

NATIONAL Assessment Centre Services

Date In: 26/11/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19020920/13	SAS e-filing		
Veh No: FBF3558H	E-mail (within 8hrs: A/C 2hrs)		
DOA: 25/11/19 0725	i-Motor Claim Form		
OD: (1P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (moto 51	Tel:	Fax:
TP Particulars:	Veh No: GBD1613E	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

NA1908944	Invoice Preparation Checklist	Am't (\$) 1st 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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2/3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: 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		
	9) N12: Idac Mobile 30		
	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	26/11/2019 16:01
Date Of Accident	25/11/2019 07:25
Exact Location Of Accident	ALONG UPP CHANGI RD/BEDOK NORTH AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF3558H
Insured/Policyholder	
Name Of Registered Owner	CHAN KOK WENG
NRIC No	S0208173C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83102274
Alternative Phone No	OTHERS-83102274
Vehicle Particulars	
Manufacturer	MODENAS
Model	-
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/18-391886-CA
Cover Note Number	
Driver	
Name of Driver	CHAN KOK WENG
NRIC No	S0208173C
Date Of Birth	09/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83102274
Fax Number	
Contact Number	OTHERS-83102274
EMail Address	NOEMAIL

Address	BLK 92 BEDOK NORTH AVE 4 #09-1499
Postcode	460092
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	SIDE SWIPE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	GBD1613E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NEETHIPATHI SUDHARSAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	CHAN KOK WENG
------	---------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBF3558H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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: 28/11/19

Driver's Signature

(If driver is not the policyholder)

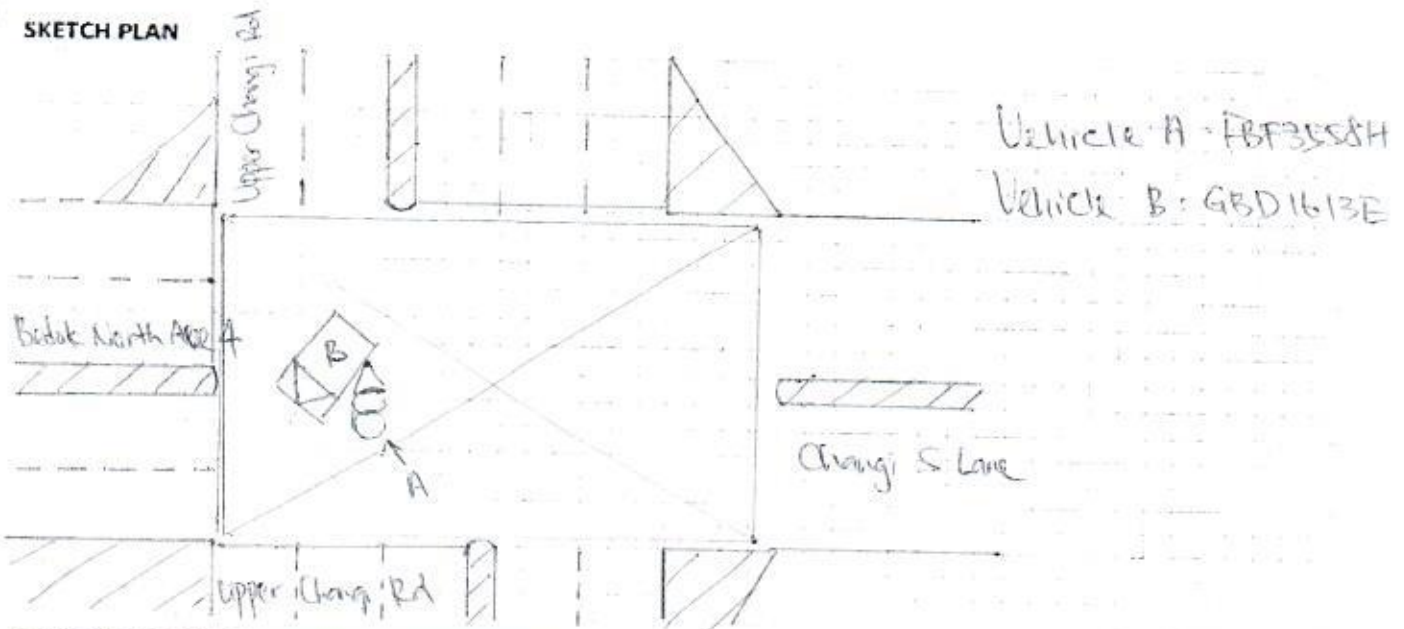
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (FBF3558H) traveling along Upper Changi Rd towards Simei Ave on second lane of a 3-lanes road. Somewhere at the junction of Bedok North Ave 4, the traffic was green so I continue my journey. Out of sudden, vehicle B (GBD1613E) made his turn from opposite direction to Bedok North Avenue 4, As a result, the left portion of vehicle B collided onto the front left portion of my vehicle and my vehicle fall to the right side.

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.:

Vehicle No.	FBF 3558H	Model / Make	Modenas X-Cite 130
Date of Accident	25/11/2019		
Time of Accident	0725	HRS	
Location of Accident	Along Upper Changi Rd / Bedok North Ave 4		
Exact purpose use during accident	Private use		
Name of Owner	Chan Kok Weng		
Telephone No.	H/P: 8310 2274	Home :	Office :
NRIC	S0208173C		
Address	BLK 92 Bedok North Avenue 4 #09-1499 S(460092)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MSD / VMS / 18-391886-CA		
Name of Driver	As Above If No,		
NRIC	Any Passengers : -		
Date of birth	9/1/1954		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	4/4/1978		
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Chan Kok Weng 8310 2274		
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	GBD 1613E	Any Passengers :	-
Name of Driver	Neethipathi Sudharsan	Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	Hit on the front left fall to right		
Camera Recorder	Yes / No		
Email Address	-		
PARTICULAR WORKSHOP	Moto 51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Ting		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

**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:** 29/11/2018**AGENCY:** A0074-001-10225
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/18-391886-CA**INSURED:****NAME:** CHAN KOK WENG
ADDRESS: 92 BEDOK NTH AVE 4
#09-1499
SE 460092**NRIC NO:** S0208173C
DATE OF BIRTH: 09/01/1954 (64 yrs)
DRIVING EXP: 04/04/1978 (40 yrs)
CONTACT NO: 83102274
64410325**BUSINESS OR PROFESSION:** LORRY DRIVER**PERIOD OF INSURANCE FROM:** 02/12/2018 12:01AM **TO** 01/12/2019**REGISTRATION NUMBER:** FBF3558H**CUBIC CAPACITY:** 130**MAKE OF VEHICLE:** MODENAS**YEAR OF REGISTRATION:** 2011**INSURED ESTIMATE OF VALUE:** PMV
PREVAILING MARKET VALUE**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23**EXCESS:** S300(FIRE&THEFT) S600(ENDT 2K)**PREMIUM:** 164.00**GST @ 7%:** 11.48**TOTAL:** 175.48

NO CLAIM BONUS OF 20% IS ALLOWED

NAME OF EMPLOYER AND/OR**HIRE PURCHASE OWNER:** UNIVERSAL MOTORS PTE LTD**REPLACING POLICY NO:** MSD/VMS/17-370216-CA

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



CA 516456
MSIG Insurance (Singapore) Pte. Ltd. (In Reg No 2004122120)
4 Shenton Way # 21-01 SGX Centre 2 Singapore 068807
Tel: +65 6827 7800 Fax: +65 6827 7800
msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicle (Third Party Risks) Rules, 1988 (Malaysia)
The Motor Vehicle (Third Party Risks) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia)
The Motor Vehicle (Third Party Risks) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia)

CERTIFICATE NO: MSD/VMS/TP-391886-CA A0074-001/10213

INSURED: PNY
ENDORS: \$300(FIXEATHEFT) \$600(EMDT 2K)

1. Index mark and Registration Number of Vehicle: FBF3558H 130 C.C.

2. Name of Policyholder: CHAN KOK WENG

3. Effective date of the Commencement of Insurance: 1201AM 01/12/2018
for the purposes of the Act 01/12/2019

4. Date of Expiry of Insurance

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 in 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).

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.

26/11/2018 (CG)
CA0103 (05/13)