

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **NA11818597**

Date In: <b>14/11/18 - 15:31</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/msh18020823/24</b>	SAS e-filing		
Veh No: <b>PDL2651X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>15/11/18 - 06:00</b>	i-Motor Claim Form		
OD / TP / Reporting <b>Only</b>	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No:	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

<b>NA180X59</b>	<b>Invoice Preparation Checklist</b>		Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	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:-			
	Q1:			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11) : TP (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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	16/11/2018 15:31
Date Of Accident	15/11/2018 06:00
Exact Location Of Accident	4 JALAN JATI 7
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2651X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG SIEW YIN
NRIC No	S6861439B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86015798
Alternative Phone No	OFFICE-86015798

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/17-984832-WTT
Cover Note Number	

### Driver

Name of Driver	WONG SIEW YIN
NRIC No	S6861439B
Date Of Birth	03/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/05/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86015798
Fax Number	
Contact Number	OFFICE-86015798
EMail Address	NOEMAIL

Address	BLK 558 ANG MO KIO AVENUE 10 #05-1798
Postcode	560558
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	THEFT
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?	
Was any other material or property damaged?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - E/20181116/2029. VEHICLE WAS STOLEN.

#### Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

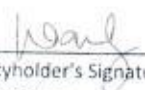
## SKETCH PLAN

### 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:

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

SKETCH PLAN

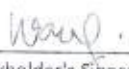
No sketch plan provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - E/2018/1116/2029.

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:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



E/20181116/2029

1 of 2

**POLICE REPORT (NP299)**

Report No. E/20181116/2029

Police Station Of Origin  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

Date/Time Report Made 16/11/2018 12:13		Vide Report No.		Station Diary No. 5	
Name Of Informant WONG SIEW YIN		Address APT BLK 558 ANG MO KIO AVENUE 10 #05-1798 SINGAPORE 560558			
ID Type / ID No. NRIC NO / S6861439B		Contact No. Home/Office Mobile 86015798			
Nationality MALAYSIAN		Email Address			
Occupation Bus driver		Sex Male	Age 50	Date of Birth 03/03/1968	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 14/11/2018 17:00 - 15/11/2018 06:30		Location Of Incident No 4, Jalan Jati 7, Nusa Bestari Jaya Skudai 81300 Johor Bahru MALAYSIA			

**Brief details.**

On 14/11/2018 at about 1700hrs, I parked and secured my motorcycle, FBL2651X - Yamaha Jupiter T150 outside my house, No 4 Jalan Jati 7, Nusa bestari Jaya Skudai 81300 Johor Bharu.

On 15/11/2018 at about 0630hrs, I discovered my motorcycle was missing. I have no suspect and nobody saw who steal my motorcycle.

Signature Of Officer Recording The Report: E / Sgt 2 ZHU JIANBIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2018 12:13
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Insp LEE WAN TING, MAGDALENE Contact No.:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



E/20181116/2029

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20181116/2029

Registration No: FBL2651X  
Engine No: G3E6E0209663  
Chasis No: MH3UG0740G0023288  
Year Manufactured: 2016  
Make & Model: YAMAHA - Jupiter T150  
CC: 150CC  
Year of Registration: 2016  
Color: Red

I am lodging this report to submit to LTA for LTA to cancel my Registration No.

Signature Of Officer Recording The Report:

E / Sgt 2 ZHU JIANBIN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
E / Tanglin Police Divisional Investigation Branch /  
Insp LEE WAN TING, MAGDALENE  
Contact No.:

Signature Of Informant:

Date/Time:  
16/11/2018 12:13

Classification Of Case:

Authentication Stamp



SINGAPORE  
POLICE FORCE

SN 070

SIGNATURE

**POLIS DIRAJA MALAYSIA**  
**REPOT POLIS**

Balai : NUSA BESTARI  
Daerah : ISKANDAR PUTERI  
Kontinjen : JOHOR  
No Repot : NUSA BESTARI/007320/18  
Tarikh : 15/11/2018  
Waktu : 0850 AM  
Bahasa Diterima : B. Malaysia

**Butir-butir Penerima Repot**

Nama : LINDA BINTI LAPINUS

No Personel : R205718

Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

**Butir-butir Pengadu**

Nama : WONG SIEW YIN

No K/P (Baru) : 680303086465

No Polis/Tentera : A0949010

No Paspot : S6861439B

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 03/03/1968

Umur : 50 tahun 8 bulan

Keturunan : Cina

Warganegara : Malaysia

Pekerjaan : PEMANDU BAS

Alamat Tempat Tinggal : NO4, JALAN JATI 7, NUSA BESTARI JAYA SKUDAI 81300 JOHOR BAHRU JOHOR MALAYSIA

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 0187803348

Emel : ---

**Pengadu Menyatakan:-**

PADA 14/11/2018 JAM LEBIH KURANG 1700HRS SAYA TELAH MELETAKKAN M/SIKAL SAYA DI DEPAN RUMAH NO 4, JALAN JATI 7, TAMAN NUSA BESTARI JAYA, 81300 SKUDAI JOHOR. PADA 15/11/2018 JAM LEBIH KURANG 0630HRS SEMASA SAYA HENDAK MENGGUNAKAN M/SIKAL TERSEBUT DAPATI M/SIKAL TELAH TIADA DAN SYAKI TELAH DICURI. BUTIR-BUTIR KENDERAAN HILANG;

Registration No : FBL2651X

Engine No : G3E6E0209663

Chasis No : MH3UG0740G0023288

Year Manufactured : 2016

Make &amp; Model : YAMAHA ( SNIPER T 150 )

CC : 150

Year of Registration : 2016

Warna : Merah

Berkunci : Ya

Jenis : Motosikal

SEKIAN LAPORAN SAYA

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

Salinan Repot Pertama

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S6861439B



Name  
WONG SIEW YIN

王 章 仁

Race  
CHINESE

Date of Birth Sex  
03-03-1968 M

Country of Birth  
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S6861439B

Name  
WONG SIEW YIN

Birth Date 03 Mar 1968

Issue Date 06 May 2003




8501780



NRIC No. S6861439B



Nationality  
MALAYSIAN

Blood Group Date of issue  
18-02-2003

Address  
APT DLK 558 ANG MO KIO AVENUE 10 #05-17EB  
SINGAPORE 660558

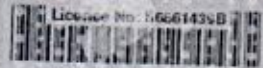
NRIC No: S6861439B Date: 04/12/2009 No: 6124555

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

CLASS	VEHICLE TYPE	ISSUE DATE
Class 2b	Motorcycles not exceeding 200 cc	17 May 2000
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	17 May 2000
Class 4A	Onibuses	07 Jul 2000

NP 428A

Licence No: S6861439B





MSIG

**W 697287**  
 MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
 4 Shenton Way, # 21-01, SGX Centre2, 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/VMS/17-984832-WTT A0633-001/W0857

SUM INSURED : PMV

EXCESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

S6861439B

FBL2651X

1. Fr \* x mark and Registration Number of Vehicle YAMAHA 150 c.c.

2. Name of Policyholder WONG SIEW YIN

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

0001AM 15/08/2017

4. Date of Expiry of Insurance

14/08/2018

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. LIM PENG KOOI 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. for hire or reward.

2. 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).

Repl CN: 60755390

02/08/2017 (L)

WTT-CI-04/04/14

WTT INSURANCE AGENCIES PTE LTD

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.