

# NATIONAL Assessment Centre Services

Date In: 20/11/2018, 16:56	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18020-996/K4	SAS e-filing		
Veh No: FBM3552L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/04/2018 : 12:30	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: SLV7010S / 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)

Remarks:	Date & Time Completed	Done by
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1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
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2) QC Check / Post Repair Inspection ( )		
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3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		
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Injury: ( )

Date/Time	Actions

NA1807552	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		1st Bill	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		
Uninjured 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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
Checked by (Engr-In-Charge):	ON*		
	*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: Idac Mobile 30		
	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 20/11/2018 16:56  
Date Of Accident 18/04/2018 12:30  
Exact Location Of Accident ALONG STADIUM DR  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM3552L  
**Insured/Policyholder**  
Name Of Registered Owner LIEW TEK KOON  
NRIC No S8265649I  
Email Address KOON@MENU.COM.SG  
Mobile Phone No (LOCAL) +65-87196719  
Alternative Phone No OTHERS-87196719

### Vehicle Particulars

Manufacturer YAMAHA  
Model XABRE TFX150  
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/18-389866-CA  
Cover Note Number

### Driver

Name of Driver LIEW TEK KOON  
NRIC No S8265649I  
Date Of Birth 25/06/1982  
Occupation INDOOR  
Date Of Driving Pass 17/10/2012  
Driving Experience 5 YEARS AND 6 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-87196719  
Fax Number  
Contact Number OTHERS-87196719  
EMail Address KOON@MENU.COM.SG

Address	32 JALAN EJ 4/6 TAMAN EHSAN JAYA / 81100 JOHOR BAHRU
Postcode	
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	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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SLV7010S /
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEI GUO LIANG
NRIC/Passport Number	S7736816G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	




## SKETCH PLAN


### IMPORTANT NOTICE

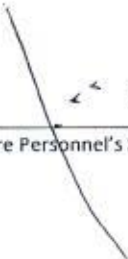
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

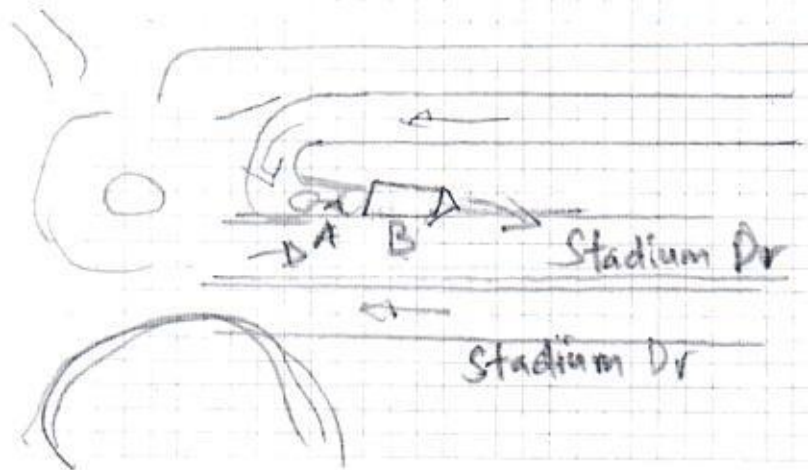
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

20/11/2018

# SKETCH PLAN

A - FBM3552L  
B - SLV7010S



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcycle A was driving along Stadium Dr. When Motorcycle A was turning in front of Vehicle B, Vehicle B slowed down and Motorcycle A was behind and hit slightly on Vehicle B's rear portion. Motorcycle A's damage was at the front tyre slightly damaged.

## 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.:

20/4/2018



Reported on 20/11/2018  
@ 1315HRS

## ACCIDENT STATEMENT

ACCIDENT DATE: (18/4/2018) (DD/MM/YYYY), TIME: (12:30) (HH:MM) <sup>pm</sup>

LOCATION: Along Stadium Dr.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM3552L  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 87196719  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

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

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLV7010S MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: PEI GUO LIANG  
c) NRIC/FIN/PASSPORT: 87736816G CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

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

Email = koon@menu.com.sg

fax = koon@menu.com.sg ✓

VIDEO =

Waiting for Certificate?  
& Motorcycle Photos?

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8265649I



Name

LIEW TEK KOON

廖德琨

Race

CHINESE

Date of birth

25-06-1982

Sex

M

Country of birth

MALAYSIA

S8265649I

REPUBLIC OF SINGAPORE DRIVING LICENCE

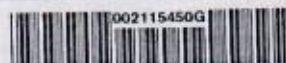
License Number S8265649I

Name

LIEW TEK KOON

Birth Date 25 Jun 1982

Issue Date 17 Oct 2012



002115450G

9180293



NRIC No. S8265649I



Nationality

MALAYSIAN

Date of issue

08-10-2012

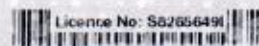
Address

32 JALAN EJ 4/6 TAMAN EHSAN JAYA  
81100 JOHOR BAHRU

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	17 Oct 2012
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	17 Oct 2012



License No: S8265649I

NP 428A




## 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/18-389866-CA, A0074-001/10223

SUM INSURED : PWV

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

1.  mark and Registration Number of Vehicle FBW3552L / 150 c.c.  
YAMAHA
2. Name of Policyholder LIEW TEK KOON /
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AM 06/10/2018
4. Date of Expiry of Insurance 05/10/2019
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.

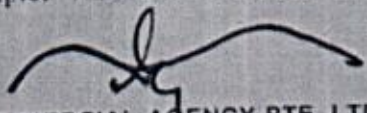
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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).

Repl CN: 72127610

08/10/2018 (KP)

CACI 03 (05/13)

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



MSIG

4 Shenton Way, #21-01, SCX Centre 2, Singapore 068807  
Tel +65 6827 7808, Fax +65 6827 7800  
msig.com.sg

A52016-16934

## CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)  
The Motor Vehicles (Third Party Risks) Rules, 1978 (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 : WSD/VMS/18-389866-CA A0074-001/10223

SUM INSURED :

PWV

EXCESS :

\$300(FIRE THEFT) 1600(EXT. 2K)

1.  mark and Registration Number of Vehicle F2W3552L  
YAMAHA 150 c.c.
2. Name of Policyholder LIEW TEH KOON
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AW 06/10/2018
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Repl. CN: 72127610

02/10/2018 (KP)

EACI 02 (09/13)

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

NRIC

Company

Telephone

IN CASE

NRIC

Company

Telephone

Name

TRADE