

NATIONAL Assessment Centre Services.

(ver 1 Jan 05)

NA19004715

Date In: 11/01/2009 10:38	Job description	Date & Time Completed	Done by
Ref No: NA19004715	SAS e-filing		
Veh No: FBH 76057	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/01/2009 12:50	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:

SLM 7005E

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 () / Non-INC ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

NA1900328	Invoice	Amount	Balance
Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: 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 (ver 10 Jan 2005)		
Ref 1:	6) TR: Re-inspection \$75		
Ref 2:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI 2: 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	11/01/2019 10:38
Date Of Accident	05/01/2019 12:50
Exact Location Of Accident	T-JUNCTION OF FINLAYSON GREEN @ RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7605T
Insured/Policyholder	
Name Of Registered Owner	LEE KOK PENG EDMOND
NRIC No	S7443185B
Email Address	WEBBOY50@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90210379
Alternative Phone No	OTHERS-90210379

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
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/18-386617-CA
Cover Note Number	

Driver

Name of Driver	LEE KOK PENG EDMOND
NRIC No	S7443185B
Date Of Birth	07/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	27/10/2005
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90210379
Fax Number	
Contact Number	OTHERS-90210379
EMail Address	WEBBOY50@GMAIL.COM

Address	BLK 155 MEI LING STREET #09-289
Postcode	140155
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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

ON 05-01-2019 AT ABOUT 12:50 I WAS DOING MY NORMAL DELIVERY AND WAS AT FINLAYSON GREEN AND WANTED TO GO STRAIGHT AND WAS AT THE TURNING LEFT AND GO STRAIGHT LANE, AT FIRST I WAS BEHIND A CAR SLM7005E AND SAW THAT HE DID NOT SIGNAL SO I KEEP SLIDELY TO THE RIGHT AND FOLLOW SIDE BY SIDE, SUDDENLY HE MAKE A RIGHT TURN AND I COULD NOT DO ANYTHING HIT THE SIDE AND I FALL ON THE ROAD. THERE IS A SLIDE VIDEO THAT CAPTURED BY THE PASSER BY AND HOPE THE THE INSURANCE WILL LOOK INTO IT THAT ALL.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM7005E
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)

DETAILS OF INJURED PERSON 1

Name LEE KOK PENG EDMOND

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH7605T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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.

 11/01/2019

Policyholder's Signature
Date & Time:

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

 11/01/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

T - JUNCTION OF FINLAYSON GREEN & ROFFER QUAY

A) FRM 7605 T
B) SLM 7005E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO STATEMENT

DECLARATION

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

[Signature] 11/01/2019

Policyholder's Signature
Date & Time:

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

[Signature] 11/01/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



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
www.msig.com.sg

Your Ref : FBH7605T
Our Ref : MSC/V/19-000026 (Please quote our reference when replying)

08 Jan 2019

URGENT

LEE KOK PENG EDMUND
BLK 155 MEI LING STREET
#09-289
SINGAPORE 140155

Dear Sir/Madam

Accident involving FBH7605T and SLM7005E along T JUNCTION AT FINLAYSON GREEN @ RAFFLES QUAY
Policy No : MSD/VMS/18-386617-CA
Date of Accident : 05 Jan 2019

We have received a property damage claim from Cycle & Carriage Kia Pte Ltd acting on behalf of the owner of SLM7005E. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Chhia Nyuk Pui
Senior Executive
Claims Services (Motor)

Tel : 6594 2521
Fax : +65 6827 7800
Email : nyukpui_chhia@sg.msig-asia.com

cc : Commercial Agency Pte Ltd

A Member of MS & AD INSURANCE GROUP



ACCIDENT STATEMENT

ACCIDENT DATE: (05 / 01 / 2019) (DD/MM/YYYY), TIME: (12 : 50) (HH:MM)

LOCATION: Finlayson green & raffles Quay T-Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH7605T
b) INSURANCE COMPANY: MSIC
c) POLICY NUMBER: MSD/VMS/18-386617-CA
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: FZ16 YAMAHA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
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: LEE Kok PENG, EDWARD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7443185B CONTACT: 90210379
c) ADDRESS: BLK 155, MEILING ST #09-289

* 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: (07 / 12 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27/10/2005

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SUM 7005E 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: _____

* No of passengers
(Including driver)

(1)

* No of passengers
(Including driver)

()


* No of passengers
(Including driver)

()

Email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7443185B




Name
LEE KOK PENG, EDMOND

Race
CHINESE

Date of Birth
07-12-1974

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7443185B**

Name
LEE KOK PENG, EDMOND

Birth Date: **07 Dec 1974**

Issue Date: **26 Aug 2016**




2840334



NRIC No **S7443185B**



Mark of **McDonald's** / **McDonald's** Pass
For sampling please call 6877 5888

McDonald's
WWW.FHN3.COM

Blood Group: **A+** Date of Issue: **02-06-1995**

APT BLK 155 MELINDA STREET #09-289
SINGAPORE 140155

NRIC No: **S7443185B** Date: **02/07/2012** No: **7070584**

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

27 Oct 2005

NP 428A



MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 16/08/2018**AGENCY:** A0074-001-10001
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/18-386617-CA**INSURED:****NAME:** LEE KOK PENG EDMOND
ADDRESS: BLK 155 MEI LING STREET
#09-289
SE 140155**NRIC NO:** S7443185B
DATE OF BIRTH: 07/12/1974 (43 yrs)
DRIVING EXP: 27/10/2005 (12 yrs)
CONTACT NO: 90210379**BUSINESS OR PROFESSION:** CREW (WAITER) DELIVEROO (COMM USE)**PERIOD OF INSURANCE FROM:** 24/09/2018 **TO** 23/09/2019
12:01AM**REGISTRATION NUMBER:** FBH7605T**CUBIC CAPACITY:** 153**MAKE OF VEHICLE:** YAMAHA**YEAR OF REGISTRATION:** 2013**INSURED ESTIMATE OF VALUE:** PMV
PREVAILING MARKET VALUE**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q M23 97 - INSURED**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**PREMIUM:** 237.50**GST @ 7%** 16.63**TOTAL :** 254.13**NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:**NO CLAIM BONUS OF 20% IS ALLOWED
GOOD DRIVER DISCOUNT OF 5% IS ALLOWED**REPLACING POLICY NO:** MSD/VMS/17-371430-CA

MSIG Insurance (Singapore) Pte. Ltd.

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.



Approved Insurers