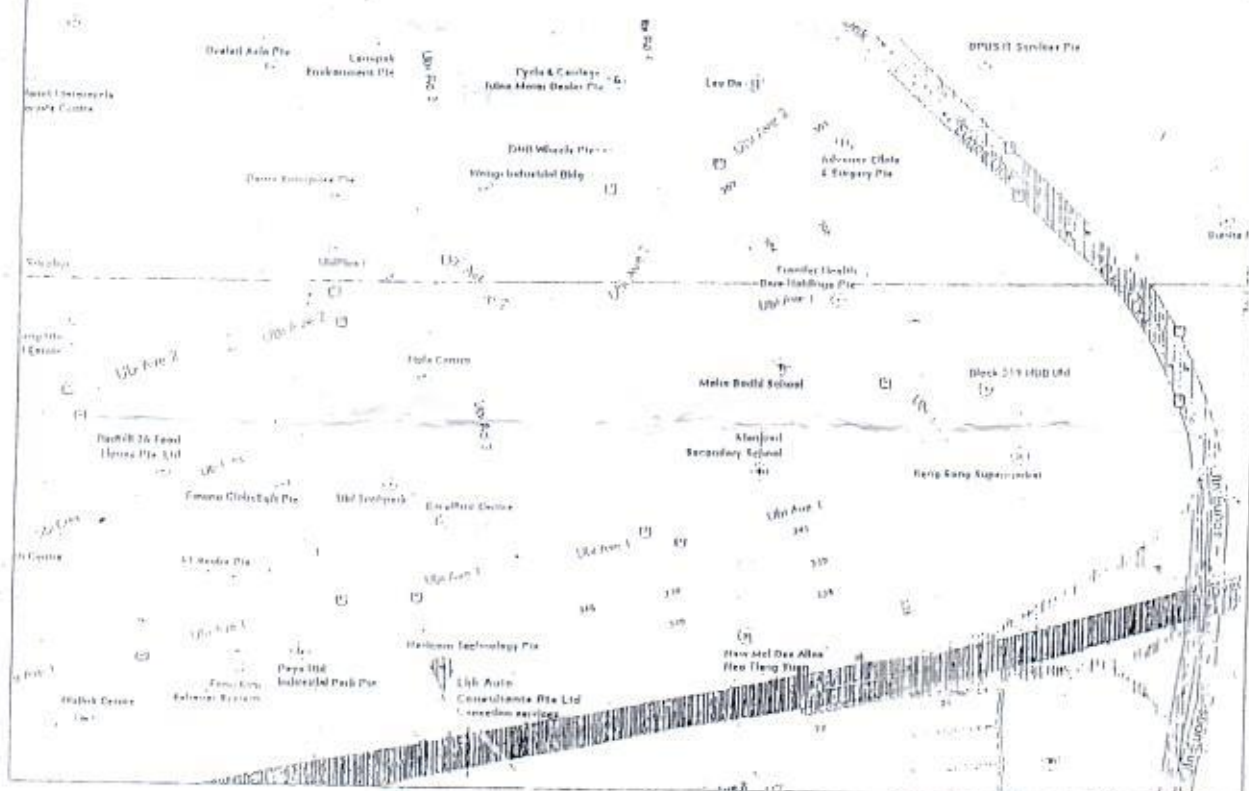
In order to facilitate the claims process, we would appreciate if you could follow the procedures stated below:

1. Contact LKK Auto Consultants Pte Ltd immediately after the accident and forward all claims documents to their office through your insurer.
2. Await contact from LKK staff for outcome of the claims.

If you have any enquiry, please contact LKK at Tel: 6256 3561, Fax: 6741 4108, Email: csia@lkkauto.com
csia@lkkauto.com

Motor Claims Section
LKK Auto Consultants Pte Ltd
51 Ubi Avenue
#01-25 Paya Ubi Industrial Park
Singapore 408033

Map of LKK Auto Consultants





**SINGAPORE
POLICE FORCE**



T/20180808/2135

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180808/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2018 18:04	Vide Report No.:	Station Diary No.: 126
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Informant's Particulars

Name of Informant: TAN HAI HONG			Address: APT BLK 475A UPPER SERANGOON CRESCENT #06-509 SINGAPORE 531475	
ID Type / ID No.: NRIC NO / S9611583J			Contact No.:	Mobile: 96451702
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 22	Date of Birth: 02/04/1996	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 08/08/2018 15:00	Type of Location: Car Park
Location: Along Road 1 PASIR LABA ROAD carpark outside Pasir Laba camp				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ356R	Motorcycle	HONDA	CB400SF	Red	Seriously Damaged	0
MID20599	SAF Vehicle				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ356R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17369386	13/07/2018	18/09/2018



**SINGAPORE
POLICE FORCE**



T/20180808/2135

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180808/2135

CONTINUATION OF REPORT

Brief Details.

On 8/8/18 at about 1500hrs, I went to retrieve my motorcycle and I noticed that there were damages on my motorcycle. There was also a note stating he is 3WO Saravanan from Transport Hub East Bedok Node and his 5-ton military truck had collided into my parked motorcycle. I contacted the number given, 90128352 and he mentioned that I have to go through insurance claims and to lodge a police report.

No one was injured. No ambulance or police at scene.
My motorcycle parts such as, handle bar, gas tank, meter gauge, head light etc were all damaged.
I am lodging this report for my insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T/20180808/2135

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No: T/20180808/2135

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:

F /
Sgt 3 ALICIA NG YU SHAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Hay

Date/Time:

08/08/2018 18:04

Classification Of Case:

SN 085

Authentication Stamp
NP168



*

Reported on 8/8/2018
@ 1625 HRS

ACCIDENT STATEMENT

ACCIDENT DATE: 7, 8, 2018 (DD/MM/YYYY), TIME: 15.00 (HH:MM)

LOCATION: PASIR LABA CAMP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FZ 356 R
b) INSURANCE COMPANY: _____
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: _____
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: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96451702
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) OWNER

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) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MID 20599 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: _____

Email = boi_vigour@hotmail.com

Fax = boi_vigour@hotmail.com ✓

(MSIG)

Waiting for Certificate?

& Police Report?

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
TAN HAI HONG

NRIC No
S9611583J

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S9611583J**
Name
TAN HAI HONG

Birth Date **02 Apr 1996**
Issue Date **09 Dec 2014**

002374237A

GEMALTO5GPI054519D1118 00000060308511

NRIC No / Colour
S9611583J / PINK

Race
CHINESE

Date Of Birth
02/04/1996

Service Status
NSF

Address
**Blk 475A UPPER SERANGOON CRESCENT
#06-509 SINGAPORE 531475**

Blood Group
O (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles <= 100 CC	19 Nov 2015
Class 2A	Motorcycles between 101 CC and 400 CC	18 Dec 2016
Class 2	Motorcycles > 400 CC	12 Jun 2018
Class 3	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	09 Dec 2014

S9611583J **S / No. 9000281421**

NP 428A **Licence No: S9611583J**

**MSIG**

CA 503114
 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
 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/VMT/17-369386-CA A0074-001/10233 E618923

SUM INSURED : TPL
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FZ356R**
2. Name of Policyholder **HONDA** **399 c.c.**
TAN HAI HONG
3. Effective date of the Commencement of Insurance
 for the purposes of the Act **1201AM 13/07/2018**
4. Date of Expiry of Insurance **18/09/2018**

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. **WEE QING CHIN JUSTIN ONLY**

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

Please Note This Vehicle is Under H/P With
G.N.G. MOTOR TRADING CO.
NO Endorsement is Allowed unless With
Our Written Consent.
Tel: 62836560

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).

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For **MSIG Insurance (Singapore) Pte. Ltd.**

13/03/2018 (CG)

CA/CI-03 (05/13)