

NATIONAL Assessment Centre Services. [wef 1 Jan 2003]

NA 49019478

Date In: 12/01/2009 13:56	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/19002478/Y	SAS e-filing		
Veh No: FB0 5395Y	E-mail (w/John 3hrs, AIC 2hrs)		
D.O.A: 11/02/2009 13:48	I-Motor Claim Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whsp		

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

TP Particulars: Vch No: SH 8063Z 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) (00) (67886616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Assigned	Completed	Done by

NA 1900101

Claims Particulars	Invoice No: (INC) (00) (67886616)	Invoice Date: ()	Invoice Total: ()
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30	
Date 1:	For claiming against INC Only (wef 10 Jan 2003)		
Date 2/3:	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$23	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (N11): TP (Non INC) against INC	\$20	
	9) N12: Idao Mobile	\$0	
	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 willful 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	12/02/2019 13:56
Date Of Accident	11/02/2019 13:45
Exact Location Of Accident	ALONG PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5399Y
Insured/Policyholder	
Name Of Registered Owner	CHUA HOCK CHENG
NRIC No	S0121566C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91501466
Alternative Phone No	OFFICE-91501466

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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/18-380873-CA
Cover Note Number	

Driver

Name of Driver	CHUA HOCK CHENG
NRIC No	S0121566C
Date Of Birth	20/12/1953
Occupation	OUTDOOR
Date Of Driving Pass	05/05/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91501466
Fax Number	
Contact Number	OFFICE-91501466
Email Address	NOEMAIL

Address	BLK 138B YUAN CHING ROAD #11-123
Postcode	612138
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190212/2033

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	SH8063Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAI KIM PEE
NRIC/Passport Number	S0172802D
Contact Number	96420872
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHUA HOCH CHENG
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD5399Y
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)

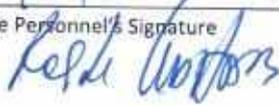
I understand, acknowledge, agree and consent that:

- (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.



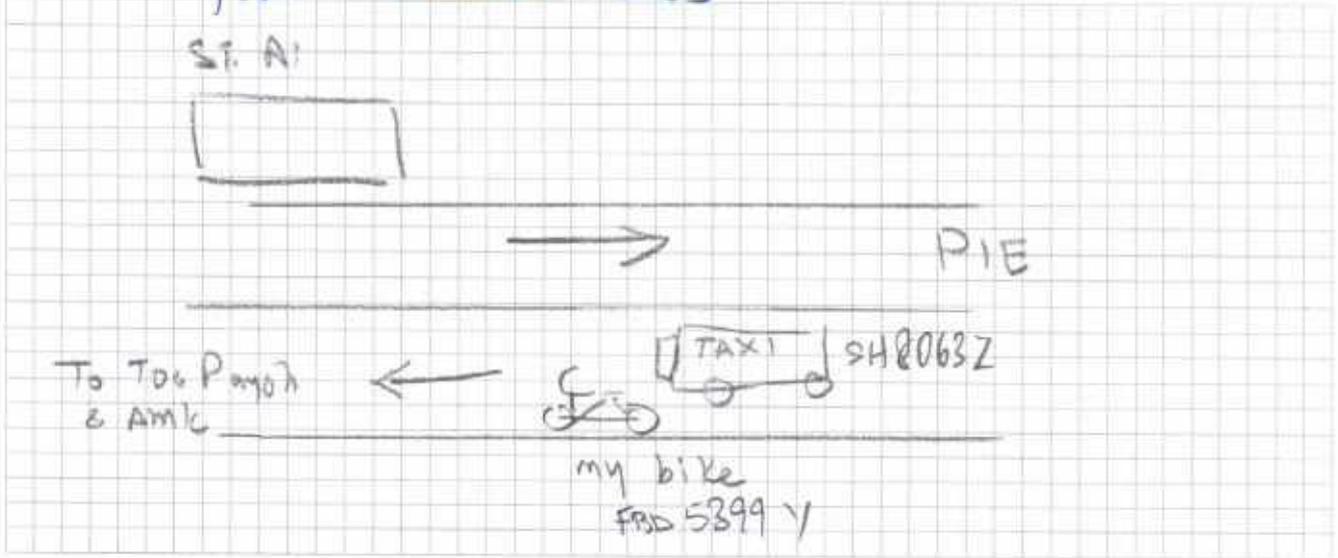
Policyholder's Signature
Date & Time:

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

12/02/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

Pin towards Mos



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO Police REPORT
1/20190712/2033*

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190212/2033

1 of 3

Report No. T/20190212/2033

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2019 10:42	Vide Report No.: G/20190211/0097	Station Diary No.: 36
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Informant's Particulars

Name of Informant: CHUA HOCK CHENG		Address: APT BLK 138B YUAN CHING ROAD #11-123 SINGAPORE 612138	
ID.Type / ID No.: NRIC NO / S0121566C		Contact No.: Home/Office:	Mobile: 91501466
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 65	Date of Birth: 20/12/1953	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: LIFT TECHNICAN		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/02/2019 13:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY towards tuas				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5399Y	Motorcycle	HONDA	CBF150	Blue		0
SH8063Z	Taxi				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD5399Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18380873	14/04/2018	13/04/2019



**SINGAPORE
POLICE FORCE**



T/20190212/2033

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20190212/2033

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHUA HOCK CHENG	ID No.	S0121566C
Related Vehicle	FBD5399Y (Motorcycle)	Contact No.	91501466
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	11/02/2019	Date Discharge	11/02/2019
No. of Days granted Medical Leave	05	Degree of Injury	Serious
Driver			
Name	Lai Kim Pee	ID No.	S0172802D
Related Vehicle	SH8063Z (Taxi)	Contact No.	96420872
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/02/2019 at about 1.45pm, I was riding on the extreme left lane along PIE towards Tuas near Toa payoh exit. When I see my side mirror, a taxi SH8063Z on my right suddenly came in and collided onto my motorbike. The whole thing happened so fast the I was unable to avoid. I then fall from my bike and got injury on my hands, legs and stomach. the taxi driver and I managed to exchange particular before I was send to Tan Tock Seng Hospital. I was given Medical Certificate of 5 days from 11/02/2019 to 15/02/2019.



**SINGAPORE
POLICE FORCE**



T/20190212/2033

3 of 3

Report No. T/20190212/2033

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

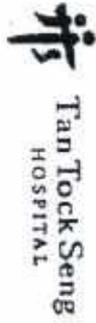
Informant is not able to provide sketch plan

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: D/ Sgt 3 LEE HONG HAI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	

Signature Of Informant:	
Date/Time: 12/02/2019 10:42	
Classification Of Case:	

Authentication Stamp NP188		SN 49
SIGNATURE		



Tan Tock Seng
HOSPITAL

Tan Tock Seng Hospital
11 Jalan Tan Tock Seng, Singapore 308433
TEL: (65) 6256 6011

MEDICAL CERTIFICATE

ORIGINAL

TTSH19032873

NAME: CHUA HOCK CHENG

NRIC: S0121566C

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **5** day(s) from **11-Feb-2019** to **15-Feb-2019** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **11-Feb-2019 14:34** to **11-Feb-2019 17:14**

11-Feb-2019
Date

LIM JIA MEI VANESSA (63116G)
Issued by

Emergency Department
Location

[Signature]
Signature


A member of National Healthcare Group
Adding years of healthful life

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0121566C



Name

CHUA HOCK CHENG

蔡福增

Race

CHINESE

Date of birth

20-12-1953

Country of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0121566C

Name

CHUA HOCK CHENG

Birth Date 20 Dec 1953

Issue Date 29 Apr 2003



000429117F

4254049



NRIC No. S0121566C



Date of issue

08-07-2008

APT BLK 138B YUAN CHING ROAD #11-123
SINGAPORE 812138

NRIC No: S0121566C

Date: 21/06/2017

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

ISS DATE

Class 2B	Motorcycles not exceeding 200 cc	05 May 1977
Class 2A	Motorcycles between 201 cc and 400 cc	05 May 1977
Class 2	Motorcycles exceeding 400 cc	05 May 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	13 Dec 1977



Licence No: S0121566C

NP 426A

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122120)
 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: 17/04/2018

AGENCY: A0074-001-10206
 COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/18-380873-CA

INSURED:

NAME: CHUA HOCK CHENG
 ADDRESS: 138B YUAN CHING ROAD
 #11-123
 SE 612138

NRIC NO: S0121566C
 DATE OF BIRTH: 20/12/1953 (64 yrs)
 DRIVING EXP: 05/05/1977 (40 yrs)
 CONTACT NO: 91501466

BUSINESS OR PROFESSION: RETIREE

PERIOD OF INSURANCE FROM: 14/04/2018 12:01AM TO 13/04/2019

REGISTRATION NUMBER: FBD5399Y

CUBIC CAPACITY: 149

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2009

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P

EXCESS:

PREMIUM: 170.00

GST @ 7% 11.90

TOTAL : 181.90

NO CLAIM BONUS OF 0% IS ALLOWED

NAME OF EMPLOYER AND/OR
 HIRE PURCHASE OWNER:

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