

# NATIONAL Assessment Centre Services. Page 1 Jan'05

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 19/11/18         | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/MS618020902/13 | SAS e-filing                             |                       |         |
| Veh No: FBF2695B          | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| DOA: 16/11/18 1145        | 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: SHA73255 | 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 repaiier.

( ) 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 |   |             |           |
|---------------------------------|---|-------------|-----------|
| NA/1807539                      | Invoice Preparation Checklist                   | Am't (\$)   | Am't (\$) |
| Clientant's Particulars:        | 1) AR: Accident Reporting (\$30);               |             |           |
| Driver/Owner:                   | 2) DA: Damage Assessment (\$100); INC (\$50)    |             |           |
| 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: Idao DA + SMRT Survey \$160              |             |           |
|                                 | 8) NTUC Additional Services:-                   |             |           |
|                                 | OD:   |             |           |
|                                 | *N5: Courtesy Car / Tpt 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: Idao 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             | 19/11/2018 16:06                        |
| Date Of Accident           | 16/11/2018 11:45                        |
| Exact Location Of Accident | GEYLANG RD NEAR LOR 22 GEYLANG JUNCTION |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBF2695B             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | ANG SOON HOCK        |
| NRIC No                     | S0691570A            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-86603359 |
| Alternative Phone No        | OTHERS-86603359      |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | HONDA       |
| Model  | ANF125MSSA  |
| 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/18-381831-CA                 |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | ANG SOON HOCK         |
| NRIC No              | S0691570A             |
| Date Of Birth        | 19/11/1952            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 25/04/1977            |
| Driving Experience   | 41 YEARS AND 6 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-86603359  |
| Fax Number           |                       |
| Contact Number       | OTHERS-86603359       |
| Email Address        | NOEMAIL               |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 52 CASSIA CRESCENT<br>#13-201 |
| Postcode  | 390052                            |
| 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 - OPENING DOOR OF VEHICLE |
| 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                       | GEYLANG N.P.C   |
| Police Station Address                    | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact                    | TEL NO: - FAX NO:   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20181117/2020

#### 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 | SHA7325S |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| 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  | ANG SOON HOCK |
| Approximate Age                                     |               |
| Injuries Sustain                                    | SLIGHT        |
| Injured person in which vehicle?                    | FBF2695B      |
| 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:



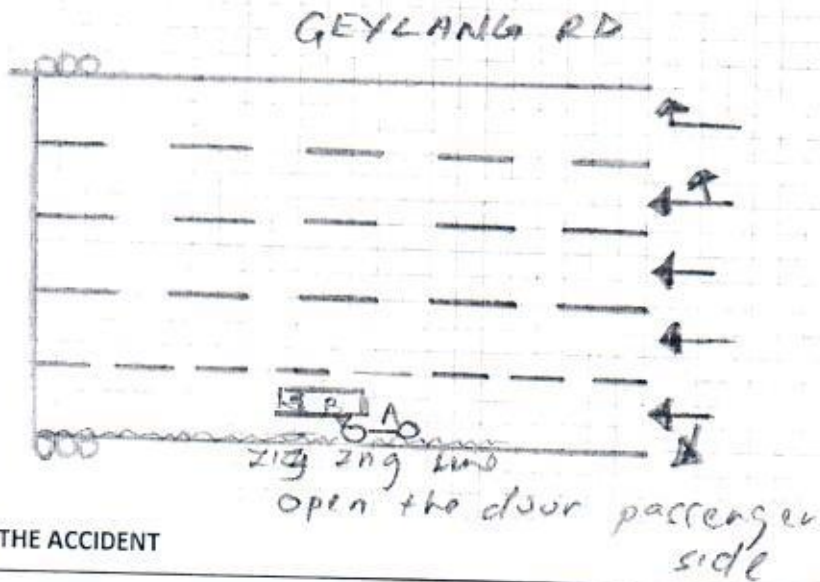
19/11/18

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

SKETCH PLAN

A - FBF2695B

B - SHA73255



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/2018/17/2020

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 19/11/18

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





# SINGAPORE POLICE FORCE



T/20181117/2020

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20181117/2020

## REPORT OF A TRAFFIC ACCIDENT

|  |            |   |                             |                          |
|--|------------|---|-----------------------------|--------------------------|
| Date/Time Report Made:<br>17/11/2018 10:04 |            | Vide Report No.:  |                             | Station Diary No.:<br>42 |
| <b>Informant's Particulars</b>             |            |   |                             |                          |
| Name of Informant:<br>ANG SOON HOCK        |            | Address:<br>APT BLK 52 CASSIA CRESCENT #13-201 SINGAPORE 390052 |                             |                          |
| ID Type / ID No.:<br>NRIC NO / S0691570A   |            | Contact No.:<br>Home/Office: Mobile: 86603359                   |                             |                          |
| Nationality:<br>SINGAPORE CITIZEN          |            | Email:  |                             |                          |
| Sex:<br>Male                               | Age:<br>65 | Date of Birth:<br>19/11/1952                                    | Type of Informant:<br>Rider |                          |
| Race:<br>Chinese                           |            | Language:   | Institution / School Name:  |                          |
| Occupation:<br>DELIVERY                    |            | Driving Licence Information:<br>Class: Date of Expiry:          |                             |                          |

|  |                                 |   |  |                                     |
|--|---------------------------------|---|--|-------------------------------------|
| <b>General Information of the Accident</b>                                       |                                 |   |  |                                     |
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No                       | Date/Time of Accident:<br>16/11/2018 11:45 | Type of Location:<br>X-Junction     |
| Location:<br>Along Road 1<br>GEYLANG ROAD<br><br>NEAR LORONG 22 GEYLANG JUNCTION |                                 |   |  |                                     |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry                        | Road Speed Limit:                          |                                     |
| Traffic Flow:<br>One Way   |                                 | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Heavy                   |                                     |
| Type of Collision:<br>MOVING RIDER AGAINST DOOR OF VEHICLE                       |                                 |   |  | Anyone conveyed by ambulance:<br>No |

| Details of Vehicle Involved |            |       |                                 |       |                  |                 |
|-----------------------------|------------|-------|---------------------------------|-------|------------------|-----------------|
| Vehicle No.                 | Type       | Make  | Model                           | Color | Condition        | No of Passenger |
| FBF2695B                    | Motorcycle | HONDA | ANF125MSS A                     | Red   | Slightly Damaged | 0               |
| SHA7325S                    | Car        |       | I40 1.7L CRDI AT ABS AIRBAG 4DR | Blue  | Slightly Damaged | 0               |



**SINGAPORE  
POLICE FORCE**



T/20181117/2020

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20181117/2020

**CONTINUATION OF REPORT**

| Details of Vehicle Insurance |   |              |            |             |
|------------------------------|---|--------------|------------|-------------|
| Vehicle No.                  | Insurance Company                       | Insurance No | Effective  | Expiry Date |
| FBF2695B                     | MSIG INSURANCE (SINGAPORE)<br>PTE. LTD. | 72086050     | 25/04/2018 | 24/04/2019  |

| Details of Person Involved        |               |  |                                   |
|-----------------------------------|---------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |               |  |                                   |
| No. of Pedestrians Injured: NIL   |               | Use of Pedestrian Crossing: NA         |                                   |
| Rider                             |               |  |                                   |
| Name                              | ANG SOON HOCK | ID No.                                 | S0691570A                         |
| Related Vehicle                   | NIL           | Contact No.                            | 86603359                          |
| Hospital/Clinic                   | NIL           | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL           | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL           | Degree of Injury                       | NIL                               |

**Brief Details.**

On the above mentioned date, time and place, I was riding along Geylang Road near Lorong 22 Geylang when this blue coloured taxi left passenger side door opened and I collided onto the door and fell down on the floor. I was bleeding from both of my legs and on my right ring finger. I was then conveyed to Raffles Hospital and received treatment, and received 3 days of MC. I wish to lodge this report for insurance claim.

Signature  
Date





**SINGAPORE  
POLICE FORCE**



T/20181117/2020

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

3 of 3

Report No. T/20181117/2020

**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:

G /

Sgt 1 CHUA KUN ER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/11/2018 10:04

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No.: 65476251

Classification Of Case:

Authentication Stamp

NP168



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0691570A



Name

ANG SOON HOCK

洪 順 福

Race

CHINESE

Date of birth

19-11-1952

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number

S0691570A

Name

ANG SOON HOCK

Birth Date: 19 Nov 1952

Issue Date: 17 Mar 2016



4141414

NRIC No. S0691570A



Date of issue

07-12-2007

APT BLK 52 CASSIA CRESCENT #13-201  
SINGAPORE 390052

NRIC No. S0691570A

Date: 07/11/2016

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

EFFECTIVE DATE

|          |  |             |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc  | 25 Apr 1977 |
| Class 2A | Motorcycles between 201 cc and 400 cc  | 25 Apr 1977 |
| Class 2  | Motorcycles > 400 cc   | 25 Apr 1977 |
| Class 3  | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg | 21 Aug 1975 |



NP 428A



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: 23/04/2018

AGENCY: A0074-001-10208  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/18-381831-CA

**INSURED:**

NAME: ANG SOON HOCK  
ADDRESS: 52 CASSIA CRESCENT  
#13-201  
SE 390052

NRIC NO: S0691570A  
DATE OF BIRTH: 19/11/1952 (65 yrs)  
DRIVING EXP: 25/04/1977 (41 yrs)  
CONTACT NO: 82385157

BUSINESS OR PROFESSION: BUSINESSMAN

PERIOD OF INSURANCE FROM: 25/04/2018 12:01AM TO 24/04/2019

REGISTRATION NUMBER: FBF2695B

MAKE OF VEHICLE: HONDA

INSURED ESTIMATE OF VALUE: PMV  
PREVAILING MARKET VALUE

CUBIC CAPACITY: 125

YEAR OF REGISTRATION: 2011

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23

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

PREMIUM: 170.00

GST @ 7% 11.90

TOTAL: 181.90

NO CLAIM BONUS OF 15% IS ALLOWED

NAME OF EMPLOYER AND/OR

HIRE PURCHASE OWNER: HENG MOTOR ENTERPRISE

REPLACING POLICY NO: MSD/VMS/17-361502-CA

**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.

MSIG Insurance (Singapore) Pte. Ltd.



Approved Insurers