NATIONAJI. Aspessment Con	tre Services - per l	MUAY1906	3917
Date In: 16/05 1009 16:5	Job description	Date & Firm Completed	Done by
REF NO. N. S. M. S. G. G. D. S. 739	SAS e-filing		
Veh No FBA 19/64	E-mail (white thes, A)	C 2hrs;	
DOA 05/09/2019 66:1	1-Motor Claim For	m .	
OB TP Peporting Only	i-Mator W/O (with	n: OD Thra 'TP 4hrs)	CONTRACTOR LEGISTERS
J. Taporing Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey I	Report	
	Ass't Report by Fax	/ Hand to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: [Tel:	Fax:
TP Particulars: Veh No:	SKY 5349X	INC()/Non-INC()	
Owner / Driver: (T'el:)
Policy No: () F	eriod: () Cover Type: (
Confirmed by : (Dai)
		N: 0-20%; P: 21-79%. F: 80-	100%]
Year of Registration: ()		40()	
Excess: (\$) Loading: \$1	,000()/\$2,000(THE VANCE OF THE PARTY OF THE P	
General Remarks:-	19.14年代共和共和共2018年代		3-137-7
() Walk-In Customer: Customer's in () Total Loss Case : to e-mail Insu		tial & Strictly NO refer of repairer	
		V T-1-0-1	
	ce: YES () / NO (); Towing Co (·
Remarks:- (ING horline: 6788 6616)		Date&Time Completed	Done by
	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
Injury:			
Date/Time Actions			urnas, er er
The state of the s	STATE OF THE PARTY	mand the said will make the latest the said the	7722 TEHLIS - 125
A SALES OF THE SAL			
XIA1903581 "	lnve	ice Preparation Checklist	Anit (5) Amit (3
Lumant's Particulars :-		: Accident Reporting (530);	
river/Owner:		: Dumoge Assessment (\$100); INC (: Towing Fee	40.345
	4) FT	Fallow-Through Survey	\$120 530
onlact No:	En	: Follow-Through Survey (Reservey) cloiming opening INC Only (wel 10 Jan 20	(40)
amaged Portion:		: Ite-inspection : Idea DA + SMRT Survey	\$75 \$160
	6) NT	UC Additional Services:	
C Checked by (Engr-In-Charge):	- 10	: Couriesy Car / Tpt Allawance	
AMOUNT PROPERTY AND	• 20	A. Repeir Co-ordination J: Fost Repair Inspection	310 525
uditors' Comments :	N COLUMN	5: DV / Callett Excess Coordination	\$55
al).:		(N11): TP (N:10 INC) against INC 2: Idae Mobile	301
nt. 2/3.		e dated Fee Charge	
I / I , 9	1	- daied Fee Charge	No. of Concession, Name of

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 witholding 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.
- 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	16/05/2019 16:50
Date Of Accident	05/09/2018 06:15
Exact Location Of Accident	ALONG PASIR PANJANG RD TOWARDS WEST COAST RD
Country/State of Loss	SINGAPORE
Description of the control of the co	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBA1916Y
Insured/Policyholder	
Name Of Registered Owner	LOH WENG YEW
NRIC No	S0770281G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96930745
Alternative Phone No	OFFICE-96930716
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
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	
Cover Note Number	60809740
Driver	
Name of Driver	LOH WENG YEW
NRIC No	S0770281G
Date Of Birth	13/01/1948
Occupation	INDOOR
Date Of Driving Pass	13/07/1982
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96930745
Fax Number	
Contact Number	OFFICE-96930716
EMail Address	NOEMAIL

Address

BLK 77 TELOK BLANGAH DRIVE

#07-232

Postcode

100077

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - U-TURN

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

TELOK BLANGAH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 ,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180218/2074

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

SKU5349X

Vehicle Make/Model/Colour

RENAULT FLUENCE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JONAN TAN ZHIEN

NRIC/Passport Number

S9233996C

Contact Number

87501436/65271006

Address

Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1

Name

LOH WENG YEW

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBA1916Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
 - 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:
 - 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

18the 16/5/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

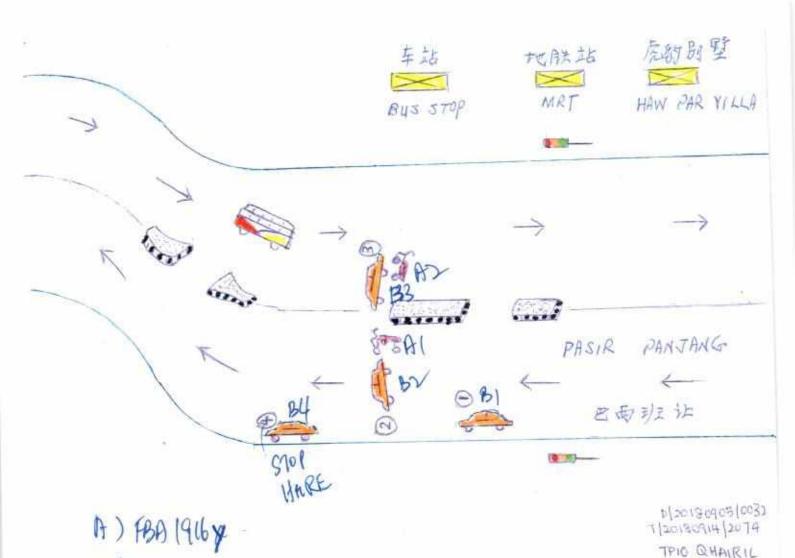
NRIC/FIN No.:

SKETCH PLAN MY ACH MEN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. 3年文·2 16/5/19

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:



罗拉约 16/5/19

gen/16les/2019
Rosli hrottors

B) SKU 5349X





Date of Expiry:

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

1 of 4 Report No. T/20180914/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

Occupation:

CLEANER .

Vide Report No .: Station Diary No .: 14/09/2018 13:46 D/20180905/0032 15 Informant's Particulars Name of Informant Address: LOH WENG YEW APT BLK 77 TELOK BLANGAH DRIVE #07-232 SINGAPORE 100077 ID Type / ID No .: Contact No.: NRIC NO / S0770281G Home/Office: 96941014 Mobile: 96930745 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 70 13/01/1948 Rider Race: Language: Institution / School Name: Chinese

Driving Licence Information:

Class: 2B

Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2018 06	Type of Location Straight Road
PASIR PANJA WEST COAS	ROAD		ST ROAD, NEAR	TO HAW PAR VILLA MR
A/	2 2	Road Surface:	1	Road Speed Limit:
Clear		Dry		
Weather: Clear Traffic Flow: Two Way Type of Collisi		Dry Traffic Control: Traffic Light - Work	king	50 Km/h Traffic Volume: Light

Vehicle No.	Type	Maké	Model	Color 1	Condition	No of Passenge
FBA1916Y	Motorcycle	YAMAHA	SPARK 135	Red	Seriously Damaged	0
SKU5349X	Car	RENAULT	FLUENCE 1.5 DCI 110 A/T SR	White	Daniageo	2



T/20180914/2074

2 of 4

Report No. T/20180914/2074

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

CONTINUATION OF REPORT

Details of Ve	phicle losurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA1916Y	MSIG INSURANCE (SINGAPORE)	60809740	14/07/2018	27/08/2019

No. of Pedestrian	s Injured: NIL	Use of Ped	destrian Cros	sing: NA
Rideem to	Some of the control of	ATT I TO MUNES.		THE RESERVE OF THE PARTY OF THE
Name	LOH WENG YEW		ID No.	S0770281G
Related Vehicle	FBA1916Y (Motorcycle)		Contact No.	. 96941014
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/09/2018		harge 08/0	
No. of Days gran	ted Medical Leave 60	Degree of	Injury Seri	ous
Duver Tes	THE PROPERTY OF LAND			
Name	JONAN TAN ZHI EN	2/4	ID No.	S9233996C
Related Vehicle	NIL		Contact No	. 87501436 / 65271006
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
	100 mm 1			
Date Treatment	NIL	Date Disc Degree of	The second second second	

Brief Details.

I am the mentioned informant and I own a motorcycle bearing registration FBA1916Y. On 5/9/2018 at about 0615 hrs, I was riding along the Pasir Panjang Road towards the West Coast Road. It was a two way road, and I was travelling along the single lane. There was a motor car bearing registration number SKU5349X (the car) which was travelling in front of me at that time. At one point in time we were approaching the traffic light stop near the Haw Par Villa MRT Station. All of a sudden, the car tried to make an illegal right turn near the end of the divider before the traffic light stop, which I did not anticipate at all. As a result, my vehicle hit straight onto the right side of the car while it was trying to make a turn. I then flung onto the road along with my vehicle.

I was in severe pain after that, but I remained conscious. From what I know, members of the public came to assist me, and the driver of the motor car that I collided into remained on the original road we were at and parked a distance away, before he came forward to me. The traffic police and ambulance came, and





Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 3 of 4 Report No. T/20180914/2074

CONTINUATION OF REPORT

I was then informed by Traffic Police IO QHAIRIL (HP: 65476187) to lodge this report for investigation purposes.





4 of 4

Report No. T/20180914/2074

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

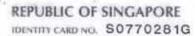
CONTINUATION OF REPORT

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 2 CHUA JUN QIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2018 13:46
Officer In Charge Of Case: TP / GIT / Sr Staff Sqt.IRMAN BIN MOHAMAD SAID Contact No. 5476365 Authent Saint Stann	Classification Of Case:







LOH WENG YEW

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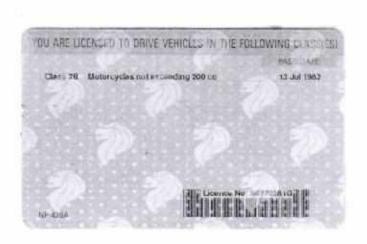
CHINESE

13-01-1948

SINGAPORE







LONCH & SINGLIFT. COM. SG



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 www.msig.com.sg

For any enquiries please call the Underwriting agent : WTT Insurance Agencies Pte Ltd 5001 Beach Road #02-77/78 Golden Mile Complex Singapore 199588 Tel : 62946259 / 62965445

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No :

60809740

Agency

A0633-001-W0845

14 Jul 2018

Name

LOH WENG YEW

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED in the terms of the Company's usual form of Third Party Policy applicable thereto for the

period from

09:22AM

on

14 Jul 2018

to midnight on

27 Aug 2019

unless the

cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDUTE.

	SC	HEDULE
Registration No.	FBA1916Y	Insured Value Third Party Liability (TPL)
Engine No.	5YP710825	C.C. 135
Chassis No.	5YP710825	
Year Manufactured	2006	Year of Registration 2006
Make & Model	YAMAHA [SPARK 135 M	
Rider Type	Policyholder	

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or

CERTIFICATE OF INSURANCE

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).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.

Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer