

Date In: 10/12/19 09:32	Job description	Date & Time Completed	Done by
Ref No: NAI MSG 19021690/h4	SAS e-filing		
Veh No: FBF 1549 Y	E-mail (within 3hrs, AIC 2hrs)		
DOA: 11/11/19 11:30.	I-Motor Claim Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLK 3718T

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 &amp; 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 &amp; Time Completed

Done by

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost &gt; \$3000] ( )

## Injury:

Date/Time

Actions:

## Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors Comments:

Ref. 1:

Ref. 2:

NA1909196

## Invoice Preparation Checklist

Amt (\$)

Add'l (\$)

Add'l (\$)

1) AR: Accident Reporting (\$30):

30.00

2) DA: Damage Assessment (\$100): INC (\$30)

3) TP: Towing Fee \$40/\$43

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (w/c 10 Jan 2003)

6) TR: Re-Inspection \$75

7) NI: Idao DA + SMRT Survey \$160

8) NTUC Additional Services:-

QD:

\*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: Idao Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

30.00

30.00



## 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	10/12/2019 09:32
Date Of Accident	11/11/2019 11:30
Exact Location Of Accident	ALONG TIONG BAHRU RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1549Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POON KOK SUNG
NRIC No	S6917234B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82872409
Alternative Phone No	OFFICE-82872409

### Vehicle Particulars

Manufacturer	YAMAHA
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	REPORTING ONLY
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/19-998253-WTT
Cover Note Number	

### Driver

Name of Driver	POON KOK SUNG
NRIC No	S6917234B
Date Of Birth	12/05/1969
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1986
Driving Experience	33 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82872409
Fax Number	
Contact Number	OFFICE-82872409
EMail Address	NOEMAIL

Address	BLK 123 BUKIT MERAH VIEW #08-288
Postcode	151123
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?	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

I WAS RIDING ALONG TIONG BAHRU RD WHILE APPROACHING BLK 5 TIONG BAHRU RD EXIT POINT, ALL VEH HAD STOP DUE TO TRAFFIC CONGESTED, I WAS RIDING ON THE RIGHT LANE, SUDDENLY VEH B DASHED OUT FROM THE BLK 5 TIONG BAHRU RD EXIT POINT AND HIT ONTO MY MOTORCYCLE LEFT HAND SIDE. AFTER THE INCIDENT, THE DRIVER COME DOWN TO ACCESS ME, I DON'T HAVE SERIOUS INJURY SO NO NEED AMBULANCE. I ALSO RUSHING ON OTHER MATTER THEN WE EXCHANGE CONTACT NUMBER THEN LEAVE FROM THE SCENE. THRU OUR CONVERSATION, I INFORM THE DRIVER IF NEED TO REPORT TO INSURANCE COMPANY JUST CONTACT ME ANYTIME. ALMOST FEW WEEK LATER THE DRIVER NEVER CONTACT ME AT ALL. UNTIL THIS EARLY OF MONTH (DECEMBER) THEN I RECEIVED A LETTER FROM MY INSURANCE COMPANY INFORM ME TO FILE A ACCIDENT 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	SLK3718T
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	POON KOK SUNG
Approximate Age	
Injuries Sustain	SLIGHTLY ABRASION
Injured person in which vehicle?	FBF1549Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.:

Diagram of a building layout with a central corridor. The left side has two rooms labeled 3 and 5. The right side has two rooms labeled 4 and 6. The central corridor has a door labeled A and a window labeled B. Arrows indicate the direction of movement: up and down on the left, and up and down on the right.

A = FBF 1549 Y  
B = SLK 3718 T

Tiong Bahru Rd

Please Refer to statement

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.:





**MSIG**

**W 712944**  
**MSIG Insurance (Singapore) Pte. Ltd.** (Co. Reg. No. 200412212G)  
 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/VMS/19-998253-WTT A0633-001/W0806

SUM INSURED : FNV

EXCESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

S6917234B

1. Index mark and Registration Number of Vehicle FBF1549Y

YAMAHA

135 c.c.

2. Name of Policyholder POON KOK SUNG

3. Effective date of the Commencement of Insurance  
 for the purposes of the Act

0001AM 14/02/2019

4. Date of Expiry of Insurance

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 to that effect 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: 6274 2122 / 8278 0747  
 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).

31/01/2019 (L)  
 WTT-CI-04/14

**WTT INSURANCE AGENCIES PTE LTD**  
 Underwriting Agent  
 For **MSIG Insurance (Singapore) Pte. Ltd.**



# 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  
www.msig.com.sg

Your Ref : FBF1549Y  
Our Ref : FBF1549Y (Please quote our reference when replying)

26 Nov 2019

**URGENT**

POON KOK SUNG  
BLK 123 BUKIT MERAH VIEW  
#08-288  
SINGAPORE 151123

Dear Sir/Madam

**Accident involving FBF1549Y and SLK3718T along JUNC OF TIONG BAHRU RD / TIONG POH RD**  
**Policy No : MSD/VMS/19-998253**  
**Date of Accident : 11 Nov 2019**

We have received a property damage claim from workshop acting on behalf of the owner of SLK3718T. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Fievel Foo Wenyao  
Executive  
Claims Services

Tel : 6643 1316  
Fax : 6827 7800  
Email : fievel\_foo@sg.msig-asia.com

cc WTT

A Member of  INSURANCE GROUP