

NATIONAL Assessment Centre Services

[wef 1 Jan/05] MHA 120003267

Date In: 8/1/05 - 12/50	Job description	Date & Time Completed	Done by
Ref No: 44/msh2000045714	SAS e-filing		
Veh No: 244552	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/19-1930	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: 5m49082	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 & 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

1102000389	Invoice Preparation Checklist	Amt (\$) Est Bill	Amt (\$) 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		
	5) FT: 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:-		
	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: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Dat 1:			
Dat 2 / 3:			

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	08/01/2020 10:50
Date Of Accident	30/12/2019 19:30
Exact Location Of Accident	PAYA LEBAR RD TWDS AIRPORT RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FY4458J
Insured/Policyholder	
Name Of Registered Owner	TAY WEN KHANG
NRIC No	SXXXX799A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84848460
Alternative Phone No	OFFICE-84848460
Vehicle Particulars	
Manufacturer	YAMAHA
Model	RXZ
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
Fleet Policy	NO
Policy Number	MSD/VMT/19-403764-CA
Cover Note Number	
Driver	
Name of Driver	TAY WEN KHANG (ZHENG WENKANG)
NRIC No	SXXXX799A
Date Of Birth	03/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	09/07/2001
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84848460
Fax Number	
Contact Number	OFFICE-84848460
EEmail Address	NOEMAIL

Address	BLK 659 JALAN DAMAI #06-61
Postcode	410669
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 - CHANGE/CROSS LANE
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)	1

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/20191231/7013.

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	SMH9008Z
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 TAY WEN KHANG (ZHENG WENKANG)

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FY4458J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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 :

Paya Lebar Rd. Toward Airport Rd.

A) FY 44583

B) SMH 9008Z



SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report 7/20191231/7013

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 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: 30 / 12 / 2019 (dd/mm/yy) Time of Accident: 17 : 30 (24-HR-FORMAT)

Vehicle No.: FY 4458J Vehicle Make & Model: YAMAHA RXZ

Exact location of Accident: Paya Lebar Road Towards Airport Rd

Policyholder's Name / IC No.: Tay Wen Khang S8030799A

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

Driver's Contact No.: 84848460 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: msgroupoffice@gmail.com Insurance Company: _____

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?**

Occupation (nature of job) ☐ Indoor / ☒ Outdoor

☐ Private use / ☒ Work purpose

***No. of Passengers (Including Driver):** 1

***Passanger Name:** _____ **Gender: Male / Female** ***Passanger Name:** _____
Gender: Male / Female

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: Tay Wen Khang

Injuries Sustain: _____ Injured Person in Which Vehicle: FY 4458J

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: Traffic Police

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SMH 9008Z

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/20191231/7013

1 of 3

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

Report No. T/20191231/7013

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2019 14:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAY WEN KHANG		Address: APT BLK 669 JALAN DAMAI #06-61 SINGAPORE 410669	
ID Type / ID No.: NRIC NO / S8026799A		Contact No.: Home/Office: Mobile: 84848460	
Nationality: SINGAPORE CITIZEN		Email: victorwong18369@gmail.com	
Sex: Male	Age: 39	Date of Birth: 03/09/1980	Type of Informant: Rider
Race: Chinese		Language: English	Institution / School Name:
Occupation: Grab food		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/12/2019 19:30	Type of Location: Straight Road
Location: Paya Lebar Road Towards Airport Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY4458J	Motorcycle	YAMAHA	RXZ	Blue		0
SMH9008Z	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY4458J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19403764	23/09/2019	22/09/2020



**SINGAPORE
POLICE FORCE**



T/20191231/7013

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

2 of 3

Report No. T/20191231/7013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TAY WEN KHANG	ID No.	S8026799A
Related Vehicle	FY4458J (Motorcycle)	Contact No.	84848460
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	30/12/2019	Date Discharge	31/12/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

I was travelling straight on the 3rd lane on Paya Lebar Road towards airport road on my motorcycle (FY4458J). I was on the way to complete my last grab food order before heading home. While I was going straight, suddenly out of no where, vehicle (SMH9008Z) cut abruptly from the 4th lane to the 3rd lane without signalling. I immediately emergency braked but to no avail and collided into the front right side portion of his vehicle. I fell and skidded all the way to the second lane.

My legs and arms were in serious pain. Shortly the ambulance came and I was conveyed to Tan Tock Seng hospital to receive treatment. I was given 7days hospitalization leave.



**SINGAPORE
POLICE FORCE**



T/20191231/7013

3 of 3

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

Report No. T/20191231/7013

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 / TPHQ /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

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:
31/12/2019 14:01

Classification Of Case:



Victor - Shinny BM

today at 4:14 pm



CA 530085

MSIG

MSIG Insurance (Singapore) Pte. Ltd. 6A Bayview 200610720
4 Shenton Way, # 21-01, SCX Centre, Singapore 068807
Tel: +65 6827 7888 Fax: +65 6827 7800
msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Assessment) Act 2010 (Malaysia)
The Motor Vehicle (Third Party Risks and Compensation) Act 1987 (Singapore)
The Motor Vehicle (Third Party Risks and Compensation) Act 1987 (Singapore) (Chapter 185)
(In any Amendment, Act or Act passed in substitution thereof)

CERTIFICATE NO : MSO/VMT/19-403744-CA A0074-001/10241

RUN INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FY4458J
TAMARA 133 C.C.

2. Name of Policyholder
TAT WEN XIANG

3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 25/09/2019

4. Date of Expiry of Insurance 22/08/2020

5. Persons or Classes of Persons entitled to drive
a. The Policyholder.
b. ION HEE TONG ONLY
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 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 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 185) 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 in which this Certificate relates is
issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks
and Compensation) Act (Chapter 185) and Part IV of the Road Transport Act, 1987
(Malaysia) or any Amendment, Act or Act passed in substitution thereof.

02/09/2019 (CG)
CAIC-04 (09/19)

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

