

NATIONAL Assessment Centre Services

[ver: 1 Jan 2013]

Date In: 20/08/2018 17:32

Ref No: NA/MSG18015129/K4

Veh No: FBF 125T

D.O.A: 05/05/2018 16:20

OD: TP: Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: O/D 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

YP8636H

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

NA1805267

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

at 1:

at 2/3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

Int. Bill

Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

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: 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

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	20/08/2018 17:32
Date Of Accident	05/05/2018 16:20
Exact Location Of Accident	PIE TWDS TUAS BEFORE SIMEI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF125T
Insured/Policyholder	
Name Of Registered Owner	WONG KAI LUN
NRIC No	S9446528A
Email Address	WONG_KAI_LUN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85000324
Alternative Phone No	OTHERS-85000324

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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/VMT/18-376296-CA
Cover Note Number	

Driver

Name of Driver	WONG KAI LUN
NRIC No	S9446528A
Date Of Birth	07/12/1994
Occupation	INDOOR
Date Of Driving Pass	14/12/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85000324
Fax Number	
Contact Number	OTHERS-85000324
Email Address	WONG_KAI_LUN@HOTMAIL.COM

Address	BLK 461 PASIR RIS DRIVE 4 #04-281
Postcode	510461
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180507/2091

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	YP8636H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOOTHATHA ADAIKKALAM
NRIC/Passport Number	
Contact Number	84076519
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name WONG KAI LUN

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FBF125T

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:

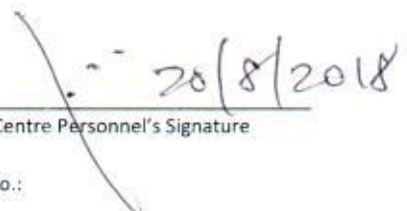
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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



A - FBF 125T
B - YP 8636H

PIE towards tuas
before simen exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20180507/2091

DECLARATION

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

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.:



**SINGAPORE
POLICE FORCE**



T/20180507/2091

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 4

Report No. T/20180507/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2018 15:27		Vide Report No.:		Station Diary No.: 90	
Informant's Particulars					
Name of Informant: WONG KAI LUN			Address: APT BLK 461 PASIR RIS DRIVE 4 #04-281 SINGAPORE 510461		
ID Type / ID No.: NRIC NO / S9446528A			Contact No.: Home/Office: Mobile: 85000324		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 23	Date of Birth: 07/12/1994	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/05/2018 16:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS, BEFORE SIMEI EXIT				
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: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF125T	Motorcycle	YAMAHA	YZF-R15	Black	Seriously Damaged	0
YP8636H	Lorry	HINO	XZU710R 14FT WIDE CAB 5T		No Damage	5

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20180507/2091

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180507/2091

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF125T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18376296	05/01/2018	04/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	WONG KAI LUN	ID No.	S9446528A
Related Vehicle	FBF125T (Motorcycle)	Contact No.	85000324
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	08	Degree of Injury	Serious
Driver			
Name	KOOTHATHIAH ADAIKKALAM	ID No.	NIL
Related Vehicle	YP8636H (Lorry)	Contact No.	84076519
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 05/05/2018 at about 1620hrs, I was riding my motorcycle (bearing plate number FBF125T) along PIE towards Tuas. I was initially on the first lane, but I changed to the third lane as I wanted to exit at Simei. When I was on the third lane, there was a lorry (bearing plate number YP8636H) a distance in front of me. However, while I was slowing down and checking my blind spot, the said lorry suddenly slowed down and I was unable to fully brake in time; hence, I collided into the rear of the lorry and was flung off my motorbike.

After the accident, I was still able to stand up and some passer-bys stopped to render assistance to me. One couple offered to send me home but I requested for them to send me to the hospital instead. They subsequently sent me to Changi General Hospital before the ambulance or Traffic Police arrived at the scene. However, I had managed to take the particulars of the lorry driver before I left the scene. I suffered a full fracture on my right collar bone and abrasions on multiple parts of my body. I was given 8 days MC, from 05/05/2018 to 12/05/2018.



**SINGAPORE
POLICE FORCE**



T/20180507/2091

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Police Station Of Origin:

Pasir Ris N.P.C

1 Pasir Ris Drive 4 #01-01 SINGAPORE

519457

Tel No: 1800-5852999

Report No. T/20180507/2091

CONTINUATION OF REPORT

At about 1700hrs, I received a call from the Traffic Police and they informed me that my motorbike has been towed to their compound. I was also advised to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20180507/2091

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180507/2091

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 1 CLEON ONG JUN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Signature Of Informant:

Date/Time:

07/05/2018 15:27

Classification Of Case:

Authentication Stamp
NP168

Reported on 13/6/2018
@ 1750hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 5/5/2018 (DD/MM/YYYY). TIME: 16:20 (HH:MM)

LOCATION: PTE Towards Tuas, Before Simei Exit

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBF125T
b) INSURANCE COMPANY: MSD/VNT/18-3762196-CA
c) POLICY NUMBER: MSD/VNT/18-3762196-CA
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: 85000324
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE 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) serious

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YPS636H MODEL: _____
b) DRIVER'S NAME: KOO THAIH
c) NRIC/FIN/PASSPORT: _____ CONTACT: 84076519

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

13/6/2018 @ 1750hrs
Some photos
* taken from
the driver's
handphone
At compound

Email = wong-kai-lun@hotmail.com

fax = wong-kai-lun@hotmail.com ✓

→ Waiting for Motorcycle?



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9446528A



Name
WONG KAI LUN

王 愷 倫

Race
CHINESE

Date of birth
07-12-1994

Sex
F

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9446528A

WONG KAI LUN

Birth Date: 07 Dec 1994

Issue Date: 14 Dec 2016




002638738E

4352085




NRIC No S9446528A

Date of issue
09-02-2009


Address
APT BLK 461 PASIR RIS DRIVE 4
#04-281
SINGAPORE 510461

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

EFFECTIVE DATE
14 Dec 2016

Class 2B Motorcycles =< 200 cc

NP 428A



Licence No: S9446528A

CERTIFICATE NO : WSD/VMT/18-376296-CA A0074-001/10241

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FBP125T**
YAMAHA **150 c.c.**
2. Name of Policyholder **WONG KAI LUN**
3. Effective date of the Commencement of Insurance
for the purposes of the Act **1201AM 05/01/2018**
4. Date of Expiry of Insurance **04/01/2019**
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.