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Policy No: ( ) ]  Confirmed by : (	Period: ( )	Cover Type: (	
	Date:	7ines	0%]
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MNA419132880 / National Assessment Centre Services - Bukit Merah ENTRY DATE & TIME: 07/10/2019 17:37 SUBMITTED BY: ROSLI BIN ABDUL WAHAB

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- 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 witholding 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.

- 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.

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	07/10/2019 17:37
Date Of Accident	06/10/2019 18:00
Exact Location Of Accident	CARPARK ENTRANCE OF BEDOK NORTH DR(GANTRY AREA)
Country/State of Loss	SINGAPORE
District Control of the Control of t	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FX8266A
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK GUAN
NRIC No	S1709498Z
Email Address	YAYABABA2018@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84978133
Alternative Phone No	OTHERS-84978133
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T110Z-111CC (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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/19-400167-CA
Cover Note Number	
Driver	
Name of Driver	TAN HOCK GUAN

YAYABABA2018@GMAIL.COM

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 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84978133
Fax Number	
Contact Number	OTHERS-84978133

Address

BLK 827A TAMPINES STREET 81

#10-366

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)

2

involved in the accident

YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by

YES

ambulance?

YES

Was any other material or property damaged? 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

CHANGI N.P.C

ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY:

Police Station Address Police Station Contact

SINGAPORE TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLUCE REPORT T/20191006/2130

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

SHF445Z

Vehicle Make/Model/Colour

**Details Of Properties** 

TAXI

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

Name

TAN HOCK GUAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FX8266A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

#### SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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

Name:

NRIC/FIN No.:

CUSANC SHAPPINGOTO V.





2 of 3

Report No. T/20191006/2130

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

#### CONTINUATION OF REPORT

Any Pedestrian In	volved: No				
No. of Pedestrian		Use of Ped	estrian	Crossi	ng: NA
Rider			ADDITION OF		047004007
Name	TAN HOCK GUAN		ID No.		S1709498Z
Related Vehicle	FX8266A (Motorcycle)		Conta	ct No.	8497 8133
Hospital/Clinic	CHANGI GENERAL HOSPITAL	<u>.</u>	Class Drivin Licent Expiry	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment	06/10/2019 Date Dis		narge		/2019
No of Days gran	ted Medical Leave 04	Degree of	Injury	Slight	

#### Brief Details.

On 06/10/2019 at about 1800hrs, I was at the gantry entrance near Blk 202 Bedok North Drive. I had intended to park my motorcycle at the said vicinity as nearest to Bedok Mall where I wanted to collect food order. While waiting for the barricade gantry to open, I was stationary and had applied my brakes. Just then, I felt a hard hit from the back of my motorcycle. The impact was so hard that it caused a whiplash effect. What made it worse was that I had my applied my brakes. Apparently, the front portion of a red coloured Transcab taxi had collided onto my rear motorcycle tyre.

I dismounted from my motorbike and felt a sharp pain on my lower back and left arm. I decided to call for the police. At the same time, I requested to activate the ambulance. While waiting for ambulance and police arrival, I did not remove my motorbike from the gantry. However, the taxi driver removed his taxi from where it initially was.

Subsequently, the ambulance came and attended to my injuries. They informed that I needed to be conveyed to Changi General Hospital (CGH). Just before I was conveyed, Traffic Police officer came and interviewed me on the accident. The officer further mentioned that my motorcycle will be towed to Traffic Police Headquarters. After which, I left in the ambulance.

After arriving at CGH, I underwent x-ray. However, I was advised to be admitted as they needed to do further scans on the back of neck. However, I insisted that I want to lodge a police report first. Hence, I will be proceeding back to CGH once I have lodged my traffic accident report.





T/20191006/2130

3 of 3

Report No. T/20191006/2130

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

CONTINUATION OF REPORT

## Sketch Plan

Authentication Stamp

NP168

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Staff Sgt MUZAINAH BINTE LATIFF	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/10/2019 22:35
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:

any





Report No. T/20191006/2130

Police Station Of Origin:

Changi N.P.C

9 Simei Street 2 SINGAPORE 529914

Tel No: 1800-5872999

1 of 3

REPORT O	F A TRAFFIC	ACCIDENT		Station Diary No.:	
Date/Time Report Made: 06/10/2019 22:35			Vide Report No.:	83	
Informa	nt's Particu	ilars			
Name of	Informant: CK GUAN		Address: APT BLK 827A TAMPINES ST 521827	FREET 81 #10-366 SINGAPORE	
ID Type / ID No.: NRIC NO / S1709498Z		98Z	Contact No.: Home/Office:	Mobile: 8497 8133	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age:	Date of Birth: 08/04/1965	Type of Informant: Rider	Le vice / Cahaal Nama:	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: GRAB FOOD DELIVERYMAN			Driving Licence Information: Class: 2B,2A	Date of Expiry:	

Seneral Inform	nation of the Accident	Deink	Date/Time of	Type of Location	
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Accident: 06/10/2019 18:00	Carpark entrance (gantry)	
	TH DRIVE  k entrance (gantry area) of Blk	202 Bedok N ad Surface:	orth Drive.	Road Speed Limit:	
Weather: Clear	Dry			T ff . Malamai	
Traffic Flow: Traffi		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis				Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d	Contract to the		O Pilina	No of Decconder
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
venicle ivo.	The state of the s		T4407	Blue	Slightly	0
FX8266A	Motorcycle	YAMAHA	T110Z	Dide	Damaged	(

Details of Vo	ehicle Insurance		Est. Mice	Evning Date
The second secon	The state of the s	Insurance No	Effective	Expiry Date
FX8266A	MSIG INSURANCE (SINGAPORE)	MSDTMT19400167	30/08/2019	29/08/2020

# ACCIDENT'STATEMENT

ĄCO	CIDENT DAYE: 10 6. 10 2019 (DD/M	M/YYY), TIME:( / 8.00 )(HH:MM)
loc	ATION: 31K 201-302 Ca	v park extrace Big
1	DETAILS OF VEHICLE  GIVEHICLE NUMBER: FX 8-6  BINSURANCE COMPANY: MS/C  CIPOLICY NUMBER:	CA
A	d)POLICY TYPE: (COMPREHENSIVE / THI D)MAKE & MODEL: / AMA H A 1)TYPE: (SALOON / COUPE / MPV / VAN	
4	9) VEHICLE CATEGORY: (PRIVATE / CON 11) PURPOSE OF USING AT ACCIDENT TIM 1) ARE YOU CLAIMING UNDER YOUR OW	MERCIAL / MOTORCYCLE)  (N INSURANCE (YES/NO)
. 2	IF NO, PLEASE STATE (THIRD PARTY CLA INSURED / POLICY HOLDER A) NAME: TAN HOCK GUAN b) NRIC/FIN/PASSPORT: S / Jog 498	(MALE / FEMALE)
M. 11	* CONTINUE TO 3 d IE DRIVER ALSO POL	ines 81 81 #10-366
料的 of passenge Cincluding driver: (ム)	DRIVER  GINAME:  DINRIC/FIN/PASSPORT:  CIADDRESS:	DVAR (MALE / FEMALE)
	e OCCUPATION: (INDOOR / ONTOOR	
	WAS DRIVER AN EMPLOYEE OF THE I	11 111 111 11100111101
	D) WEATHER CONDITION: (CLEAR / RAIN b) ROAD SURFACE: (DRY / WEI / OTHERS WAS ANYBODY INJURED (YES / NO)	ING / OTHERS
7.	IF YES, PLEASE STATE WHICH POLICE ST	
the of passenger including driver)	a) VEHICLE NUMBER: STE 445 A	
() 9. i No all passionger	C) NRIC/FIN/PASSPORT: THIRD PARTY VEHICLE  d) VEHICLE NUMBER:	CONTACT:
Industring driver	e) DRIVER'S NAME: f) NRICYFIN/PASSPORT:	
	V V	

email = YAYABABADOUS & GMON Lion



#### CA 526067

MSIG Insurance (Singapore) Pte. Ltd. (CO. Reg. No. 2004122120) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7898, 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 :

WSD/VMT/19-400167-CA

40074-061/10401

SUM INSURED :

TPL

EXCESS

The state of the s

1. Index mark and Registration Number of Vehicle

41826£A

KAWAWA

2. Name of Policyholder

TAN HOCK GUAN

3. Effective date of the Commencement of Insurance

for the purposes of the Act
 Date of Expiry of Insurance

12014W 30/08/2019

29/08/2020

111 0.0.

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 pusiness or profession.

- 7. The Policy does not cover
  - 1. Use for nire or reward.
  - 2. Use for racing.pace-maxing.reliability trial or speed-testing.
  - 3. 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 Pehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

COMMERCIAL AGENCY PTE. LTD.

10/05/2019 (KS) CA/CI-03 (05/13) For MSIG Insurance (Singapore) Pte. Ltd.