

NATIONAL Assessment Centre Services: [wef 1 Jan'05] MA 211929627

Date In: 20/7/9-21:16	Job description	Date & Time Completed	Done by
Ref No: HA/M341921292674	SAS e-filing		
Veh No: FBA 1410P	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/2/19-20:22	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SD23816A	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%. 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 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

HA1405473	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl 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		
	9) N12: Idac Mobile \$0		
Auditors' Comments:-	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	22/07/2019 21:16
Date Of Accident	17/07/2019 20:00
Exact Location Of Accident	JUNC YIO CHU KANG RD & SERANGOON GARDEN WAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBA1410P
Insured/Policyholder	
Name Of Registered Owner	LOH CHIN CHOY
NRIC No	S7276460I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97883905
Alternative Phone No	OFFICE-97883905
Vehicle Particulars	
Manufacturer	HONDA
Model	WAVE 125S A
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/19-997929-WTT
Cover Note Number	
Driver	
Name of Driver	LOH CHIN CHOY
NRIC No	S7276460I
Date Of Birth	05/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1997
Driving Experience	22 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97883905
Fax Number	
Contact Number	OFFICE-97883905
E-Mail Address	NOEMAIL

Address	BLK 116 SERANGOON NORTH AVENUE 1 #05-493
Postcode	550116
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 - MAJOR/MINOR RD
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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2113.

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	SDZ3810A
Vehicle Make/Model/Colour	
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)

DETAILS OF INJURED PERSON 1

Name LOH CHIN CHOY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBA1410P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES


Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE


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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:

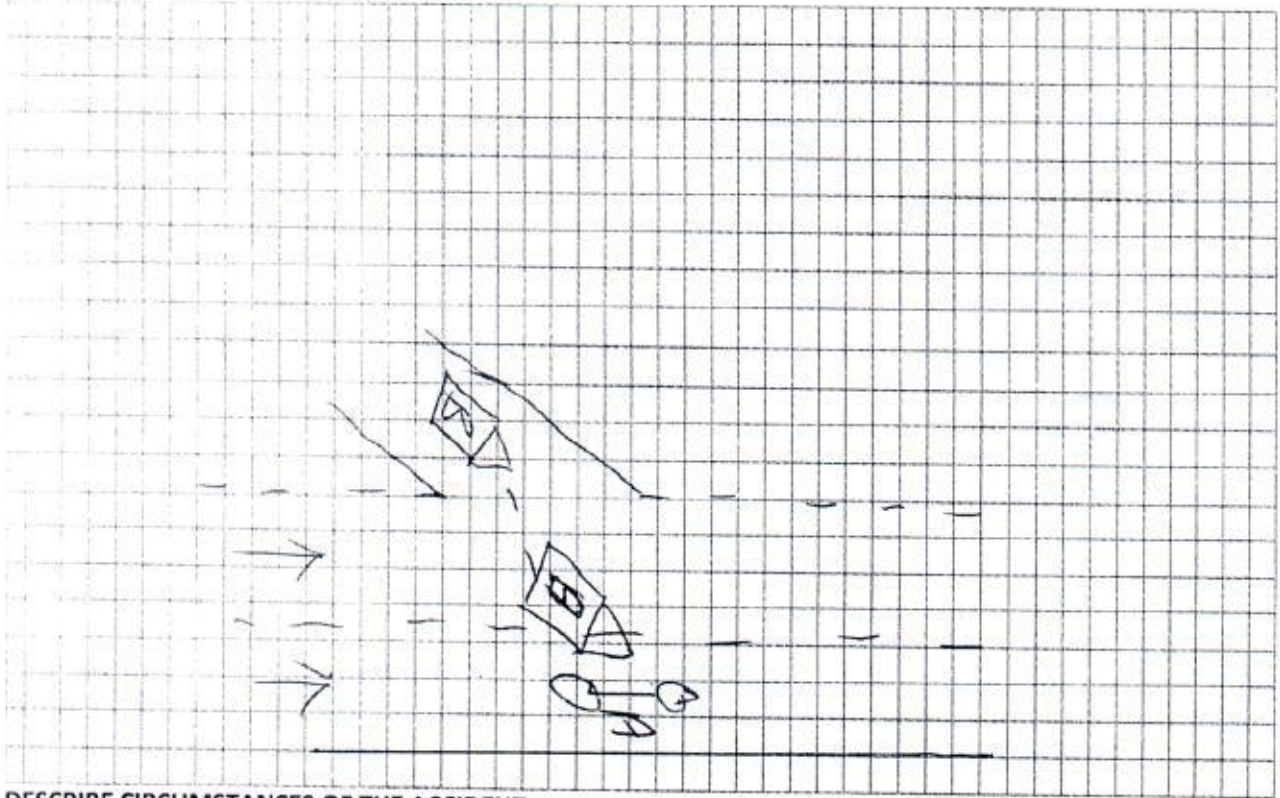


Driver's Signature
(If driver is not the policyholder) Date
& Time:



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

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS a police Report T/20/90718/21/13

DECLARATION

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


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.:

*if no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 17 / 07 / 2019 (dd/mm/yy) Time of Accident: 20 : 00 (24-HR-FORMAT)

Vehicle No.: FBA1410P Vehicle Make & Model: Honda Wave 125S

Exact location of Accident: Junction Yio Chu Kang Rd and Serangoon Garden Way

Policyholder's Name / IC No.: Loh Chin Choy 57276460I

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 97883905 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: MSIG

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle

Was being used at time of accident?

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☒ Private use / ☐ Work purpose

***No. of Passengers (Including Driver):** 01

*Passanger Name: _____

Gender: Male / Female

*Passanger Name: _____

Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☐ No

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Serangoon North NPP

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SDZ 3810 A

Driver's Contact No: _____ Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____



SINGAPORE POLICE FORCE



T/20190718/2113

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No. T/20190718/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2019 15:30	Vide Report No.:	Station Diary No.: 15
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Informant's Particulars

Name of Informant: LOH CHIN CHOY		Address: APT BLK 116 SERANGOON NORTH AVENUE 1 #05-493 SINGAPORE 550116	
ID Type / ID No.: NRIC NO / S72764601		Contact No.: Home/Office: Mobile: 97883905	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 47	Date of Birth: 05/04/1972	Type of Informant: Rider
Race: Chinese		Language:	Institution / School Name:
Occupation: Senior System Analyst		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/07/2019 20:00	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 YIO CHU KANG ROAD SERANGOON GARDEN WAY Junction of Yio Chu Kang Road and Serangoon Garden Way				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA1410P	Motorcycle	HONDA	WAVE 125S A	Red		0

5922810A CAN 108 Serangoon North Ave 1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA1410P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60838240	14/02/2019	13/02/2020



**SINGAPORE
POLICE FORCE**



T/20190718/2113

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

2 of 3

Report No. T/20190718/2113

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH CHIN CHOY	ID No.	S7276460I
Related Vehicle	FBA1410P (Motorcycle)	Contact No.	97883905
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/07/2019	Date Discharge	17/07/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 17/7/2019 at about 1930hrs, I was riding my motorcycle (FBA1410P) along Yio Chu Kang road going towards Upp Thomson road. While at the junction of Serangoon Garden Way, one unknown vehicle suddenly filtered into my lane from Serangoon Garden Way and hit onto me.

After the accident, the driver did attend to me but I was in a shock therefore I did not take any photo of the accident. However, I only managed to take down the phone number of the driver which is 91728688. After awhile, traffic police and ambulance arrive and I was conveyed to Sengkang general hospital. The hospital then informed that I may have sustained a fracture in my right wrist and due to my spectacles that broke I sustained a cut on my left eye. I was then given 14 days MC due to my injuries and was asked to visit the hospital again to visit a bone specialist to verify the injury on my right wrist.

I am lodging this report for police assistance.



**SINGAPORE
POLICE FORCE**



T/20190718/2113

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 3

Report No. T/20190718/2113

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:

F /

Sgt 2 CHO JUN XIONG

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

18/07/2019 15:30

Officer In Charge Of Case:

TP / GIT /

Staff Sgt QHAIRIL BIN ZULKEFLEE

Contact No.: 65476187

Classification Of Case:

SN 154

Authentication Stamp

NP168



Signature:

Singapore Police Force



8254965



NRIC No. **S72764601**

Nationality

MALAYSIAN

Blood Group

O+

Date of issue

30-08-1997

APT BLK 116 SERANGOON NORTH AVENUE 1 #05-4
SINGAPORE 550116

NRIC No: **S72764601**

Date: **05-05-2005**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S72764601



Name

LOH CHIN CHOY

For LKK/NAC Use Only

羅 竟 財

Race

CHINESE

Date of Birth

05-04-1972

Sex

M

Country of Birth

MALAYSIA



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

Class 2B Motorcycles not exceeding 200 cc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

PASS DATE

27 Feb 1997

27 Feb 1997

For LKK/NAC Use Only

NP 4000

REPUBLIC OF SINGAPORE

DRIVING LICENCE



License Number: S72764101

Name:

LOH CHIN CHOY

For LKK/NAC Use Only

Birth Date: 05 Apr 1972

Issue Date: 10 Jan 2001





MSIG

MSIG Insurance (Singapore) Pte. Ltd. (ICR Reg. No. 200412212C)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.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 : MSD/VMT/19-997929-WTT A0633-001/W0844

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle
HONDA S7276460I
FBA1410P 125 c.c.
2. Name of Policyholder LOH CHIN CHOY
3. Effective date of the Commencement of Insurance
for the purposes of the Act
4. Date of Expiry of Insurance 0001AM 14/02/2019
13/02/2020
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).

Repl CN: 60838240

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent