

NATIONAL Assessment Centre Services [wef 1 Jan'05]

Date In: 02/10/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG 180/17796/13	SAS e-filing		
Veh No: FBM2938P	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/10/18 0810	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (0650 51)	Tel: ()	Fax: ()
TP Particulars:	Veh No: SJA10215	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% P: 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

NA1806208	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	QD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC		
	9) N12: Idac Mobile \$30		
Dat. 1:	Invoice dated	Fee Charged	
Dat. 2 / 3:	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	02/10/2018 10:28
Date Of Accident	01/10/2018 08:10
Exact Location Of Accident	JUNC OF AMK AVE 10 & AMK ST 54
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2938P
Insured/Policyholder	
Name Of Registered Owner	CHNG KAY BOON
NRIC No	S1742746F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93838536
Alternative Phone No	OTHERS-93838536

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A XMAX300
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-388823-CA
Cover Note Number	

Driver

Name of Driver	CHNG KAY BOON
NRIC No	S1742746F
Date Of Birth	21/12/1965
Occupation	INDOOR
Date Of Driving Pass	09/09/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93838536
Fax Number	
Contact Number	OTHERS-93838536
EEmail Address	NOEMAIL

Address	BLK 626 HOUGANG AVE 8 #11-158
Postcode	530626
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181001/2066

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	SJA1021J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHNG KAY BOON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBM2938P
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:

 02/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

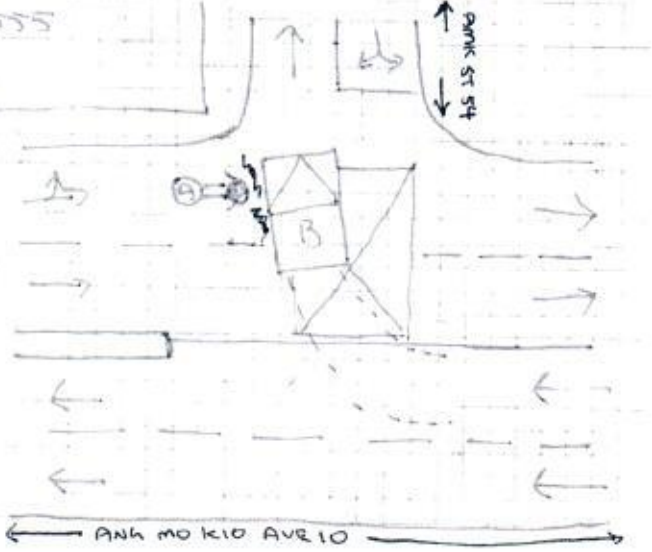
SKETCH PLAN

ANK MO KID ARE 10 TOWERS ARE MO KID ARE 10 OXIDE

BUR 555

Vehicle # 17-131129388

Worm Cure B - SJA 10213



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER

T/20181001/2066.

VEHICLE A - FBM 2938P

UWAMI CLR B - SJAT021 J

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:



SINGAPORE POLICE FORCE



T/20181001/2066

1 of 3

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20181001/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2018 13:15	Vide Report No.: F/20181001/0069	Station Diary No.: 22
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Informant's Particulars

Name of Informant: CHNG KAY BOON			Address: APT BLK 626 HOUGANG AVENUE 8 #11-158 SINGAPORE 530626		
ID Type / ID No.: NRIC NO / S1742746F			Contact No.: Home/Office: Mobile: 93838536		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 21/12/1966	Type of Informant: Rider		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Freelance			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/10/2018 08:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ANG MO KIO AVENUE 10 ANG MO KIO STREET 54				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM2938P	Motorcycle	YAMAHA	CZD300A / XMAX300	Grey	Seriously Damaged	0
SJA1021J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM2938P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18388823	19/09/2018	18/09/2019



**SINGAPORE
POLICE FORCE**



T/20181001/2066

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20181001/2066

CONTINUATION OF REPORT

Brief Details.

On 01/10/2018 at about 0810hrs, I was riding my motorcycle(FBM2938P) along Ang Mo Kio Ave 10 on lane 2 travelling toward Ang Mo Kio Ave 3. At the junction of Ang Mo Kio St 54, I was travelling straight and all of a sudden, one vehicle (SJA1021J) coming from the opposite direction turn right into Ang Mo Kio St 54. I did not have time to react and collided into the front left side of the vehicle. I felt giddy from the impact and shortly after, TP and ambulance arrived. I was given a slip by Traffic police officer asking me to head to police station to lodge a traffic accident report. I was then conveyed to Sengkang General Hospital by ambulance after being checked by the medic.



**SINGAPORE
POLICE FORCE**



T/20181001/2066

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Report No. T/20181001/2066





Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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 2 NGIO HAN BOON, DARREN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2018 13:15
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case: SN 123
Authentication Stamp NP168 	Signature: 
Singapore Police Force	

Vehicle No.	FBM 2938P	Model / Make	YAMAHA CZD300A
Date of Accident	01/10/2019		
Time of Accident	0810	HRS	
Location of Accident	T JUNCTION ANH MO KIO AVE 10 AND ANH MO KIO ST 54		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	CHAN KAY BOON		
Telephone No.	H/P : 93838536	Home :	Office :
NRIC	S1742746F		
Address	BLK 626 HOMAGH AVE 8 #11-158 S(530626)		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	MSIA		
Type of Coverage	Comprehensive	Third Party	<u>Third Party / Fire / Theft</u>
Policy No.	MSD/UMS/18-388823-CA A0074-001/10001		
Name of Driver	As <u>Above</u> If No,		
NRIC	Any Passengers : NIL		
Date of birth	21/12/1966		
Occupation	Outdoor / <u>Indoor</u>		
Driving License Pass Date	09 SEP 1991 (CLASS 2A)		
Gender	<u>Male</u> / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	<u>No</u> , If yes, Reg No.		
Relationship	Employee,	If no, state	<u>OWNER</u>
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No, If <u>Yes</u> , Who?		
Name And Contact No.	MR CHAN KAY BOON 93838536		
Name And Contact No.			
Police Report	No, If <u>Yes</u> , Where? <u>SERANGKUN NORTH NPP</u>		
Vehicle B No.	<u>SJA 1021 J</u>	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name	Witness Contact :		
Accident Portion	<u>FRONT</u> FALL ON <u>LEFT</u>		
Camera Recorder	Yes / <u>No</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / No			
PARTICULAR WORKSHOP	<u>MOTOSI PER LTD</u>		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	<u>IAN</u>		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1742746F



Name
CHNG KAY BOON

莊啟文

RACE
CHINESE
Date of Birth: 21-12-1966 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1742746F
Name

CHNG KAY BOON

Birth Date: 21 Dec 1966
Issue Date: 24 Mar 2004



3002615

NRIC No. S1742746F

Blood Group: B+ Date of Issue: 13-01-1998

APT BLK 626 HOUGANG AVENUE 8 #11-158
SINGAPORE 530626
NRIC No. S1742746F Date: 10-05-2000 (R) No: 3505116

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

Class	Vehicle	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 May 1987
Class 2A	Motorcycles between 201 cc and 400 cc	09 Sep 1991
	For Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	02 Dec 1989

NP 428A

Licence No: S1742746F



MSIG

CA 512946
 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/VMS/18-388823-CA A0074-001/10001

SUMINSURED : PWV
 EXCESS : \$500(FIRE&THEFT) \$1000(ENDT 2K)

1. Index mark and Registration Number of Vehicle **PBW2938P**
YAMAHA 292 c.c.
2. Name of Policyholder **CHNG KAY BOON**
3. Effective date of the Commencement of Insurance
 for the purposes of the Act **1201AM 19/09/2018**
4. Date of Expiry of Insurance **18/09/2019**
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).

14/09/2018 (KS)
 CA/CI-03/05/13

COMMERCIAL AGENCY PTE. LTD.
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.