

NATIONAL Assessment Centre Services

Ref: **NR4130925**

Date In: 09/10/2018 14:22	Job description	Date & Time Completed	Done by
Ref No: NR4130925/4	SAS e-filing		
Veh No: FBK 4600K	E-mail (within 8hrs, AIC 2hrs)		
DOA: 08/10/2018 20:00	i-Motor Claim Form		
OD: (IP) 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: () Tel: () Fax: ()

TP Particulars: Veh No: **FR 2828 A** 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

NR4130925

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N+1 INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Dat. 1: _____

Dat. 2 / 3: _____

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 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. 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	09/10/2018 14:05
Date Of Accident	08/10/2018 20:00
Exact Location Of Accident	LIANG SEAH STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4600K
Insured/Policyholder	
Name Of Registered Owner	WONG CHEE SING, ANDREW
NRIC No	S8626803E
Email Address	ANDREW.WONGCS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98237569
Alternative Phone No	OTHERS-98237569

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R3-321CC ABS
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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/VMT/18-994123-WTT
Cover Note Number	

Driver

Name of Driver	WONG CHEE SING, ANDREW
NRIC No	S8626803E
Date Of Birth	19/09/1986
Occupation	INDOOR
Date Of Driving Pass	27/06/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98237569
Fax Number	
Contact Number	OTHERS-98237569
Email Address	ANDREW.WONGCS@GMAIL.COM

Address	BLK 109A DEPOT ROAD #03-85
Postcode	101109
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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 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)	0

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	FR2828A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HUYNH HUY TUNG
NRIC/Passport Number	G0674942P
Contact Number	92737545
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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

UNKNOWN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my bike at hang Seah street at 7:30pm on 08/10/18 and went to eat dinner. After dinner when I went back to my bike, I saw my bike was in different state and the ^{side} mirror broke. A note was placed on my bike stating that "Your bike and mine collided 1 earlier. Please call 92737545 to reach me if you wish". I called him and he want me to claim his insurance and we exchange particular and information.

DECLARATION

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

 09/10/18
Policyholder's Signature
Date & Time:

 09/10/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 09/10/2018
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (08 / 10 / 2018) (DD/MM/YYYY), TIME: (20 : 00 HRS) (HH:MM)

LOCATION: LIANG SEAH STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK4400K
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA R3
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: MOTORCYCLE IS PARKED
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: WONG CHEE SING, ANDREW (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8626203E CONTACT: 98237569
 c) ADDRESS: BLK 109A DEPOT ROAD #03-85 SINGAPORE 101109

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (19 / 09 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 June 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: FR28XGA MODEL:

b) DRIVER'S NAME: HUYNH HUY TUNG

c) NRIC/FIN/PASSPORT: G0674943P CONTACT: 92337545

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

EMAIL = andrew.wongcs86@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8626803E



Name

WONG CHEE SING, ANDREW



黄志星

Race

CHINESE

Date of birth

19-09-1986

Country/Place of birth

SINGAPORE

Sex

M



5672848



NRIC No. S8626803E



Date of issue

19-11-2016

Address

APT BLK 109A DEPOT ROAD
#03-85
SINGAPORE 101109

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Member No. S8626803E

WONG CHEE SING, ANDREW



Exp. Date: 19 Sep 1986

Issue Date: 27 Jun 2016



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

Class	Effective Date
Class 2B: Motorcycles up to 100 CC	27 Jun 2016
Class 2A: Motorcycles up to 100 CC and 400 CC	27 Jun 2016
Class 2C: Motorcycles up to 100 CC and 400 CC	24 Aug 2017

S8626803E

S / No 9000269915

NP 42BA



**MSIG**

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

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 16/08/2018

AGENCY: A0633-001-W0803
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMT/18-994123-WTT

INSURED:

NAME: WONG CHEE SING ANDREW
ADDRESS: BLK 109A DEPOT ROAD
#03-85
S101109

NRIC NO: S8626803E
DATE OF BIRTH: 19/09/1986 (31 yrs)
DRIVING EXP: 27/06/2016 (2 yrs)
CONTACT NO: 98237569

BUSINESS OR PROFESSION: ADMINISTRATOR

PERIOD OF INSURANCE FROM: 08/09/2018 00:01AM TO 07/09/2019

REGISTRATION NUMBER: FBK4600K

CUBIC CAPACITY: 321

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2015

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

The Insured Only

ENDORSEMENTS APPLICABLE: 3P PA INSURED MEMO MCFM

EXCESS:

PREMIUM: 182.75

GST @ 7% 12.79

TOTAL: 195.54

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: NIL (32.25)

NO CLAIM BONUS OF 15% IS ALLOWED

REPLACING POLICY NO: MSD/VMT/17-985616

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers

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: 99MAV18730925 Vehicle Registration No: FBK 4600K
Name (as shown in NRIC): Wong Cheuk Sing, Andrew NRIC/FIN/Passport No: S8626803E
(*Vehicle Driver/Vehicle Owner*) Please delete as appropriate
Address: _____ Singapore()
Contact (Tel): _____ Mobile No.: 98237569
Email Address: _____
Date of Accident: 28/10/2018 Time of Accident: 20:00
Place of Accident: LIANG SHAN STREET
Insurance Company: MSU

(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:

CHARTER BUS CASE NUMBER TO MSO/VMT/18-994123-WTT

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Wadhwa
NRIC/FIN No.: _____
Date: 28/10/2018