

NR

Margaret Loh

From: Hasrianah Binte Hassan
Sent: Wednesday, 19 September 2018 3:36 PM
To: Margaret Loh
Subject: FW: accident involving SLZ 695R & FBF 1334A along pie twds tuas near bke pie 23km on 19.09.18
Attachments: PRE-INSPECT SLZ695R.pdf

Hi Margaret

FYA please.

Our insured vehicle is FBF1334A.

Have A Great Week Ahead!

Hasrianah Hassan (Ms)
Admin Officer, Claims Services (Motor)
Direct line +65 6594 2587 | Direct fax +65 6225 7402 | hasrianah@sg.msig-asia.com



MSIG



Insurer Claims
Team of the Year
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

From: Xinya Auto Services [mailto:xinyaauto@singnet.com.sg]
Sent: Wednesday, 19 September, 2018 2:53 PM
To: Hasrianah Binte Hassan <hasrianah@sg.msig-asia.com>
Subject: accident involving SLZ 695R & FBF 1334A along pie twds tuas near bke pie 23km on 19.09.18

Hi, Hasrianah

Kindly arrange for pre-inspection

Thank you
Regards
may

— will let us hv est bill L 20/9/18

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

XINYA AUTO SERVICES PTE LTD

Add: BLK 1002 BUKIT MERAH LANE 3 # 01-75, SINGAPORE 159719
TEL : 6270 3481 FAX : 62787522 EMAIL : xinyaauto@singnet.com.sg

To: MSIG INSURANCE (S) PTE LTD

From:

Fax: 6827 7800 / 6225 7402

Pages: 1

Phone: 6827 7888

Date: 19.09.18

Re: Vehicle inspection 3RD party claim

CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

AXA
**ACCIDENT INVOLVING SLZ 695R & FBF 1334A ALONG PIE TOWARDS TUAS NEAR
BKE PIE 23KM ON 19.09.18.**

- 1) In lieu of the new GIA protocol publish in the newspaper on May 10 '2011.
- 2) Kindly inspect SLZ 695R Blk 1002 Bukit Merah Lane 3,
01-75 S159719
- 3) Our client SLZ 695R is claiming against your insured FBF 1334A.
- 4) Thank You.

Regards,

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	19/09/2018 11:28
Date Of Accident	19/09/2018 06:10
Exact Location Of Accident	ALONG PIE TOWARDS TUAS NEAR BKE, PIE 23KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ695R
Insured/Policyholder	
Name Of Registered Owner	LEE POH CHUAN
NRIC No	S7721589A
Email Address	RICKLEE125@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96934955
Alternative Phone No	OTHERS-96934955

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.3 AT

Exact Purpose for which vehicle was being used at time of accident

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA355408/1
Cover Note Number	

Driver

Name of Driver	LEE POH CHUAN
NRIC No	S7721589A
Date Of Birth	03/08/1977
Occupation	INDOOR
Date Of Driving Pass	18/08/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96934955
Fax Number	
Contact Number	OTHERS-96934955
EMail Address	RICKLEE125@GMAIL.COM

Address	BLK 817A KEAT HONG LINK #03-81
Postcode	681817
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20180919/2047.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF1334A
Vehicle Make/Model/Colour	YAMAHA FZ16 (RED)
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
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

Injured person in which vehicle?

FBF1334A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan Pg. 1

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.

A = 5GH 42D
B = SL2695R
C = FBF 1334A

* No Contact with Car A



Refer to attached police report

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only
- Claim OD
- Claim TP
- Claim OD/TP at other workshop

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

19/9/18

are free in every respect.





**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20180919/2047

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Report No. T/20180919/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/09/2018 10:18		Vide Report No.: F/20180919/0044		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: LEE POH CHUAN			Address: APT BLK 817A KEAT HONG LINK #03-81 SINGAPORE 681817		
ID Type / ID No.: NRIC NO / S7721589A			Contact No.: Home/Office: Mobile: 96934955		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 03/08/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Marketing and sales representative (ICT)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	19/09/2018 06:10	EXPRESSWAY
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS NEAR BKE, PIE 23KM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBF1334A	Motorcycle	YAMAHA	FZ16	Red	Slightly Damaged	0
SGH42D	Car	MERCEDES BENZ	E200CGIA	Grey	No Damage	0
SLZ695R	Car	SUZUKI	SWIFT 1.3 AT	Grey	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No.	Effective	Expiry Date

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20180919/2047

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180919/2047

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLZ695R	AXA INSURANCE SINGAPORE PTE LTD	GA355408	19/05/2018	18/02/2019

Brief Details.

On 19/09/2018 at about 0610hrs, I was driving my car bearing register plate number SLZ695R along PIE toward TUAS, 23KM. I was travelling on the 4th lane of 6 lanes. When a car SGH42D ahead of me slow down due to some debris on the road. He did not switch on any hazard light. I could not brake in time and turned to the left with my signal on. I was very sure that there was no traffic on my left side of the road when I was changing lane. Few seconds later, a motorcycle bearing register plate number FBF1334A came from nowhere and collided onto the rear left of my car. I did not hit the motorcycle FBF1334A or the car SGH42D. Shortly traffic police and ambulance came. I was given a case card under investigation officer and advice to lodge a police report reference to F/20180919/0044. My car memory card was taken b the traffic police. I am lodging the police report for investigation.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20180919/2047

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Report No. T/20180919/2047

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 Staff Sgt MOHD MOHIDEEN ABDUL KADER Signature: Signature Of Interpreter: Not applicable Singapore Police Force	Signature Of Informant: Date/Time: 19/09/2018 10:18 Classification Of Case:
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	

Authentication Stamp
NP168

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MOR118121448 Vehicle Registration No: SL2695R
Name (as shown in NRIC): Lee Poh Chuan NRIC/FIN/Passport No: S7721589A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: Blk 817A Choa Chua Kent Hong Link #03-81 Singapore (681817)
Contact (Tel): _____ Mobile No.: 96934955
Email Address: rickleel25@gmail.com
Date of Accident: 19/9/18 Time of Accident: 6.10am
Place of Accident: Along PIE towards TUAS near BKE, PIE 23km
Insurance Company: AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1/ My vehicle (SL2695R) was already in a straight position and I had totally switching lane. The motorcycle (FBF1334A) collided into my vehicle seconds after I totally switched lane.
- 2/ Police reported from 'NO to Yes'

Policyholder / Driver's Signature
Date: 19/9/18

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