

# NATIONAL Assessment Centre Services

|                           |  |                       |         |
|---------------------------|--|-----------------------|---------|
| Date In: 20/11/2018 16:56 | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/MSG18020996/K4 | SAS e-filing                             |                       |         |
| Veh No: FBM3552L          | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| DOA: 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:                          | Veh 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%; 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                              |   |             |          |
|------------------------------|---|-------------|----------|
| NA1807552                    | Invoice Preparation Checklist                   | Amt (\$)    | Amt (\$) |
| Claimant's Particulars:-     | 1) AR: Accident Reporting (\$30);               | 1st Bill    | Add Bill |
| Driver/Owner:                | 2) DA: Damage Assessment (\$100); INC (\$80)    |             |          |
| Contact No:                  | 3) TP: Towing Fee \$40/\$45                     |             |          |
| Managed Portion:             | 4) FT: Follow-Through Survey \$120              |             |          |
| 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: (Inc 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 \$5       |             |          |
|                              | TP (N11): TP (Non INC) against INC \$20         |             |          |
|                              | 9) N12: Idac Mobile 30                          |             |          |
| 2/3:                         | 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             |
| <b>Insured/Policyholder</b> |                      |
| 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.

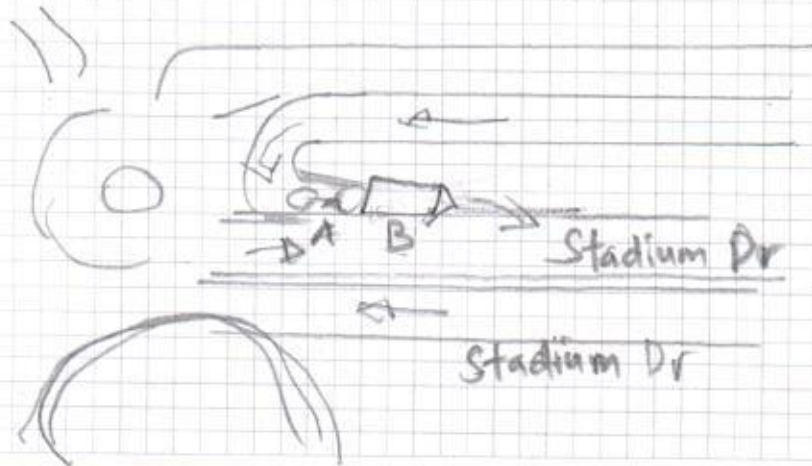
Policyholder's Signature  
Date & Time:

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

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

# 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.:

20/1/2018



Reported on 20/11/2018  
@ 1315 HRS

## ACCIDENT STATEMENT

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

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?  
~~to 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**



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8265649I**  
Name  
**LIEW TEK KOON**

Birth Date **25 Jun 1982**  
Issue Date **17 Oct 2012**



002115450G



9180293



NRIC No: **S8265649I**

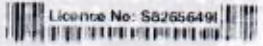
Nationality  
**MALAYSIAN**

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    |



Licence 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 : WSD/VWS/18-389866-CA A0074-001/10223

SUM INSURED : PMV

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

1.  mark and Registration Number of Vehicle FBW3552L  
YAMAHA 150 c.c.
2. Name of Policyholder LIEW TEK KOON
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AW 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.

TELEPHONE

NRIC

Company Name

Telephone

IN CASE OF

NRIC

Company Name

Telephone

TRADE

Name