

NATIONAL Assessment Centre Services

Date In: 17/08/2018 15:49	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18015010/K4	SAS e-filing		
Veh No: FY 315P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/08/2018 15:45	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()

TP Particulars:	Veh No: SHC3954S	INC () / Non-INC ()	Tel: ()	Fax: ()
Owner / Driver: ()				
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

NA1805217

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Pat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Pat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idue 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: Idue 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 17/08/2018 15:49
 Date Of Accident 11/08/2018 15:45
 Exact Location Of Accident SCOTTS RD TWDS NEWTON RD OUTSIDE SHERATON TOWERS
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FY315P
Insured/Policyholder
 Name Of Registered Owner HO BEE SOON (HE MEISHUN)
 NRIC No S8116188G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-93873445
 Alternative Phone No OTHERS-93873445

Vehicle Particulars

Manufacturer HONDA
 Model CB 250 M
 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 MOTORCYCLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage THIRD PARTY
 Fleet Policy NO
 Policy Number MSD/MT/18-991671-WTT
 Cover Note Number

Driver

Name of Driver HO BEE SOON (HE MEISHUN)
 NRIC No S8116188G
 Date Of Birth 21/05/1981
 Occupation INDOOR
 Date Of Driving Pass 30/10/2006
 Driving Experience 11 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-93873445
 Fax Number
 Contact Number OTHERS-93873445
 EMail Address NOEMAIL

Address	BLK 103 BUKIT PURMEI ROAD #11-44
Postcode	090103
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?	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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , 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/20180813/2123

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	SHC3954S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN
NRIC/Passport Number	
Contact Number	87833362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HO BEE SOON (HE MEISHUN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FY315P
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:

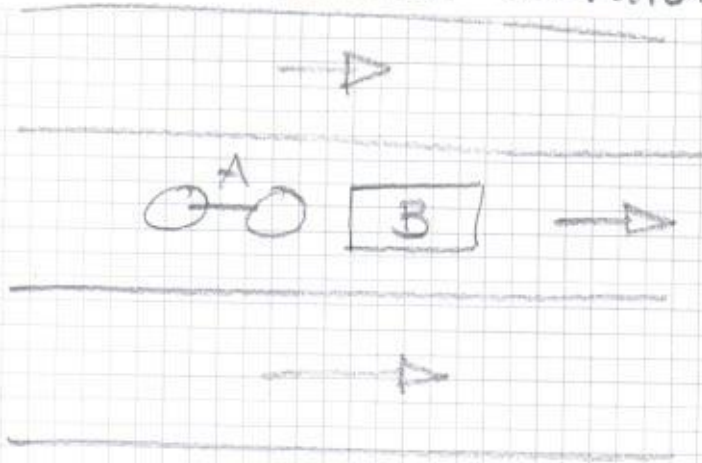
17/8/2018

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

SKETCH PLAN

Along Scotts Road towards Newton Road
outside Sheraton Towers.

A-FY/315P
B-SHC3954S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20/80813/2123

DECLARATION

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

Gurus

Policyholder's Signature
Date & Time:

Gurus

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

17/8/2018

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



SINGAPORE POLICE FORCE



T/20180813/2123

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 4

Report No. T/20180813/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 17:10	Vide Report No.: E/20180811/0151	Station Diary No.: 54
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Informant's Particulars

Name of Informant: HO BEE SOON			Address: APT BLK 103 BUKIT PURMEI ROAD #11-44 SINGAPORE 090103		
ID Type / ID No.: NRIC NO / S8116188G			Contact No.: Home/Office: Mobile: 93873445		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 21/05/1981	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Hawker/Stall holder (prepared food or drinks)			Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/08/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 SCOTTS ROAD				
Along Scotts Road towards Newton Road outside Sheraton Towers.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FY315P	Motorcycle	HONDA	CB 250 M	Blue	Slightly Damaged	0
SHC3954S	Car				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY315P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18991671	11/05/2018	10/05/2019



Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	HO BEE SOON	ID No.	S8116188G
Related Vehicle	FY315P (Motorcycle)	Contact No.	93873445
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4,5 Date of Expiry: NIL
Date Treatment	11/08/2018	Date Discharge	12/08/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHAN	ID No.	NIL
Related Vehicle	NIL	Contact No.	87833362
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	NIL

Brief Details.

On 11/08/2018 at about 1545hr, I was on my way to Golden Mile Complex on my motorcycle bearing the registration number FY315P. I was riding on the second lane along Scotts Road towards Newton Road, outside Sheraton Hotel. There was a taxi that was in front of me who suddenly jammed break. I could not stop in time and jammed break as well. I am not sure if I had hit onto the taxi as there were no dents or damages on the taxi however I fell. After a while, the taxi driver and a passerby came over to help me up as I could not move the motorcycle. I then called for Police assistance as it was my first time encountering an accident.

We then exchanged name and contact number. I managed to take a look at both my motorcycle and the taxi. I did not see any damages on the taxi while the only damages I saw on my motorcycle were my left foot rest came off, dented clutch and tilted mirrors. I did not make an extensive check on my motorcycle as I was in pain and clueless.

Ambulance came and made a check on me. I suffered abrasions on my left knee and ankle and felt pain on the left side of my body. The paramedics asked if I wanted to be conveyed and I agreed. Subsequently TP officer came and interviewed me. Afterwards, I was conveyed to Tan Tock Seng Hospital.

I was admitted to Tan Tock Seng Hospital for one day. I am given medical leave of 5 days which will end on 15/08/2018.



**SINGAPORE
POLICE FORCE**



T/20180813/2123

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 4

Report No. T/20180813/2123

CONTINUATION OF REPORT

The purpose of this report is for record purpose.



**SINGAPORE
POLICE FORCE**



T/20180813/2123

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20180813/2123

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:

D /

Sgt 2 NUR SHAHIRA YAP BINTE AMRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN
SAMSUDIN

Contact No.: 65476429

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/08/2018 17:10

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8116188G



Name

HO BEE SOON
(HE MEISHUN)

何 美 順

Race

CHINESE

Date of birth
21-05-1981

Sex

M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8116188G

Name

HO BEE SOON (HE MEISHUN)

Birth Date 21 May 1981

Issue Date 30 Jan 2003



4806418

NRIC No. S8116188G



Date of issue
28-12-2011

Address

APT BLK 103 BUKIT PURMEI ROAD
#11-44
SINGAPORE 090103

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

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 CC	30 Oct 2006
Class 2A	Motorcycles between 201 CC and 400 CC	30 Sep 2006
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	30 Jan 2003
Class 4	Heavy motor cars and motor tractors > 2500 kg	26 Dec 2003
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	19 Mar 2004

PASS DATE

S8116188G

S / No. 9000096953



**MSIG**

W 705173
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, 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/18-991671-WTT A0633-001/W0803

SUM INSURED : TPL

EXCESS : NIL

S8116188G

1. Index mark and Registration Number of Vehicle FY315P

HONDA

249 c.c.

2. Name of Policyholder HO BEE SOON (HE MEISHUN)

3. Effective date of the Commencement of Insurance

for the purposes of the Act

0001AM 11/05/2018

4. Date of Expiry of Insurance

10/05/2019

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).

30/04/2018 (L)
 WTT-CI-04(04/14)

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