

NATIONAL Assessment Centre Services 2011 - 2019 *MNA 41909322*

Date In: <i>16/07/2019 18:00</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/MNA/90/257117</i>	SAS e- filing		
Veh No: <i>FS 49087</i>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <i>14/07/2019 16:30</i>	I-Motor Claim Form		
OD: TP <u>Reporting Only</u>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksn</u>		

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

TP Particulars: Veh No: *UNKNOWN BIKR 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

Claimant's Particulars:	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	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			
Addit'l Comments:	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2009)			
Cal. 1:	6) TR: Re-inspection \$75			
Cal. 2/3:	7) NI: Idm DA + SMRT Survey \$100			
1 / 1 '19	8) NTUC Additional Services:			
	9) NI: Idm Mobils \$0			
	*N0: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (Non INC) against INC \$20			
	Invoice dated	For Charged		
	Invoice dated	For 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	16/07/2019 18:04
Date Of Accident	14/07/2019 16:30
Exact Location Of Accident	JALAN PANDAN MALAYSIA
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS4908J
Insured/Policyholder	
Name Of Registered Owner	TAN BOON TECK
NRIC No	S7043568C
Email Address	CENTORLAND@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96911552
Alternative Phone No	OTHERS-96911552

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-996353-WTT
Cover Note Number	

Driver

Name of Driver	TAN BOON TECK
NRIC No	S7043568C
Date Of Birth	15/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	16/07/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96911552
Fax Number	
Contact Number	OTHERS-96911552
EMail Address	CENTORLAND@HOTMAIL.COM

Address	BLK 163C RIVERVALE CRESCENT #15-256
Postcode	543163
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?	YES
Foreign Vehicle Registration Number	UNKNWON (MOTORCYCLE)
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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20190715/2037

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	UNKNOWN
Vehicle Make/Model/Colour	MALAYSIAN BIKE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	UNKNOWN
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

16/07/2019.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

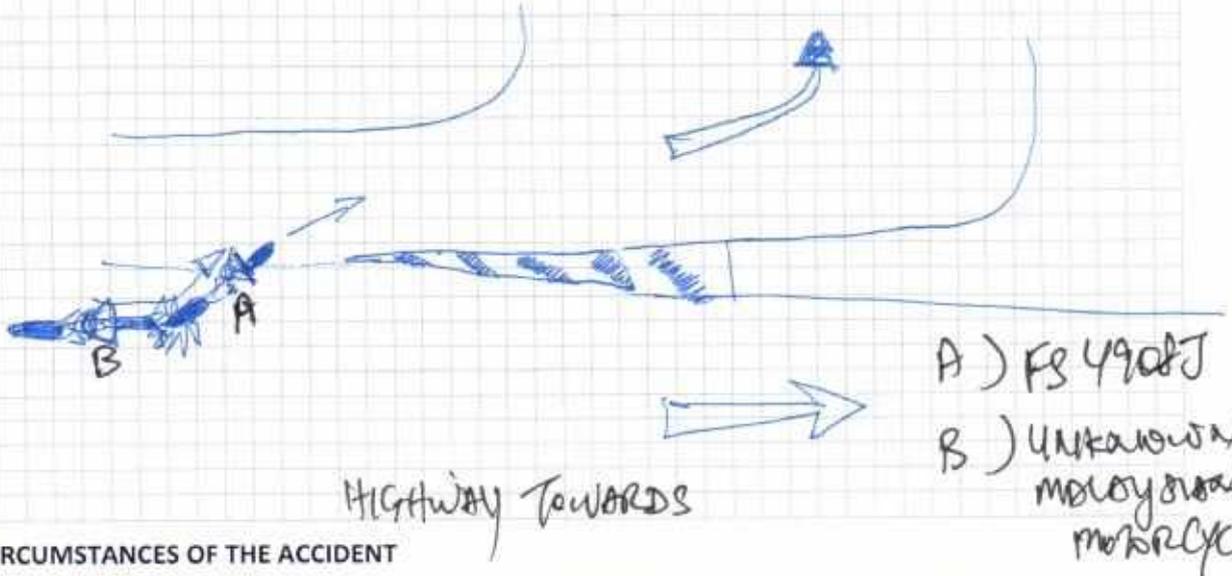
Name:

NRIC/FIN No.:

16/07/2019
Rashid Hassan

SKETCH PLAN

Jalan Pandan (Malaysia)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
 F/20190715/2021

DECLARATION

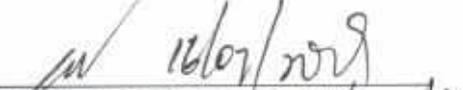
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
 Date & Time: 16/07/2019



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



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



SINGAPORE POLICE FORCE



F/20190715/2037

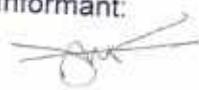
2 of 2

POLICE REPORT (NP299)

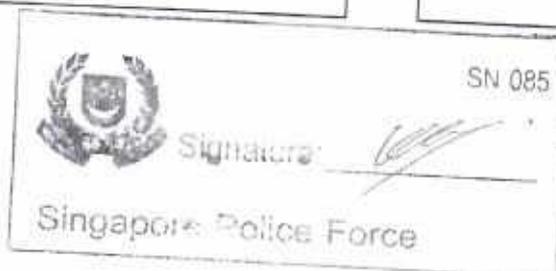
CONTINUATION OF REPORT

Report No. F/20190715/2037

Subjects Involved	
Victim	
Person Name	TAN BOON TECK (Informant)

Signature Of Officer Recording The Report: F / Sgt 3 ONG KOK CHUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2019 12:01
Officer In-Charge Of Case: F / Ang Mo Kio South N.P.C / Sgt 3 ONG KOK CHUAN Contact No.: 64519999	Classification Of Case:

Authentication Stamp



ACCIDENT STATEMENT

ACCIDENT DATE: 14.07.2019 (DD/MM/YYYY), TIME: 4:30 (HH:MM)

LOCATION: Jalan Pandan in Malaysia Johor state

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: F84908J
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: MSD/VNT/18-996353-WTT
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: OWN USER
- 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: Tan Boon Teck (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7043568C CONTACT: 96911522
- c) ADDRESS: Blk 205, Yishun St 21, #10-219 SPORT 760205

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 15/12/1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 16 Jul 2018

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: AMKS/N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknow MODEL: Moto bike
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: NIL CONTACT: _____

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)
()

* No of passenger
(including driver)
()

email = Centorland@hotmail.com
VIDEO

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S7043568C

For LKK/NAC Use Only



Name
TAN BOON TECK

陳文德

Race
 CHINESE

Date of birth
 15-12-1970

Sex
 M

Country of birth
 SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7043568C



For LKK/NAC Use Only

TAN BOON TECK

Exp. Date: 15 Dec 1970
 Issue Date: 16 Jan 2017

002648120G



4524174



NRIC No. S7043568C

For LKK/NAC Use Only



Date of issue
 08-02-2010

APT BLK 183C RIVERVALE CRESCENT #15-25B
 SINGAPORE 543163

NRIC No: S7043568C Date: 04/08/2016

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

Class	Description	Expiry Date
Class 2B	Motorcycles <= 200 CC	13 Feb 2017
Class 2A	Motorcycles between 201 CC and 400 CC	16 Jul 2018
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	16 Jan 2017

For LKK/NAC Use Only

S/No. 9000282427

S7043568C

NP 428A

Licence No: S7043568C



CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
 The Motor Vehicles (Third Party Risks) Rules, 1989 (Federation of Malaysia)
 The Motor Vehicles (Third Party Risks and Compensation) Act (C.A.P. 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/18-996353-WTT A0633-001/W0841**

SUM INSURED : **TPL**

EXCESS : **NIL**

- | | |
|--|---|
| <p>1. <input checked="" type="radio"/> mark and Registration Number of Vehicle</p> <p style="text-align: center;">HONDA CB400</p> <p>2. Name of Policyholder TAN BOON TECK</p> <p>3. Effective date of the Commencement of Insurance
for the purposes of the Act</p> <p>4. Date of Expiry of Insurance</p> <p>5. Persons or Classes of Persons entitled to drive:</p> <p>a. The Policyholder.</p> | <p>S7043568C</p> <p>FS4908J</p> <p>399 c.c.</p> <p>1437PM 12/11/2018</p> <p>11/11/2019</p> |
|--|---|

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. Policy does not cover
1. 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).

Repl CN: 60828110
19/11/2018 (CT)

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