

NATIONAL Assessment Centre Services. (wef 1 Jan 2005) *MAY 18/143408*

Date In: <i>07/11/2018 14:31</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/M8918020/224</i>	SAS e-filing		
Vch No: <i>FBSJ 12954</i>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <i>05/01/2018 16:30</i>	i-Motor Claim Form		
OD / TP <i>Reporting Only</i>	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: Vch No: *BARRIER* 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

Claimant's Particulars:	Invoice Breakdown (Gross)	Net Bill	Add'l Bill
<i>NBA1807174</i>	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	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:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	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 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	07/11/2018 14:31
Date Of Accident	05/01/2018 16:30
Exact Location Of Accident	BLK 78 REDHILL LANE CARPARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1295H
Insured/Policyholder	
Name Of Registered Owner	HO WENG SUN
NRIC No	S0510285E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-99999999
Alternative Phone No	HOME-62688738

Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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/17-356724-CA
Cover Note Number	

Driver

Name of Driver	HO WENG SUN
NRIC No	S0510285E
Date Of Birth	07/04/1951
Occupation	INDOOR
Date Of Driving Pass	28/12/1978
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-99999999
Fax Number	
Contact Number	HOME-62688738
Email Address	NOEMAIL

Address	BLK 365 CORPORATION DRIVE #09-411
Postcode	610365
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	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)

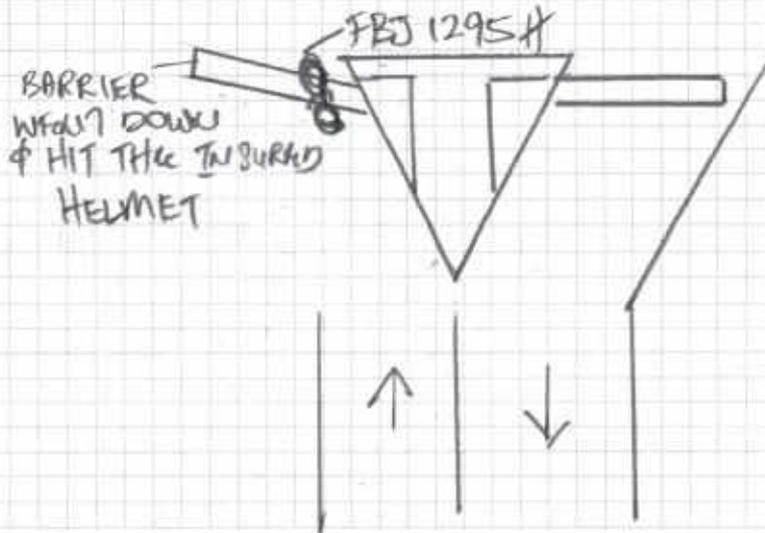
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

BIC 28 RUDHILL LANE CARPARK BARRIER



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 05/01/2018 AT ABOUT 16:30HRS I WAS AT THE CARPARK GATEWAY TO ENTER THE CARPARK. IN FRONT OF ME WAS A CAR, SO WHEN THE CAR ENTER THE GATEWAY & I FOLLOW SUIT SUDDENLY THE BARRIER WENT DOWN & HIT MY HELMET. I DO NOT FALL DOWN & JUST ENTER THE CARPARK THAN ALL.

DECLARATION

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

HIO WENG SUI

Policyholder's Signature
Date & Time:

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

07/01/2018
 Reporting Centre Personnel's Signature
 Name: Reshi Mutha
 NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 05/01/2018 (DD/MM/YYYY), TIME: 16.30 (HH:MM)

LOCATION: BIK 78 RADHILL LAKE CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 12984
- b) INSURANCE COMPANY: MSLG
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA 125
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: GOING FOR LUNCH
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO HP
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: HO WENH SUN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 625608-62688738
- c) ADDRESS: _____

* 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: 07/04/1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 28/12/1978

- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) cancel
- 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)
- 7. a) REPORTED TO POLICE (YES / NO)
- IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

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

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (including driver) (1)

No of passenger (including driver) ()

No of passenger (including driver) ()

email =

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S0510285E**



Name
HO WENG SUN
何榮山

Race
CHINESE

Date of Birth **07-04-1951** Sex **M**

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S0510285E**
Name
HO WENG SUN

Valid Date **07 Apr 1951**
Issue Date **06 Apr 2004**

001186700G





1218789



NRIC No. **S0510285E**



Blood Group Date of issue
A+ 25-08-1993

1PT BLY 166 CORPORATION DRIVE #09-411
SINGAPORE 810366

NRIC No: **S0510285E** Date: **03-11-1999** No: **2014689**

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	28 Dec 1976
Class 2A Motorcycles between 201 cc and 400 cc	28 Dec 1976
Class 2 Motorcycles exceeding 400 cc	28 Dec 1976

NP 428A

License No: **S0510285E**





CA 476562

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412312G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.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/VMT/17-356724-CA 40074-R01-10800

SUM INSURED : TPL

EXCESS : NIL

- 1. Index mark and Registration Number of Vehicle FB1285H
HONDA
- 2. Name of Policyholder HO WENG SUN 125 CLOA
- 3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 10/01/2017
- 4. Date of Expiry of Insurance 09/01/2018
- 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).


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

29/12/2016 (CS)
CA/CI-03 (05/13)