

NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 16/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/180208/13/13	SAS e-filing		
Veh No: FQ55034	E-mail (within 8hrs, AIC 2hrs)		
D.O.A. 05/11/18 1920	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: (Tel:	Fax:
TP Particulars:	Veh No: UNKNOWN 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

NA1807515	Invoice Preparation Checklist	Am (S)	Am (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:	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	16/11/2018 16:32
Date Of Accident	05/11/2018 19:20
Exact Location Of Accident	AYE->MCE TWDS SINGAPORE EXPO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ5503Y
Insured/Policyholder	
Name Of Registered Owner	KEE HONG LIANG
NRIC No	S9341858A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96796375
Alternative Phone No	OTHERS-96796375

Vehicle Particulars

Manufacturer	HONDA
Model	-
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	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/18-390505-CA
Cover Note Number	

Driver

Name of Driver	KEE HONG LIANG
NRIC No	S9341858A
Date Of Birth	09/11/1993
Occupation	INDOOR
Date Of Driving Pass	20/02/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96796375
Fax Number	
Contact Number	OTHERS-96796375
EMail Address	NOEMAIL

Address	BLK 988C JURONG WEST STREET 93 #04-647
Postcode	643988
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	AFTER RAIN
Road Surface	WET

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	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20181107/7019

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	UNKNOWN
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)

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:

13/11/18

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


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

16/11/18

SKETCH PLAN

CAN'T RECALLED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: J/2018/107/7019


DECLARATION

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

 13/11/18

Policyholder's Signature
Date & Time:

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

 16/11/18

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



SINGAPORE POLICE FORCE



J/20181107/7019

1 of 2

POLICE REPORT (NP299)

Report No. J/20181107/7019

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 07/11/2018 13:58	Vide Report No.	Station Diary No.
Name Of Informant KEE HONG LIANG	Address APT BLK 988C JURONG WEST STREET 93 #04-647 SINGAPORE 643988	
ID Type / ID No. NRIC NO / S9341858A	Contact No. Home/Office: Mobile: 96796375	
Nationality SINGAPORE CITIZEN	Email Address keehongliang@gmail.com	
Occupation CIVIL SERVANT, SAF	Sex Male	Age 24
Institution/School Name	Date of Birth 09/11/1993	Race Chinese
Date/Time Of Incident 05/11/2018 19:20 - 05/11/2018 20:00	Language English	
	Location Of Incident APT BLK 988C JURONG WEST STREET 93 #04-647 SINGAPORE 643988	

Brief details.

I was riding along AYE > MCE, wanting to go Singapore Expo to meet my friend for an appointment at 1930-1945 HRS. At about 1920 HRS, i recalled that I was at lane 1 and was roughly near Kepple Area when the accident happened.

I have no idea what actually happened, I think I must have concussed immediately after the impact, for a good 10-15minutes as the next thing I know I'm on the Ambulance enroute to Singapore General

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2018 13:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181107/7019

Hospital.

Suffered multiple abrasions and lacerations to my face mostly and on my right forearm. Had a lot of stitches on my nose bridge, inner and outer of my lips, both top and bottom.

Sincere apologies for the lack of evidence in the statement as I've passed out, otherwise I would have produce a better quality report to aid in the investigation.

Subjects Involved			
Victim			
Person Name	KEE HONG LIANG		
ID Type	NRIC NO	ID No	S9341858A
Gender	Male	Age	24
Race	Chinese	Language	English
Occupation	CIVIL SERVANT, SAF	Address Type	
Address	APT BLK 988C JURONG WEST STREET 93 #04-647 SINGAPORE 643988	Mobile No	96796375
Is Informant A Victim?	Yes		
Person Name			
KEE HONG LIANG (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2018 13:58
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

ACCIDENT STATEMENT

ACCIDENT DATE: (05/11/18) (DD/MM/YYYY), TIME: (19:20) (HH:MM)

LOCATION: BLK 988C JURONG WEST ST 93 AYE - 7 MCE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FQ55034
b) INSURANCE COMPANY: MSC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: KEE HONG LIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96796375
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: (09/11/93) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 2

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

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

6. WAS ANYBODY INJURED (YES / NO) correct

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN 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: _____

13/11/18

waiter for the
police report
cost of 10/d1

email =

fax =

video =

E6674180H

KEE HONG LIANG

M SINGAPORE CITIZEN

Place of birth

SINGAPORE

Date of expiry

30 JUL 2022

Authority

MINISTRY OF HOME AFFAIRS

[illegible]

STEP 3: PAYMENT TERMS AND CONDITION

Dear **KEE HONG LIANG (NRIC: S9341858A)**,

Welcome to the e-application of QDL page!

Your Licence and Test Information

Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, **Lifetime**:

- i. **Class 2A**
- ii. **Class 2B**

You have passed Practical Test(s) for following class(es).

- **Class 2A Practical Test at BBDC on 26 Sep 2018.**
- **Class 2B Practical Test at BBDC on 20 Feb 2017.**

Please choose one of the below option(s) to proceed:

Replace QDL



Please click the next button below to confirm that you wish to apply for QDL for the above class of driving licence.



**SINGAPORE
POLICE FORCE**



J/20181114/2040

1 of 2

POLICE REPORT (NP322)

Report No. J/20181114/2040

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 14/11/2018 11:10	Vide Report No.	Station Diary No. 73
Name Of Informant KEE HONG LIANG	Address APT BLK 988C JURONG WEST STREET 93 #04-647 SINGAPORE 643988	
ID Type / ID No. NRIC NO / S9341858A	Contact No. Home/Office	Mobile 96796375
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SAF REGULAR	Sex Male	Age 25
Institution/School Name	Date of Birth 09/11/1993	Race Chinese
Date/Time Of Incident 03/11/2018 21:00	Location Of Incident ALONG JALAN BAHAR	

Brief details.

On the above mentioned date, time and place, I lost the following items.

Property Information

Signature Of Officer Recording The Report:

J / Sgt 2 MOHAMED AZRIN BIN MOHAMED ALI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI GOH KHEK HOWE
Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

[Signature]

Date/Time:
14/11/2018 11:10

Classification Of Case:

FUPO hotline number: 68429645



Signature

Police Force



**SINGAPORE
POLICE FORCE**



J/20181114/2040

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. J/20181114/2040

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SAF 11B			1		ONE SAF 11B BELONGING TO KEE HONG LIANG (NRIC NO S9341858A)

Signature Of Officer Recording The Report:

J / Sgt 2 MOHAMED AZRIN BIN MOHAMED ALI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
SI GOH KHEK HOWE
Contact No.: 67910000

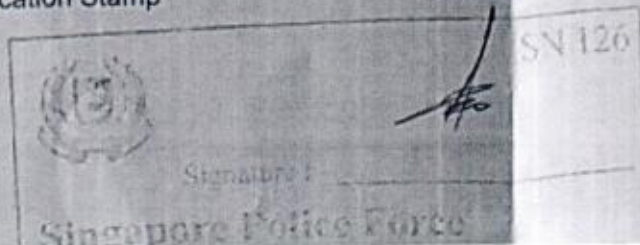
Authentication Stamp

Signature Of Informant:

Date/Time:
14/11/2018 11:10

Classification Of Case:

FUPO hotline number: 68429645





CA 514879
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/VMT/18-390505-CA A0074-001/10001

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FQ5503Y
HONDA
2. Name of Policyholder KEE HONG LIANG 399 c.c.

3. Effective date of the Commencement of Insurance
for the purposes of the Act

4. Date of Expiry of Insurance 0345PM 23/10/2018
11/12/2019

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. AU KAH PATT ONLY

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).

23/10/2018 (KS)
CA/CI-03 (05/13)

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