

NATIONAL Assessment Centre Services Form 1 Jan 2019

Date In: 25/06/2019 16:28	Job description	Date & Time Completed	Done by
Ref No: NA1MSG19011209/K4	SAS e-filing		
Veh No: FBH9397E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 23/06/2019 19:00	I-Motor Claim Form		
OD TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKS5998H. 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:	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

NA1904733	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	In Bill	Add. Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claims against INC Only (wof 10 Jan 2019)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) N1: Idav DA + SMRT Survey \$160		
1/1 'd	8) NTUC Additional Services:		
	L11:		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idav Mobile 30		
	Invoice date/	Fax Charged	
	Invoice total	Fax 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	25/06/2019 16:28
Date Of Accident	23/06/2019 19:00
Exact Location Of Accident	JUNC OF WEST COAST RD AND CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9397E
Insured/Policyholder	
Name Of Registered Owner	HUBERT HENG JEK MING
NRIC No	S9610164C
Email Address	HUBERTHENG96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86130765
Alternative Phone No	OTHERS-86130765

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15 MANUAL
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/18-995735-WTT
Cover Note Number	

Driver

Name of Driver	HUBERT HENG JEK MING
NRIC No	S9610164C
Date Of Birth	26/03/1996
Occupation	INDOOR
Date Of Driving Pass	15/10/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86130765
Fax Number	
Contact Number	OTHERS-86130765
Email Address	HUBERTHENG96@GMAIL.COM

Address	27 HUME AVENUE #07-04
Postcode	598731
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 - HEAD TO REAR
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	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190624/2101

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	SKS5998H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHEE HWEE
NRIC/Passport Number	S6911363Z
Contact Number	94751683
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name HUBERT HENG JEK MING

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBH9397E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

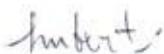
SKETCH PLAN

IMPORTANT NOTICE

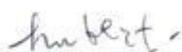
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

 25/6/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Junction of West coast rd
and Clementi Ave 2



A - FBH9397E
B - SKS5998H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20190624/2101

DECLARATION

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

hubert.
Policyholder's Signature
Date & Time:

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

25/6/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190624/2101

1 of 3

Report No. T/20190624/2101

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2019 14:29	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: HUBERT HENG JEK MING		Address: 27 HUME AVENUE #07-04 SINGAPORE 598731	
ID Type / ID No.: NRIC NO / S9610164C		Contact No.: Home/Office:	Mobile: 86130765
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 23	Date of Birth: 26/03/1996	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Student		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/06/2019 19:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WEST COAST ROAD CLEMENTI AVENUE 2 Junction West Coast Road and Clementi Avenue 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH9397E	Motorcycle	YAMAHA	YZF-R15 MANUAL	Red		0
SKS5998H	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH9397E	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60822680	05/10/2018	13/11/2019



Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

2 of 3
Report No. T/20190624/2101

CONTINUATION OF REPORT

Brief Details.

On 23/06/2019 at about 1900hrs, I was riding my motorcycle bearing plate number FBH9397E along West Coast Road heading towards Clementi Avenue 2.

At the junction of West Coast Road and Clementi Avenue 2, I was making a left turn from West Coast Road into Clementi Avenue 2.

I stopped my vehicle behind the stop-line to give way to the oncoming traffic on Clementi Avenue 2.

As I was waiting for the traffic to clear, I noticed that there was a vehicle behind me and right after, the vehicle collided onto the rear of my motorcycle.

As a result of the collision, I fell from my motorcycle and landed on the right side of my body.

However, at that point of time, I did not feel any discomfort or pain. The driver also did not sustain any injury.

We took some photos, exchanged particulars and subsequently left the scene. No Police or ambulance were at scene as well. No assault or threat took place.

Particulars:

Ong Chee Hwee
S6911363Z
94751683

On 24/06/2019, I woke up and felt some strains to my neck and shoulder area. I went to see a doctor and was given 3 day medical leave from 24/06/2019 to 26/06/2019.

My motorcycle suffered damages to the rear area but I am unsure of estimated cost of damage.



**SINGAPORE
POLICE FORCE**



T/20190624/2101

3 of 3

Report No. T/20190624/2101

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel No: 1800-4689999

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 TING WEI YUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/06/2019 14:29

Classification Of Case:

Bukit Merah

Reported on 24/6/2019

@ 1545hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 23.6.2019 (DD/MM/YYYY), TIME: 19.00 (HH:MM)

LOCATION: Junc of West Coast Rd. and Clementi Ave 2

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 9397E
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 86130765
- c) ADDRESS: _____

*d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) Slight

7. a) REPORTED TO POLICE (YES / NO) _____
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK55998H MODEL: _____
- b) DRIVER'S NAME: ONG CHEE HWEE
- c) NRIC/FIN/PASSPORT: 569113632 CONTACT: 94751683

9. THIRD PARTY VEHICLE

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

* No of passenger (including driver) (1)

* No of passenger (including driver) ()

* No of passenger (including driver) ()

Call Driver for Certificate on 25/6/19 @ 1445hrs

email = hubert heng 96 @ gmail . com

VIDEO hubert heng 96 @ gmail . com

Waiting for MS16 Certificate?

& Motorcycle Photos? ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9610164C



Name
HUBERT HENG JEK MING

王策民

Race
CHINESE
Date of birth 26-03-1996 Sex M
Country of birth
SINGAPORE

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9610164C

Name
HUBERT HENG JEK MING

Birth Date: 26 Mar 1996

Issue Date: 17 May 2016



For LKK/NAC Use Only

4668360



NRIC No. S9610164C



Date of issue
13-01-2011

Address
27 HUME AVENUE
#07-04
SINGAPORE 598731

For LKK/NAC Use Only

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	15 Oct 2018
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	17 May 2016

S9610164C

S / No. 9000319024

NP 428A



For LKK/NAC Use Only

CERTIFICATE NO : MSD/VMT/18-995735-WTT A0633-001/W0821 S127471

SUM INSURED : TPL

EXCESS : NIL

S9610164C

FBH9397E

1. Index mark and Registration Number of Vehicle

 **YAMAHA**
2. Name of Policyholder **HUBERT HENG JEK MING**

150 c.c.

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

1031AM 16/10/2018

4. Date of Expiry of Insurance

13/11/2019

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. **CHIANG WEI KEAT ONLY**

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. 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, 1959 (Federation of Malaysia) and Section 95 of the Road Transport Act, 1987 (Malaysia).