

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MVA 1191233M

Date In: 12/1/19-16:01	Job description	Date & Time Completed	Done by
Ref No: NA/1191233M	SAS e-filing		
Veh No: 13/1/19-16:05	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/1/19-16:05	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: 13/1/19-16:05

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: (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

NA 1191233M	Invoice Preparation Checklist	Am't (\$) Est 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) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) IT: 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:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
QC Checked by (Engr-In-Charge):	TP (N11): TP (N-in INC) against INC \$20		
Auditors' Comments:	9) N12: Idac Mobile 30		
Pat. 1:	Invoice dated	Fee Charged	
Pat. 2 / 3:	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	17/09/2019 16:01
Date Of Accident	13/09/2019 16:05
Exact Location Of Accident	CTE (SLE) BEFORE MERCHANT RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP392K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SEAH SIEW TUA
NRIC No	S1716052D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93852825
Alternative Phone No	OFFICE-93852825

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/19-395510-CA
Cover Note Number	

### Driver

Name of Driver	SEAH SIEW TUA
NRIC No	S1716052D
Date Of Birth	02/06/1965
Occupation	INDOOR
Date Of Driving Pass	26/07/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93852825
Fax Number	
Contact Number	OFFICE-93852825
Email Address	NOEMAIL

Address	BLK 122A SENGKANG EAST WAY #15-53
Postcode	541122
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?	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)	2
Passenger 1	NAME: : CHUA GEOK AI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190914/7006.

#### 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	SJD8650G
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 SEAH SIEW TUA  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBP392K  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name CHUA GEOK AI  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBP392K  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode



## SKETCH PLAN

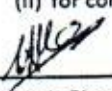
### IMPORTANT NOTICE

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:

  
Reporting Centre Personnel's Signature  
Name :  
NRIC / Fin No :



CTE - SLE Kampong Jave Flyover



**SKETCH PLAN**

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

As a police Report

**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.:

Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*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: 13 / 09 / 2019 (dd/mm/yy) Time of Accident: 16 : 05 (24-HR-FORMAT)

Vehicle No.: FBP 392K Vehicle Make & Model: Yamaha

Exact location of Accident: CTE - SLE Kampong Jave Flyover

Policyholder's Name / IC No.: Seah Siew Tia S1716052D

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

Driver's Contact No.: 93852825 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?**

☒ Private use / ☐ Work purpose

**Occupation (nature of job)** ☒ Indoor / ☐ Outdoor

**\*No. of Passengers (Including Driver):** 02 wife

**\*Passanger Name:** \_\_\_\_\_ **Gender: Male / Female** Female **\*Passanger Name:** \_\_\_\_\_

**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: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: 3JD 8650G

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: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_





# SINGAPORE POLICE FORCE



T/20190914/7006

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190914/7006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/09/2019 11:24	Vide Report No.:	Station Diary No.:
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<b>Informant's Particulars</b>			
Name of Informant: SEAH SIEW TUA		Address: APT BLK 122A SENGKANG EAST WAY #15-53 SINGAPORE 541122	
ID Type / ID No.: NRIC NO / S1716052D		Contact No.: Home/Office:	Mobile: 93852825
Nationality: SINGAPORE CITIZEN		Email: sest6385@gmail.com	
Sex: Male	Age: 54	Date of Birth: 02/06/1965	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Technician		Driving Licence Information: Class:	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/09/2019 16:05	Type of Location: Flyover
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP392K	Motorcycle	YAMAHA	FZN150	Red		0
SJD8650G	Car	HONDA	Stream	Black	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP392K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72152940	24/01/2019	23/01/2020





**SINGAPORE  
POLICE FORCE**



T/20190914/7006

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190914/7006

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Pillion</b>			
Name	CHUA GEOK AI	ID No.	S6836038B
Related Vehicle	FBP392K (Motorcycle)	Contact No.	93852825
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious
<b>Rider</b>			
Name	SEAH SIEW TUA	ID No.	S1716052D
Related Vehicle	FBP392K (Motorcycle)	Contact No.	93852825
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

**Brief Details.**

On 13 september 2019 at around 4:05pm, i was riding on CTE toward SLE before moulmein exit at my own lane. Suddenly i felt a huge impact came from the rear. A car(SJD8650G) collided into my motorcycle(FBP392K). Me and my wife fell on the floor. Both of us were injured. We were conveyed to Tan Tock Seng Hospital by ambulance. Both of us were given MC by the doctor.



**SINGAPORE  
POLICE FORCE**



T/20190914/7006

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20190914/7006

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YAN MINGSHENG DANIEL  
Contact No.: 65476252

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
14/09/2019 11:24

Classification Of Case:



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212C)  
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:** 26/02/2019**AGENCY:** A0074-001-10233  
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/19-395510-CA**INSURED:**

**NAME:** SEAH SIEW TUA  
**ADDRESS:** 122A SENGKANG EAST WAY  
#15-53  
SE 541122

**NRIC NO:** S1716052D  
**DATE OF BIRTH:** 02/06/1965 (53 yrs)  
**DRIVING EXP:** 26/07/1985 (33 yrs)  
**CONTACT NO:** 93852825

**BUSINESS OR PROFESSION:** TECHNICIAN

**PERIOD OF INSURANCE FROM:** 24/01/2019 **TO** 23/01/2020  
06:40PM

**REGISTRATION NUMBER:** FBP392K**CUBIC CAPACITY:** 149**MAKE OF VEHICLE:** YAMAHA**YEAR OF REGISTRATION:** 2019

**INSURED ESTIMATE OF VALUE:** PMV  
PREVAILING MARKET VALUE

**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

**ENDORSEMENTS APPLICABLE:** 2C 2K 3Q M23 97 - INSURED**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**PREMIUM:** 265.00**GST @ 7%** 18.55**TOTAL :** 283.55

NO CLAIM BONUS OF 0% IS ALLOWED

**NAME OF EMPLOYER AND/OR**  
**HIRE PURCHASE OWNER:**

MSIG Insurance (Singapore) Pte. Ltd.

**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.

Approved Insurers