

NATIONAL Assessment Centre Services.

[Self / Jan 2005]

MNA 419110096

Date In: 21/08/2019 16:29	Job description	Date & Time Completed	Done by
Ref No: NBA/msg1904671/F	SAS e-filing		
Veh No: FX 8266A	E-mail (A/Clinic 2hrs, A/C 2hrs)		
D.O.A: 20/08/2019 20:10	I-Motor Claims Form		
OID: 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/VK		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 540 3916Y	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 ()	

() 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: ()

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

Injury: _____

Date/Time:	Assessment:

NBA1906384

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OP:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (Nil) / TP (Non INC) against INC \$20	
	*N12: Ideal 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	21/08/2019 16:29
Date Of Accident	20/08/2019 20:10
Exact Location Of Accident	MARINE TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX8266A
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK GUAN
NRIC No	S1709498Z
Email Address	YAYA2018@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84978133
Alternative Phone No	OFFICE-84978133

Vehicle Particulars

Manufacturer	YAMAHA
Model	T110Z
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/18-993557-WTT
Cover Note Number	

Driver

Name of Driver	TAN HOCK GUAN
NRIC No	S1709498Z
Date Of Birth	08/04/1965
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1992
Driving Experience	27 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84978133
Fax Number	
Contact Number	OFFICE-84978133
Email Address	YAYA2018@GMAIL.COM

Address	BLK 827A TAMPINES STREET 81 #10-366 SINGAPORE
Postcode	521827
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

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	SHD3916Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOH KOH CHENG
NRIC/Passport Number	S1322859J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

ACCIDENT STATEMENT

ACCIDENT DATE: 20/08/2019 (DD/MM/YYYY), TIME: 20:10 (HH:MM)

LOCATION: Marine Terrace

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 8266A
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: MSDTMT 18993557
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA
 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: TAN HOCK GUAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1709498/2 CONTACT: _____
 c) ADDRESS: BK 827A, Tampines ST 81
#10-316 Singapore 521827

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: Tan Hock Guan (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: S1709498/2 CONTACT: 84978133
 f) ADDRESS: BK 827A Tampines ST 81
#10-316 Singapore 521827

* g) DATE OF BIRTH: 08/04/1965 (DD/MM/YYYY)

h) OCCUPATION: (INDOOR / OUTDOOR)

i) DATE OF DRIVING PASS 15 May 1992

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: Marine Parade Rd. 300

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHD 3916Y MODEL: Star Taxi
 b) DRIVER'S NAME: KOH KOH CHUAN
 c) NRIC/FIN/PASSPORT: S1322829J CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passengers
(including driver)

(1)

No of passengers
(including driver)

(1)

No of passengers
(including driver)

()

email = yaya2018@gmail.com
 VIDEO


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.

 21/06/2019

Policyholder's Signature
Date & Time:

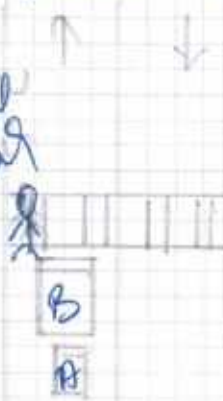
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

MARINE TERRACE TOWARD BLK 51 ZEBRA CROSSING

Passenger Crossing




A) FX 8266A
B) SHD 3916Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While riding my motor FX 8266A along Marine Terrace going to delivery Food to Block 51, A Taxi SHD 3916Y was stopping in front Zebra Crossing after (passenger) Resident was pass, I through it's start to go but the Taxi still there, I brake fast although in very slow speed, I can't stop immediately and knock on it bumper. No injury, No Government property damage and Both agree exchange detail for report to police and insurance.

DECLARATION

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

 21/08/2019

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.:



**SINGAPORE
POLICE FORCE**



T/20190820/2185

1 of 3

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

Report No. T/20190820/2185

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2019 20:49		Vide Report No.:		Station Diary No.: 48	
Informant's Particulars					
Name of Informant: TAN HOCK GUAN			Address: APT BLK 827A TAMPINES STREET 81 #10-366 SINGAPORE 521827		
ID Type / ID No.: NRIC NO / S1709498Z			Contact No.: Home/Office: Mobile: 84978133		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 08/04/1965	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FOOD DELIVERY RIDER			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2019 20:10	Type of Location: Straight Road
Location: Along Road 1 MARINE TERRACE TOWARDS BLK 51. ZEBRA CROSSING INFRONT OF BLK 50 MARINE TERRACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Pedestrian Crossing		Traffic Volume: Light
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
FX8266A	Motorcycle	YAMAHA	T110Z	Blue	Slightly Damaged	0
SHD3916Y	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8266A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18993557	30/08/2018	29/08/2019



**SINGAPORE
POLICE FORCE**



T/20190820/2185

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20190820/2185

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAN HOCK GUAN	ID No.	S1709498Z
Related Vehicle	FX8266A (Motorcycle)	Contact No.	84978133
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Person 2			
Name	KOH KOH CHENG	ID No.	S1322859J
Related Vehicle	SHD3916Y (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 20/08/2019 at about 8.10pm, I was riding my motorcycle along Marine Terrace towards Blk 51. I was approaching the zebra crossing in front of Blk 50 Marine Terrace. There was taxi in front at the zebra crossing and pedestrians had just finished crossing. I did not stop in time and hit the rear bumper of the taxi at a slow speed. There was minimal damage. We exchanged particulars and left. No injury and no government property damaged.



**SINGAPORE
POLICE FORCE**



T/20190820/2185

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20190820/2185

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:

G /

Sr Staff Sgt MAZLAN BIN MIAT

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

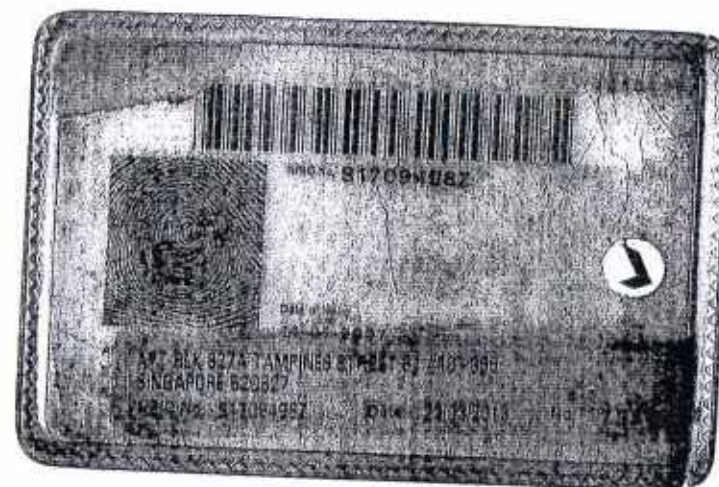
NP188

Signature Of Informant:

Date/Time:

20/08/2019 20:49

Classification Of Case:





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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	15 May 1992
Class 2A	Motorcycles between 201 cc and 400 cc	25 Aug 1993

NP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 11/08/2018

AGENCY: A0633-001-W0806
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMT/18-993557-WTT

INSURED:

NAME: TAN HOCK GUAN
ADDRESS: BLK 827A TAMPINES ST 81
#10-366
S520827

NRIC NO: S1709498Z
DATE OF BIRTH: 08/04/1965 (53 yrs)
DRIVING EXP: 15/05/1992 (26 yrs)
CONTACT NO: 84589315

BUSINESS OR PROFESSION: LTA DRIVER (COMMERCIAL USE)

PERIOD OF INSURANCE FROM: 30/08/2018 00:01AM TO 29/08/2019

REGISTRATION NUMBER: FX8266A

CUBIC CAPACITY: 110

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2004

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

The Insured Only

ENDORSEMENTS APPLICABLE: 3P PA INSURED MEMO MCFM

EXCESS:

PREMIUM: 201.88

GST @ 7% 14.13

TOTAL: 216.01

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: FRIENDSHIP MOTOR CO (35.63)

NO CLAIM BONUS OF 15% IS ALLOWED

REPLACING POLICY NO: MSD/VMT/17-984904

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers