NATIONAL Assessment Centre Services	100° : 23-105; MNO 418125510.			
Date In 27 09 908 16:65 Job description	Date & Time Completed Done	by		
Ref No NEA/MSG180/76/3/V SAS e-filing				
Veh No FRE GOVE E-mail (within	Shrs, AIC 2hrs)			
D.O.A. 21 09 2018 69:30 i-Motor Clai	m Form			
i-Motor W/C	O (Within: OD 2hrs. TP 4hrs)	a (- 1 ma) (- 1 ma) (- 1 ma)		
OD (1P) Reporting Only		30 3 0 F		
TP Insurer: Assessment/Se	arvey Report			
	oy Fax / Hand to Owner/Wksp			
Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:			
TP Particulars: Veh No: SJG 5659J	INC()/Non-INC()			
Owner / Driver: (Tel:)			
Policy No: () Period: () Cover Type: ()			
Confirmed by : (Date: Time:)			
	WO): N: 0-20%; P: 21-79%. F: 80-100%]			
Year of Registration: () Warranty: YES ()/NO()			
Excess: (\$) Loading: \$1,000 () / \$2,000				
General Remarks:-	Entre Fig. 175 Edward and A. A. Commercial			
() Walk-In Customer: Customer's information strictly Co	nfidential & Strictly NO refer of repairer.			
() Total Loss Case : to e-mail Insurer URGENTLY.	*			
Drive-In () / Towed-In (); Invoice: YES () / I	NO(); Towing Co: ()		
Remarks:- (INC horline: 6788 6616)	Date&Time Completed Done	by		
Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection (
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			
Injury:				
Date/Time Actions				
		-DAYAWIII MA		
VIMPACIA:	Ant (\$)	. Amt (\$)		
MH1806112	Invoice Preparation Checklist	Add Bill		
Claimant's Particulars :-	1) AR : Accident Reporting (\$30); 2) DA : Damage Assessment (\$100); INC (\$80)	Service and the service and th		
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
Contact No:	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 575			
Pamaged Portion:	7) N1 : Idac DA + SMRT Survey \$160			
OC Charled by (Rose L. Cl., 2)	8) NTUC Additional Services:-			
C Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10;			
Auditors! Comments :-	*N7: Post Repair Inspection \$25			
at 1:	*N8: DV / Collect Excess Coordination \$5 TP (N11): TP (N'11 INC) against INC \$20			
	9) N12: Idac Mobile 30	The state of		
at. 2 / 3:	Involce dated Fee Charged			

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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.

- 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	27/09/2018 15:42			
Date Of Accident	21/09/2018 09:30			
Exact Location Of Accident	DEPOT ROAD FROM HENDERSON ROAD			
Country/State of Loss	SINGAPORE			
D	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	FBK6124E			
Insured/Policyholder				
Name Of Registered Owner	NICHOLAS YAP TIAN TECK			
NRIC No	S8931691Z			
Email Address	THETACTICALMOVEMENT@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-97963298			
Alternative Phone No	OFFICE-97963298			
Vehicle Particulars				
Manufacturer	VESPA			
Model	VESPA PRIMAVERA 150			
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK			
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/VMFT/17-373112-CA			
Cover Note Number				
Driver				
Name of Driver	NICHOLAS YAP TIAN TECK			
NRIC No	S8931691Z			
Date Of Birth	16/09/1989			
Occupation	INDOOR			
Date Of Driving Pass	29/10/2015			
Driving Experience	2 YEARS AND 10 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-97963298			
Fax Number				
	ARTICE CROSSES			

OFFICE-97963298

THETACTICALMOVEMENT@GMAIL.COM

Address

BLK 731 CLEMENTI WEST STREET 2

#08-308

Postcode

120731

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 - OPENING DOOR OF VEHICLE

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

NO

ambulance?

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

PLEASE REFER TO SKETCH PLAN

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

SLQ5659J

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

MOHAMAD RIDUAN BIN AMAN

NRIC/Passport Number

S7722656G

Contact Number

82819925

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.
- 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

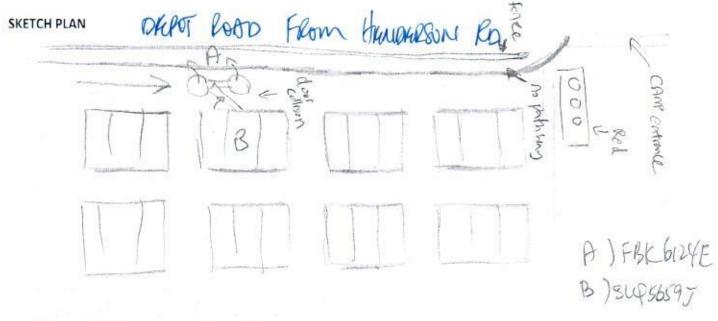
Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21st September at about 920 am, I was riding my bike to work and CMPL
I was traveling along Depot Road from Handerson Road to enter comme.
The traffic light was red as I approach the road There were many remide
Hatonory in front of me I slowly rode on the lett gill of the left line
to get to the front of the traffic light. As I was approching the traffic
list, a retirle class suddenly opened and hit my tille The impact choice
me to tumble to the laft against the railing. The driver of to vehicle
alighted to assist. A motorbile traveling behind me also closed to assist.
Their were demoses on the vehicle's done and my biller It time out that
the vehicle is a GRAB car and to parkinger tried to alight I would like
to add that the place the procenting tried to alight at its forced and
there was no puthway to alight. The driver and me acrossed the situation,
tools down each other's particulars and arove off. I whatcapp the driver
to update me if he is films on insurance claim. The driver sound he will
update ma A few drugs letter, - received a letter from MSIG to file
a report.
GMMR ANDEN.

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 Personnells Signature / Name: NRIC/FIN No.:

Accident Witness Statement

Witness Name:

Mohammad Nor Shukri Bin Abdullah

NRIC:

S8707105G

Contact:

96665445

Accident Date & Time:

21 September 18, 9:35am

- On 21 September at about 9.35am, I was riding my bike behind a distance from rider with Vespa bike plate, FBK6124E, along Depot Road from Henderson Road, heading towards the traffic light at the entrance of Defence Technology Towers premise.
- 2. The traffic light was already red as both the Vespa rider and myself was slowing down our bike.
- There was a Toyota Corolla Altis car with plate, SLQ5659J, stationary at the traffic light on the left most lane. It was infront of another vehicle in the traffic.
- I noticed the Vespa rider upon slowing down, it headed towards the left side of the Toyota Corolla Altis car.
- Upon riding at the left side of Toyota Corolla Altis car, out of sudden, the left back passenger door swerved open.
- 6. The door swung opened and hit the Vespa rider.
- 7. The impact caused the Vespa bike and rider to tumble to the left against the railing.
- 8. My bike stopped behind the Vespa rider to assist.
- There were damages to the Toyota Corolla Altis back left passenger car door and the Vespa bike.
- The Vespa bike incur multiple damages to the main body (due to the door), left mirror assembly (due to impact against railing).
- 11. The driver and the passenger of Toyota Corolla Altis car had alighted to assess the situation.
- 12. It was confirmed there was no major injury or damage to public property due to this accident.
- 13. I believe that the contents of this statement are true and correct to the best of my knowledge.

m/27/9/2018

Signature & Date

Passenger Witness Statement

- I am writing this letter describing the accident happened on 21st September 2018.
- 2) I took Grab car (SLQ5659J) to my office from vivo city to MINDEF building.
- 3) We just arrived before the building where the traffic signal was turned red and I told grab driver that drop off point is after the traffic light.
- 4) The grab driver requested me to get down here as the signal was red.
- I opened the door on left side to alight and the door hit the scooter (FBK6124E). I could not see anything from back seat of the car which was why I alighted
- 6) The scooter's headlight and front part were damaged along with car's door.

Rosh hartons

Srivindhya G6015745L

HP: +6581834607



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

Your Ref Our Ref FBK6124E

MSC/V/18-001281 (Please quote our reference when replying)

25 Sep 2018

URGENT

NICHOLAS YAP TIAN TECK BLK 731 CLEMENTI WEST ST 2 #08-308 SINGAPORE 120731

Dear Sir/Madam

Accident involving FBK6124E and SJQ5659J along DEPOT ROAD CAMPS

Policy No

MSD/VMFT/17-373112-CA

Date of Accident

21 Sep 2018

We have received a property damage claim from solicitor acting on behalf of the owner of SJQ5659J. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

Driving license

2. Identity card

Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

19

Jasmine Lok Kheng Kwei Executive

Claims Services (Motor)

Tel

6594 2550

Fax

+65 6827 7800

Email

jasmine_lok@sg.msig-asia.com

cc C.A.



Jus Caron :

JUSMING MOTOR CLAIM.

ACCIDENT STATEMENT

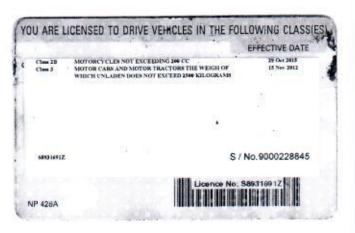
	*		W. I		(HH:MM)
	ACCIDENT DATE: 2	109 12016 10	DD/MM/YYYY), I	IME:(UT	Mingrania
	LOCATION: Depot.	Road from Hende	erson Rd		
20	LOCATION FEE		33		
8	1. DETAILS OF V	HICLE			88
70	GIVEHICLE N	UMBER: FOKG124	2		
		· noutrably (M)	April 1		20
	DINJUKANCE	MBER: MSD / VMF	7/17-373112	2- CA	
	CIPOLICYTY	E. (COMPREHENSI)	E / THIRD PART	Y / THÍRD PARTY FIR	E & [HEF!]
	a) POLICT III	DDEL:			
			/VAN / LORRY	/ MOTORCYCLE./	OTHERS)
	A COLUMN THE PART OF	A LICINIO AT ACCIO	HNI IME. DOME		<u>1000</u>)6
	h)PURPOSE C	AIMING UNDER YO	LIP OWN INSUR	ANCE (YES/NO)	
	I) ARE YOU C	SE STATE (THIRD PAI	DTY CLAIM / REP	ORTING ONLY)	
	IF NO, PLEA	SE STATE (THIRD PA	KIT CENTAL VA		
	2. INSURED / PC	LICY HOLDER	7.7. V	MALE / F	EMALE)
	ANAME: NI	CHILDS YAP TIGH	1017	CONTACT: 979	63291
	b) NRIC/FIN/F	CLEMENT WEST S	T 7 814 731 #	501-308 120731	
	C)ADDRESS:	CTEMENT MEST 3	1 2 9/2 /21 3		
	a n	LIFDDDVED A	SO BOLICY HO	IDER	
100		TO 3.d IF DRIVER A	130 10101110		
My No of	passangs DRIVER	. 28	BBING	(MALE /	FEMALE)
				CONTACT:	
CINCIDA		PASSPORT:			
(]) c)ADDRESS:				
		11	1936 1/00/	AAAA /YYYYI	Med
	*d)DATE OF	BIRTH: (LL / 09	/_1761	WHALL LATE	
	e)OCCUPA	TION: (INDOOR / O	15/11/2012	¥3	
	FIDATES OF	DRIVING PASS	OF THE INSUR	ED'S COMPANY? (YES / NO)
	4. WAS DRIVE	R AN EMPLOYEE	E DRIVER WIT	H INSURED:	
No.					
	5. PIWEATHER	CONDITION: CLE	A OTHERS	0111.0	
	b)ROAD SU	REACE: ORY / WET	CO HERS_		
	6. WAS ANYBO	DOY INJURED (YES	200		w 10
	7. a)REPORTE	TO POLICE (YES /	NOI CE STATION	dr.	
	IF YES, PLE	ASE STATE WHICH	POLICE STATION		80 20 30
	8. THIRD PART		659 T	MODEL:_Toyota	Galla AUIS
At por of	(4.169mger a) VEHIC	Y VEHICLE	A BINGON OIN	emau	
4 Istas	DRIVE	R'S NAME: NAME:	926566	CONTACT: 8	281 9925
5	DRIVE	FIN/PASSPORT:			Provide the second
- 1. m	9. THIRD PART	YVEHICLE		MODEL:	
D 40	d) VEHIC	LE NUMBER:			
44.2	PRIVE	R'S NAME:		CONTACT:	E25-12-21-181
a, 1:1 "v	9, THIRD PART d) VEHIC post 2005; e) DRIVE clay district) f) NRIC/	FIN/PASSPORT:			
7	4	183			
100	- Control of the				125

EMAIL = thetactical movement @ gmail.com VIDEO = NO











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: \$56550020G / GST Reg. No.: M400017735 .

IMPORTANT NOTE: Please submit the completed Addendumform to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: FBK 6124E WCNRIC/FIN/Passport No: (*Vehicle Driver / Vehicle Owner)(*) Please delete as appropriate Singapore(Address Mobile No.: Contact (Tel) Email Address Time of Accident : Date of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: HATICIA NUMBER TO FEK 6128E Reporting Centre Policyholder / Driver's Signature Name: Date: NRIC/FINNO

Date: