

NATIONAL Assessment Centre Services. [ver 1 Jan 05]

19 MAY 19 04 0000

Date In:	Job description	Date & Time Completed	Done by
04/04/2019 16:52	SAS e-filing		
Ref No: NGA/m9619006&7	E-mail (Vehicle 2hrs, AIC 2hrs)		
Veh No: FBH 2 BX B	I-Motor Claim Form		
D.O.A: 04/04/2019 11:50	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
OID: <input checked="" type="checkbox"/> Reporting Only	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: SKH 6456G INC () / Non-INC () Tel: ()

Owner / Driver: ()

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 ()

() 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: ()

Repairer: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date of Incident: _____

Time of Incident: _____

Location of Incident: _____

NA190247

Item	Description	Amount	Notes
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)	\$100	
3) TP: Towing Fee		\$120	
4) FT: Follow-Through Survey		\$30	
5) FT: Follow-Through Survey (Resurvey)		\$30	
6) TR: Re-inspection		\$75	
7) NI: Idas DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
ODI		\$1	
* NI: Courtesy Car / Tpr Allowance		\$10	
* NI: Repair Co-ordination		\$25	
* NI: Post Repair Inspection		\$5	
* NI: DV / Collect Excess Contribution		\$10	
* NI: TP (Non INC) against INC		\$0	
9) NI: Idas Mobile		\$30	

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Additional Comments: _____

Date: _____

Invoice dated: _____ Fee Charged: _____

Invoice received: _____ Fee Charged: _____

FOR:

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	04/04/2019 16:53
Date Of Accident	04/04/2019 11:50
Exact Location Of Accident	JUNCTION OF TANJONG PAGAR ROAD AND GOPENG STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2738B
Insured/Policyholder	
Name Of Registered Owner	TOH MENG YEW (DU MINGYAO)
NRIC No	S8135021C
Email Address	FABIAN_TOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96555154
Alternative Phone No	OTHERS-96555154
Vehicle Particulars	
Manufacturer	SYM
Model	COMBIZ 125-125CC
Exact Purpose for which vehicle was being used at time of accident	DELIVER FOOD
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/18-991193-WTT
Cover Note Number	
Driver	
Name of Driver	TOH MENG YEW (DU MINGYAO)
NRIC No	S8135021C
Date Of Birth	13/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96555154
Fax Number	
Contact Number	OTHERS-96555154
EMail Address	FABIAN_TOH@YAHOO.COM.SG

Address	BLK 38 JALAN RUMAH TINGGI #08-254
Postcode	150038
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 - MAJOR/MINOR RD
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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190404/7017

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	SKH6456G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AZLINA BINTE AZIMI
NRIC/Passport Number	S8314262F
Contact Number	90992755
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

2
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name TOH MENG YEW (DU MINGYAO)
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? FBH2738B
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.



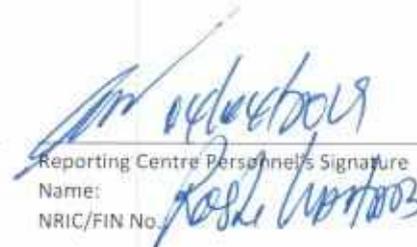
Policyholder's Signature

Date & Time: 1700
04042019



Driver's Signature

(If driver is not the policyholder)
Date & Time: 1700
04042019.

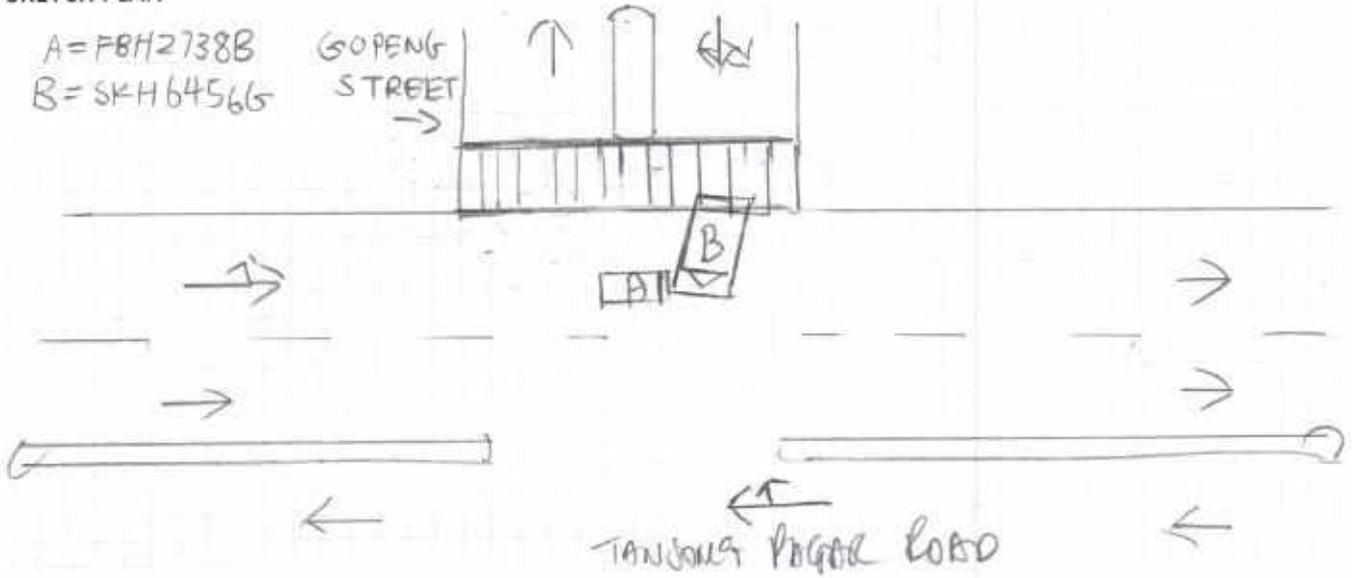


Reporting Centre Personnel's Signature

Name: *Rashmi*
NRIC/FIN No. *9003*

SKETCH PLAN

A = FBH2738B
B = SKH64566



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

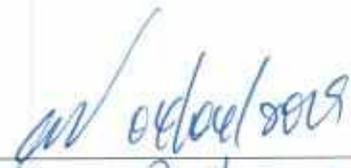
PLS REFER TO POLICE REPORT
 D/20190404/2017

DECLARATION

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


 Policyholder's Signature
 Date & Time: 04042019
 1700


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 04042019
 1700


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



**SINGAPORE
POLICE FORCE**



D/20190404/7017

1 of 2

POLICE REPORT (NP299)

Report No. D/20190404/7017

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 04/04/2019 15:35	Vide Report No.	Station Diary No.	
Name Of Informant TOH MENG YEW	Address APT BLK 38 JALAN RUMAH TINGGI #08-254 SINGAPORE 150038		
ID Type / ID No. NRIC NO / S8135021C	Contact No. Home/Office:	Mobile: 96555154	
Nationality SINGAPORE CITIZEN	Email Address fabian_toh@yahoo.com.sg		
Occupation Despatch worker	Sex Male	Age 37	Date of Birth 13/11/1981
Institution/School Name	Race Chinese		
Date/Time Of Incident 04/04/2019 11:50 - 04/04/2019 11:55	Language English		
	Location Of Incident APT BLK 38 JALAN RUMAH TINGGI #08-254 SINGAPORE 150038		

Brief details.

I was involved in a traffic accident at the junction of tanjong pagar road and gopeng st. SKH6456G failed to look out for oncoming traffic and turned out from Gopeng St, resulting in a collision in the vehicle FBH2738B which I was operating along Tanjong Pagar Rd. I had suffered minor injuries to my left thumb and finger and had shortly acquired a doctor's assessment and 3 days of MC. Personal particulars were exchanged.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2019 15:35
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



D/20190404/7017

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190404/7017

Subjects Involved			
Victim			
Person Name	TOH MENG YEW		
ID Type	NRIC NO	ID No	S8135021C
Gender	Male	Age	37
Race	Chinese	Language	English
Occupation	Despatch worker	Address Type	
Address	APT BLK 38 JALAN RUMAH TINGGI #08-254 SINGAPORE 150038	Mobile No	96555154
Is Informant A Victim?	Yes		
Person Name	TOH MENG YEW (Informant)		

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 04/04/2019 15:35
Classification Of Case:

Authentication Stamp

ACCIDENT STATEMENT

ACCIDENT DATE: (04 / 04 / 2019) (DD/MM/YYYY), TIME: (11 : 50) (HH:MM)

LOCATION: TANJONG PAJAR ROAD / GOPENG STREET JUNCTION

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 2738B
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: MSD/VMT/18-99193-WT
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: SYM COMBIZ 125
f) TYPE: (SALOON / COUPE / MPV / VAN / TRUCK / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: FOOD DELIVERY
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: TOH MENG YEW (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8135021C CONTACT: 96555154
c) ADDRESS: BLK 38 JALAN RUMAH TEBAY TINGGI
150038 #08-254

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: AS ABOVE CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (13 / 11 / 1981) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS 03032008

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: QUEENSTOWN POLICE STATION

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKH 6456J MODEL: VOLKSWAGEN
b) DRIVER'S NAME: AZLINA BINTE AZIMI
c) NRIC/FIN/PASSPORT: S8314262F CONTACT: 90992755

9. THIRD PARTY VEHICLE

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

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
(2)

* No of passenger
(Including driver)
()

Email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8135021C



Name
TOH MENG YEW
(DU MINGYAO)

杜明耀

Race
CHINESE
Date of birth
13-11-1981
Sex
M
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8135021C

Name
TOH MENG YEW
(DU MINGYAO)

Birth Date 13 Nov 1981
Issue Date 03 Mar 2006

001403543G



S050944

NRIC No. S8135021C



Date of issue
20-06-2012

Address

APT BLK 38 JALAN RUMAH TINGGI
#08-254
SINGAPORE 150038

LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS	DESCRIPTION	EXPIRE DATE
Class 2B	Motorcycles <= 200 CC	03 Mar 2018
Class 2A	Motorcycles between 201 CC and 400 CC	02 Nov 2018
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	03 Mar 2006

S8135021C

S / No. 9000136866

Licence No: S8135021C



MSIG Insurance (Singapore) Pte. Ltd. (In Reg No 2004122120)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 msig.com.sg

W 713218

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/VMT/12-991193-WTT A0633-001/W0361 S127889

SUM INSURED : TPL
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle : S8135021C
 FBH2738B

2. Name of Policyholder : STW
 TOH MENG YEW 125 c.c.

3. Effective date of the Commencement of Insurance
 for the purposes of the Act

4. Date of Expiry of Insurance : 1713PM 13/02/2019
 22/04/2019

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 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).

WTT INSURANCE AGENCIES PTE LTD
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.

14/02/2019 (T)
 WTT-C-0404-18