

NATIONAL Assessment Centre Services. [ver 1 Jan 02] **NA19071514**

Date In: 13/01/2009 11:21	Job description	Date & Time Completed	Done by
Ref No: NA19071514/2009/14	SAS e-filing		
Vch No: PIP 6406T	E-mail (Vehicle 3hrs, AIC 2hrs)		
D.O.A: 13/01/2009 13:50	I-Motor Claim Form		
OD: TP <u>Reporting Only</u>	I-Motor W/O (Withln: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

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

TP Particulars: Vch No: **SME 13222** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Dates: () Times: ()

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 repair.
- () Total Loss Case : to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Comments:

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

Injury: _____

Date/Time	Accidents	Done by

NA19071514	1) AR: Accident Reporting (\$30)	
Client's Particulars:	2) DA: Damage Assessment (\$100); INC (\$10)	
Driver/Owner:	3) TP: Towing Fee	\$40/\$43
Contact No:	4) FT: Follow-Through Survey	\$120
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey)	\$30
QC Checked by (Engr-In-Charge):	For claiming against INC Only (ver 10 Jan 2007)	
Auditors' Comments:	6) TR: Re-inspection	\$75
Est. 1:	7) NI: Idao DA + SMRT Survey	\$160
2/3:	8) NTUC Additional Services:-	
	Q1:	
	*NS: Courtesy Car / Tpl Allowance	\$5
	*NG: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (N11): TP (N11) 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 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	13/07/2019 11:21
Date Of Accident	12/07/2019 13:50
Exact Location Of Accident	SLIP ROAD FROM QUEENSWAY TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6486J
Insured/Policyholder	
Name Of Registered Owner	MARIO ONG
NRIC No	S9690883J
Email Address	MARIOONG13@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97770461
Alternative Phone No	OTHERS-97770461

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
Exact Purpose for which vehicle was being used at time of accident	GOING HOME FROM WORK
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/19-399611-CA
Cover Note Number	

Driver

Name of Driver	MARIO ONG
NRIC No	S9690883J
Date Of Birth	13/12/1996
Occupation	INDOOR
Date Of Driving Pass	29/12/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97770461
Fax Number	
Contact Number	OTHERS-97770461
EEmail Address	MARIOONG13@GMAIL.COM

Address	BLK 6 HOLLAND CLOSE #21-04
Postcode	271006
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SME1322J
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

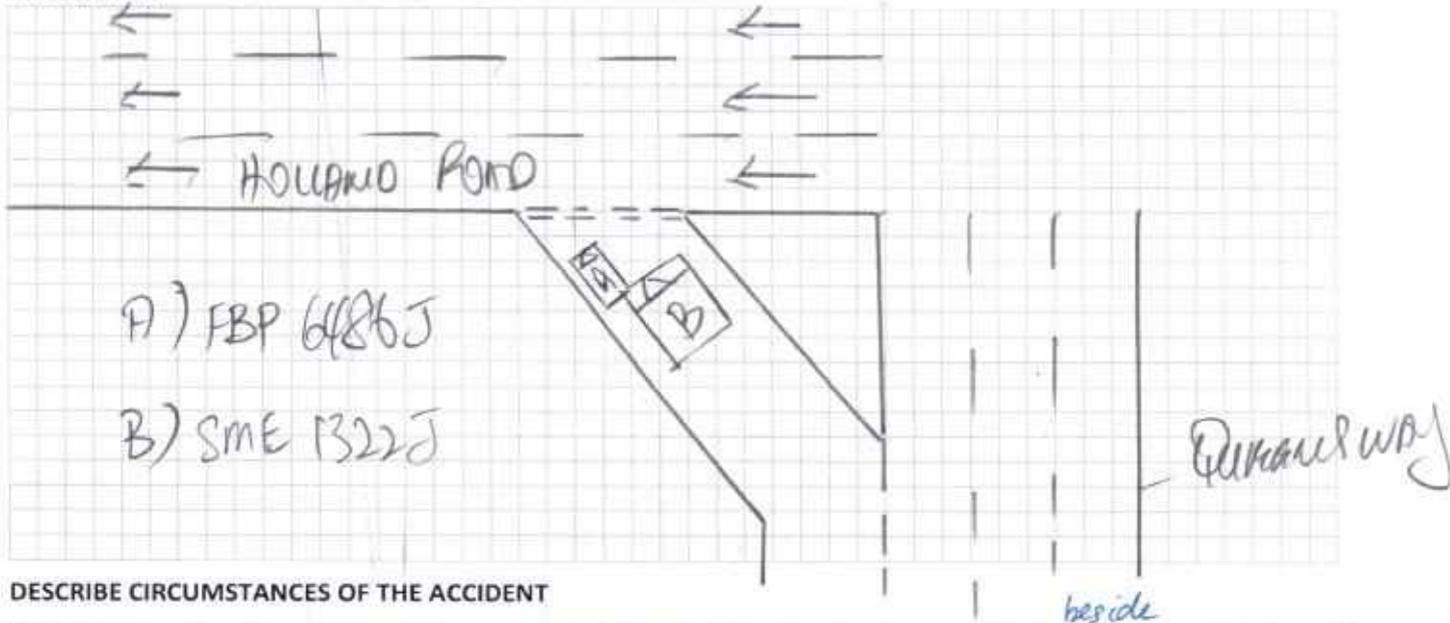
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

13/07/2019

Polh [Signature]

SKETCH PLAN



A) FBP 6486J
 B) SME 1322J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was _____ turning left, the car was _____ or I would say behind me. As I accelerated, he must have accelerated at the same time and hit my tyre - causing my bike to lose control and drop at the side. I asked him the driver to exchange contacts after taking the pictures but he refused as well.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 12/7/19 15:50

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 07 / 2019) (DD/MM/YYYY), TIME: (13 : 50) (HH:MM)

LOCATION: Holland Queensway towards Holland Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP6486J
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA SNIPER
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME FROM WORK
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: MARIO ONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 9690883J CONTACT: 97770461
c) ADDRESS: 6 Holland Close #21-04

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (12 / 12 / 1996) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

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)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SME1322J MODEL: HYUNDAI
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

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)
()

email = marioong13@gmail.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9690883J



Name

MARIO ONG

Race

CHINESE

Date of birth

13-12-1996

Country of birth

THAILAND

Sex

M

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9690883J

Name

MARIO ONG

For LKK/NAC Use Only

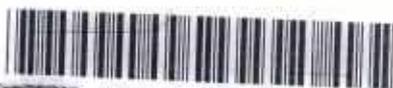
Birth Date 13 Dec 1996

Issue Date 29 Dec 2015



002506677B

SG
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4710753

NRIC No. S9690883J



For LKK/NAC Use Only

Date of issue

18-04-2011

APT BLK 6 HOLLAND CLOSE #21-04
SINGAPORE 271006

NRIC No: S9690883J

Date: 09/11/2016

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

Class 2B
Class 2A

Motorcycles up to 200 CC

Motorcycles between 201 CC and 400 CC

EFFECTIVE DATE

29 Dec 2015
09 Nov 2018

For LKK/NAC Use Only

S9690883J

S / No. 9000318582

NP 428A



Licence No: S9690883J



CA 525430

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212C)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

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 : MSQ/VMS/19-399611-CA A0074-001/10225

SUM INSURED : PMV
EXCESS : \$300(FIRE&THEFT) \$600(ENDT ZX)

- 1. Type mark and Registration Number of Vehicle : FBP6486J 150 c.c.,
YAMAHA
- 2. Name of Policyholder : MARIO ONG
- 3. Effective date of the Commencement of Insurance for the purposes of the Act : 0219PM 15/05/2019
- 4. Date of Expiry of Insurance : 14/05/2020

5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

b. ONG TIONG HEE LEONARD 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. This 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.

Rep'd CN: 72177630
25/05/2019 (KP)
CA/CI-09 (05/13)