

NATIONAL Assessment Centre Services

[Ref: 1 Jan 2005]

Date In: 07/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/19002230/13	SAS e-filing		
Veh No: FBG62506	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/02/19 1830	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: FBK24566	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

NA1901009

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	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		
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			

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	07/02/2019 17:18
Date Of Accident	06/02/2019 18:30
Exact Location Of Accident	ANG MO KIO ST 43
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG6250U
Insured/Policyholder	
Name Of Registered Owner	SHAWN CHU MING XUAN
NRIC No	S9544240D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96301350
Alternative Phone No	OTHERS-96304330
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ16
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
Fleet Policy	NO
Policy Number	MSD/VMT/19-393847-CA
Cover Note Number	
Driver	
Name of Driver	BRYAN CHU WEI XUAN
NRIC No	S9544240D
Date Of Birth	01/12/1995
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2018
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96304330
Fax Number	
Contact Number	
Email Address	AARONSIKY@GMAIL.COM

Address	BLK 449 ANG MO KIO AVE 10 #04-1725
Postcode	560449
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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

I WAS RIDING MY MOTORCYCLE FROM ANG MO KIO ST 43 TURNING LEFT INTO ANG MO KIO AVE 3. WHILE MAKING A LEFT TURN MOTORCYCLE B FROM MY LEFT MAKE A LEFT TURN TOO AND HIS REAR SIDE HIT ONTO MY FRT LEFT SIDE PORTION OF MY VEH. MY VEH WOBBLE AND I MANAGED TO MAINTAIN MY VEH FROM FELL DOWN.

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	FBK2436G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 BRYAN CHU WEI XUAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBG6250U
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN


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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: 7/2/19

 07/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ANG MO KIO AVE 3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.


DECLARATION

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

Policyholder's Signature
Date & Time:


[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 7/2/19

[Signature] 07/02/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
BRYAN CHU WEI XUAN

NRIC No
S9544240D



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Mailpower Base or any Police Station.

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

S9544240D

BRYAN CHU WEI XUAN

Birth Date: **01 Dec 1995**
Issue Date: **17 Dec 2016**





00MAL7050PU105451521012 00000000195415

NRIC No / Colour
S9544240D / PINK

Race
CHINESE

Date Of Birth
01/12/1995

Service Status
REGULAR

Address
Blk 449 ANG MO KIO AVENUE 10
#04-1725 SINGAPORE 560449

Blood Group
B (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M



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

EFFECTIVE DATE
17 Dec 2018

Class 2B Motorcycles =< 200 cc

Licence No: S9544240D



NP 428A

UNIHEALTH 24-HR CLINIC (TOA PAYOH)

Blk 178 Toa Payoh Central #01-218 Singapore 310178

Tel: 62031639 Fax: 62549938

Medical Certificate

Date : 07 Feb 2019

MC No. : 0000045150

This is to certify that :

Name : BRYAN CHU WEI XUAN

NRIC : S9544240D

is Unfit for Duty for 2 days

from 08/02/2019 to 09/02/2019 inclusive.

LOCUM 

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

**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

JENNY TEO
MSIG

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 17/01/2019**AGENCY:** A0074-001-10233
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMT/19-393847-CA**INSURED:**

NAME: SHAWN CHU MING XUAN
ADDRESS: 449 ANG MO KIO AVE 10
#04-1725
SE 560449

NRIC NO: S9423661D
DATE OF BIRTH: 02/07/1994 (24 yrs)
DRIVING EXP: 21/12/2016 (1 yr)
CONTACT NO: 96301350

BUSINESS OR PROFESSION: TECHNICIAN

PERIOD OF INSURANCE FROM: 19/12/2018 **TO** 18/12/2019
09:04AM

REGISTRATION NUMBER: FBG6250U**CUBIC CAPACITY:** 153**MAKE OF VEHICLE:** YAMAHA**YEAR OF REGISTRATION:** 2012**INSURED ESTIMATE OF VALUE:** TPL**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED
BRYAN CHU WEI XUAN ONLY.

NRIC: S9544240D DOB: 01/12/1995 EXP: 17/12/2018 OCCP: NAVY REGULAR.

ENDORSEMENTS APPLICABLE: 3P 94 97 - INSURED**EXCESS:****PREMIUM:** 520.00**GST @ 7%:** 36.40**TOTAL:** 556.40**NO CLAIM BONUS OF 0% IS ALLOWED**

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

REPLACING POLICY NO: MSD/VMT/15-318337-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