

NATIONAL Assessment Centre Services. [part 1 Jan 2005]

Date In: 20/12/19	Job description	Date & Time Completed	Done by
Ref No: NBB/MS618022408/13	SAS e-Miling		
Veh No: FBM6483H	E-mail (3/4 hrs, A/C 2hrs)		
D.O.A: 20/12/19 08:15	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (with: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKaz		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SHC14499 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 repolar.

() 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: _____

NA1909572	Invoice/Receipt	Available
Client/Insurer:	1) AR: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$10	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
Vehicle Comments:	6) TR: Re-inspection \$75	
Date:	7) NI: I/O DA + SMRT Survey \$160	
2/3	8) NTUC Additional Services:	
	• NI: Courtesy Car / Tpt Allowance \$3	
	• NG: Repair Co-ordination \$10	
	• NI: Post Repair Inspection \$25	
	• NG: DV / Collect Excess Coordination \$3	
	TP (NI); TP (NG in INC) against LRG \$25	
	9) NI: Idea 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	20/12/2019 14:51
Date Of Accident	20/12/2019 08:15
Exact Location Of Accident	ALONG AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6483H
Insured/Policyholder	
Name Of Registered Owner	LUM JUN LIANG,KENNETH
NRIC No	SXXXX520C
Email Address	KEN.LUM93@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91522707
Alternative Phone No	OTHERS-91522707

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER
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/19-998050-WTT
Cover Note Number	

Driver

Name of Driver	LUM JUN LIANG,KENNETH
NRIC No	SXXXX520C
Date Of Birth	20/07/1993
Occupation	INDOOR
Date Of Driving Pass	27/06/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91522707
Fax Number	
Contact Number	OTHERS-91522707
Email Address	KEN.LUM93@GMAIL.COM

Address	BLK 22 GHIM MOH LINK #35-202
Postcode	271022
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?	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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: D/20191220/7007

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	SHC1449Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN NAM YAK
NRIC/Passport Number	SXXXX315Z
Contact Number	98638686
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	LUM JUN LIANG,KENNETH
Approximate Age	
Injuries Sustain	RIGHT ARM
Injured person in which vehicle?	FBM6483H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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)**

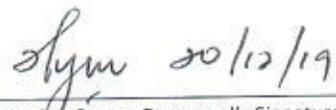
I understand, acknowledge, agree and consent that:

- (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:

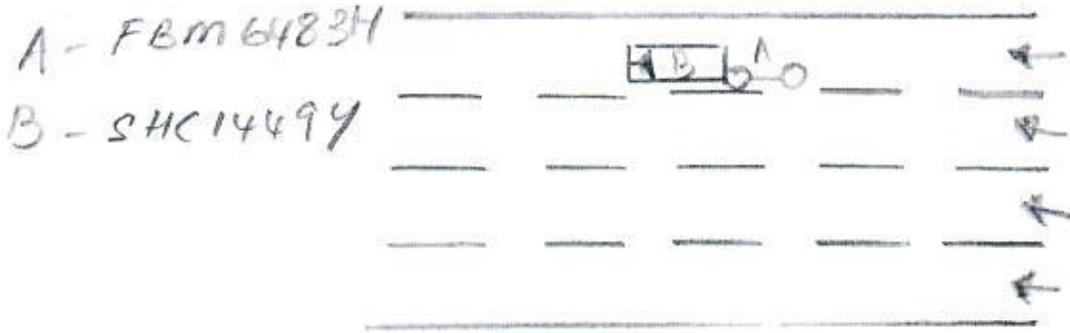
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

ALONG AYE

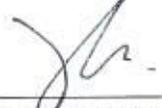


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: D/2019/220/7007

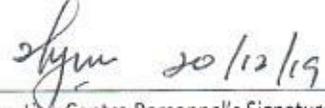
DECLARATION

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.:



POLICE REPORT (NP299)

Report No. D/20191220/7007

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 20/12/2019 11:30	Vide Report No.	Station Diary No.
Name Of Informant LUM JUN LIANG, KENNETH	Address APT BLK 22 GHIM MOH LINK #35-202 SINGAPORE 271022	
ID Type / ID No. NRIC NO / S9326520C	Contact No. Home/Office:	Mobile: 91522707
Nationality SINGAPORE CITIZEN	Email Address ken.lum93@gmail.com	
Occupation Energy manager	Sex Male	Age 26
Institution/School Name	Date of Birth 20/07/1993	Race Chinese
Date/Time Of Incident 20/12/2019 08:15 - 20/12/2019 08:30	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

I collided into a taxi while riding on my motorcycle on the AYE along Clementi. Details were exchanged and photos were taken of incident. Emas recovery and LTA officer (or certis officer, im not sure) arrived. I was riding on lane 1 of the expressway, taxi in front of me braked suddenly and i couldn't stop in time to avoid collision. Taxi driver and passenger was fine. I had minor surface injury on my right arm and no one else was hurt from the incident.

Subjects Involved	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2019 11:30
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



Victim			
Person Name	LUM JUN LIANG, KENNETH		
ID Type	NRIC NO	ID No	S9326520C
Gender	Male	Age	26
Race	Chinese	Language	English
Occupation	Energy manager	Address Type	
Address	APT BLK 22 GHIM MOH LINK #35-202 SINGAPORE 271022	Mobile No	91522707
Is Informant A Victim?	Yes		
Person Name	LUM JUN LIANG, KENNETH (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

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

Date/Time:
20/12/2019 11:30

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S9326520C**
 Name
LUM JUN LIANG, KENNETH

Birth Date **20 Jul 1993**
 Issue Date **31 Jul 2012**

00209 1898A

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9326520C**




Name
LUM JUN LIANG, KENNETH

林俊良

Race
CHINESE

Date of birth
20-07-1993

Sex
M

Country/Place of Birth
SINGAPORE

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 CC	27 Jun 2017
Class 2A	Motorcycles between 201 CC and 400 CC	12 Sep 2018
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	31 Jul 2012

S / No. 9000318367

S9326520C

Licence No. S9326520C

NP 426A

5212179



NRIC No **S9326520C**



Date of issue
14-08-2013

Address
**APT BLK 22 GHIM MOH LINK
 #35-202
 SINGAPORE 271022**



W 712720

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/19-998050-WTT A0633-001/W0813**

SUM INSURED : **PMV**
 EXCESS : **\$300(FIRE&THEFT) \$600(ENDY 2K)**
59326520C

1. Index mark and Registration Number of Vehicle **FBM6403H**
YAMAHA **150 c.c.**

2. Name of Policyholder **LUM JUN LIANG, KENNETH**

3. Effective date of the Commencement of Insurance
 for the purposes of the Act **0001AM 18/01/2019**

4. Date of Expiry of Insurance **17/01/2020**

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 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. ^{Use for social domestic and pleasure purposes and in} Limitation as to Use
 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).

Repl CN: 60837410
 22/01/2019 (CT)
WTT-CI-04/04/14

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