

NATIONAL Assessment Centre Services (cont. of JAG01) **NBA/MSG/19029914**

Date In: 19/06/2019 14:15	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG/19029914	SAS e-Mailing		
Veh No: FBH 529B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/06/2019 07:15	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars: Veh No: **SLP 6636A** 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

NA1904607

Client's Particulars:	Invoice Preparation Checklist	Am't (\$) in Bill	Am't (\$) Add. Bill
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		
	6) TR: Re-inspection \$35		
Cat. 1:	7) NI: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
Cat. 2/3:	9) NI: Idno Mobile \$30		

Invoice dated: Pen Charged: 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	19/06/2019 14:15
Date Of Accident	17/06/2019 07:15
Exact Location Of Accident	ALONG AYE BESIDE EXIT OF ROYAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH529B
Insured/Policyholder	
Name Of Registered Owner	KEE HWA HIN
NRIC No	S68106411
Email Address	KEEHWAHIN529@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93869029
Alternative Phone No	OTHERS-93869029
Vehicle Particulars	
Manufacturer	YAMAHA
Model	JUPITER LC135-135CC
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	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/19-394620-CA
Cover Note Number	
Driver	
Name of Driver	KEE HWA HIN
NRIC No	S68106411
Date Of Birth	11/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1990
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93869029
Fax Number	
Contact Number	OTHERS-93869029
EMail Address	KEEHWAHIN529@GMAIL.COM

Address	BLK 105A DEPOT ROAD #05-615
Postcode	101105
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?	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/20190618/2021

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	SLP6636A
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LEONG HIN MUN
NRIC/Passport Number	S1811574C
Contact Number	98568617
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KEE HWA HIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH529B
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:

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

 19/06/2019

Reporting Centre Personnel's Signature
Name: Rosli Abdullah
NRIC/FIN No.:

SKETCH PLAN

ALAMAH BYK PASIRAN EXIT OF ROYAL ROAD

A) FBH 529A
B) SCP 6636A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO Police report
7/2019 06/8/2021

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature] 19/06/2019
 Reporting Centre Personnel's Signature
 Name: *Rosh Mathias*
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190618/2021

1 of 4

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

Report No. T/20190618/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2019 10:27	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars			
Name of Informant: KEE HWA HIN		Address: APT BLK 105A DEPOT ROAD #05-615 SINGAPORE 101105	
ID Type / ID No.: NRIC NO / S68106411		Contact No.: Home/Office:	Mobile: 93869029
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 11/03/1968	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 2B,2A,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/06/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY ALONG AYE BESIDE EXIT OF ROYAL RD				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH529B	Motorcycle	YAMAHA	JUPITER 135 MANUAL	Red	Slightly Damaged	0
SLP6636A	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH529B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19394620	18/02/2019	17/02/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	KEE HWA HIN	ID No.	S68106411	
Related Vehicle	FBH529B (Motorcycle)	Contact No.	93869029	
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	17/06/2019	Date Discharge	18/06/2019	
No. of Days granted Medical Leave	14	Degree of Injury	Slight	
Driver				
Name	LEONG HIN MUN	ID No.	S1811574C	
Related Vehicle	SLP6636A (Car)	Contact No.	98568617	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On 17/06/2019 at about 0715hrs, I was riding my bike, FBH529B, along AYE behind a taxi, SLP6636A, when suddenly the taxi made a sudden stop. I braked immediately but my bike still hit onto the taxi on its left rear tail lights. I fell towards the left side together with my bike. The taxi driver got down his taxi and helped me up. As my right finger ring and little finger is bleeding non-stop, he offered to send me to Alexandra Hospital (AH). We exchanged particulars and he dropped me off at AH. While at AH to receive treatment, the doctor informed me that as I have previous injuries at the same injury location, he advised me to go to NUH for further examination. I then took the ambulance from AH to NUH. At NUH, I was warded and discharged on 18/06/2019. I was also given 14 days of MC.

I wish to state that Police and Ambulance were not activated at the scene of accident.



**SINGAPORE
POLICE FORCE**



T/20190618/2021

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

3 of 4

Report No. T/20190618/2021

CONTINUATION OF REPORT

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S68106411**




Name
KEE HWA HIN

紀 華 興

Race
CHINESE

Date of birth
11-03-1968

Country of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S68106411**

Name
KEE HWA HIN

Birth Date: **11 Mar 1968**

Issue Date: **09 Jul 2010**



001673011B



For LKK/NAC Use Only

3803670



NRIC No: **S68106411**



Date of issue
30-11-2005

**APT BLK 105A DEPOT ROAD #05-015
SINGAPORE 101105**

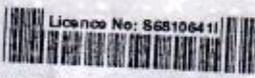
NRIC No: **S88106411** Date: **07/02/2017**

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	12 Jun 1990
Class 2A Motorcycles between 201 cc and 400 cc	12 Jun 1990
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	15 Dec 1990

NP 428A

License No: **S68106411**



For LKK/NAC Use Only

EMAIL KEEHWAHIN529@HOTMAIL.COM



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2
Tel +65 6827 7888, Fax +65 6827 7866
msig.com.sg

CA 519

CERTIFICATE

CERTIFICATE OF INSURANCE

Sub-Total

No:

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/VNS/19-394620-CA A0074-001/19110

SUM INSURED : PWV
EXCESS : \$300(FIRE&THEFT) \$600(ENDT.2K)

1. Index mark and Registration Number of Vehicle **FBB529F**
2. Name of Policyholder **YAMAHA**
KBE HWA HIN 134 c.c.
3. Effective date of the Commencement of Insurance for the purposes of the Act
4. Date of Expiry of Insurance **1201AM 18/02/2019**
17/02/2020
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 the carriage of goods (other than samples) in connection with any trade or business.
 4. 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).


COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.

25/01/2019 (CG)
CA/CI-03 (05/13)



ACT (CHAPTER 276)

PBH529B

registration no: _____
Act and that at the date of the examination with in relation to the vehicle.



JIC INSPECT SERVICES P


Authorized signatory

CERTIFICATE SAFELY

Information provided above are correct. A test certificate should be presented as this may delay the renewal of a vehicle. The test certificate must be presented within **3 MONTHS** of the date of the evidence of the satisfactory mechanical condition.



JIC INSPECTION SERVICES PTE LTD

Registration No. 199405744R

HEAD OFFICE : 53 PIONEER ROAD SINGAPORE 628505
BRANCH : 21 ANG MO KIO STREET 63 SINGAPORE 569118
MAILING ADDRESS : 385 SIN MING DRIVE SINGAPORE 575718

TEL: 6863 9639 FAX: 6863 1111
TEL: 6484 7370 FAX: 6484 1111