

NATIONAL Assessment Centre Services. [part 1 Jan 2005] MMA 120015685.

Date In: 4/2/20 13:19	Job description	Date & Time Completed	Done by
Ref No: MA/MSG20001885/h4	SAS e-filing		
Men No: FX 8629L	E-mail (within 3hrs, AIC 2hrs)		
IP: 30/1/20 18:10	I-Motor Chain Form		
QD: IP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
IP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

IP Particulars: Vch No: Pedestrian 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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Reminders: (INC Regime 6788/6616)

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

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time	Actions

MA 2001029

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Re-Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.20	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bug-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Ref: 1:	For claimant against INC Only (wef 10 Jan 2005)		
Ref: 2:	6) TR: Re-Inspection \$75		
Ref: 3:	7) N1: Idno DA + EMRT Survey \$160		
Ref: 4:	8) NTUC Additional Services:-		
Ref: 5:	Q1:		
Ref: 6:	*N5: Courtesy Car / Tpl Allowance \$5		
Ref: 7:	*N6: Repair Co-ordination \$10		
Ref: 8:	*N7: Post Repair Inspection \$25		
Ref: 9:	*N8: DV / Collect Excess Coordination \$5		
Ref: 10:	*N9: DV / Collect Excess Coordination \$20		
Ref: 11:	TR (N11): TP (Inc) against INC \$30		
Ref: 12:	5) N12: Idno Mobile		
Ref: 13:	Invoice dated	Fee Charged	
Ref: 14:	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	04/02/2020 13:19
Date Of Accident	30/01/2020 18:10
Exact Location Of Accident	BEDOK NORTH AVE 1 TWDS NEW UPP CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX8629L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	REXSON CHUA WEI ZHENG
NRIC No	SXXXX815C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92779908
Alternative Phone No	OFFICE-92779908

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400M
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
Fleet Policy	NO
Policy Number	MSD/VMT/19-999148-WTT
Cover Note Number	

### Driver

Name of Driver	REXSON CHUA WEI ZHENG
NRIC No	SXXXX815C
Date Of Birth	09/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2018
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92779908
Fax Number	
Contact Number	OFFICE-92779908
Email Address	NOEMAIL

Address	BLK 535 BEDOK NORTH ST 3 #09-908
Postcode	460535
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	COLLIDED INTO PEDESTRIAN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200130/2164

#### 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	
Vehicle Make/Model/Colour	PEDESTRIAN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	CHINNU PERIYASAMY
NRIC/Passport Number	GXXXX322K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## 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.:

Bedok North Ave 1 twds New Upp

Bedok North Ave 1 twd's New Upp  
change Rd

Refer to Police Report T/20200130/2164.

I/We declare the foregoing particulars are true in every respect.

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

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





# SINGAPORE POLICE FORCE



T/20200130/2164

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20200130/2164

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 20:13		Vide Report No.:		Station Diary No.: 151	
<b>Informant's Particulars</b>					
Name of Informant: REXSON CHUA WEI ZHENG			Address: APT BLK 535 BEDOK NORTH STREET 3 #09-908 SINGAPORE 460535		
ID Type / ID No.: NRIC NO / S9445815C			Contact No.: Home/Office: Mobile: 92779908		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 09/12/1994	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: FOODPANDA			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/01/2020 18:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BEDOK NORTH AVENUE 1 going towards New Upper Changi Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX8629L	Motorcycle	HONDA	CB400 M	Black	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX8629L	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19999148	17/03/2019	16/03/2020



**SINGAPORE  
POLICE FORCE**



T/20200130/2164

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Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20200130/2164

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	REXSON CHUA WEI ZHENG	ID No.	S9445815C
Related Vehicle	FX8629L (Motorcycle)	Contact No.	92779908
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Pedestrian</b>			
Name	CHINNU PERIYASAMY	ID No.	G8730322K
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 30/01/2020 at 1813hrs I was riding along Bedok North Avenue 1 heading towards New Upper Changi Road and as I was travelling straight, suddenly this one pedestrian came dashing out from between two buses and I had no time to react. As such I collided into him and fell off my bike, the guy also fell but quickly picked up and wanted to run back off to work. However there was an off duty police officer who was at the back of the line of the traffic during the time of the incident and she witness everything. She managed to get the pedestrian to come back while she called for traffic police and ambulance, shortly ambulance came to make a check on the pedestrian while traffic police came to record a short statement from me.





**SINGAPORE  
POLICE FORCE**



T/20200130/2164

3 of 3

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

Report No. T/20200130/2164

**CONTINUATION OF REPORT**

**Sketch Plan**

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 report number as reference.

Signature Of Officer Recording The Report:

G /  
Staff Sgt MUHAMMAD TARMIZI BIN ABDUL-  
WAHAB *Sgt 2 Clarence Lim*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /  
SI ONG CHEE HIEN  
Contact No.: 65476437

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/01/2020 20:13

Classification Of Case:



**W 714049**  
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212D)  
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807  
Tel +65 6827 7888, 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 : **NSD/VMT/19-999148-WTT A0633-001/W0803**

SUM INSURED : **TPL**

EXCESS : **NIL**

**S9445815C**

1. Index mark and Registration Number of Vehicle

**FX8629L**

**HONDA CB400**

**399 c.c.**

2. Name of Policyholder **REXSON CHUA WEI ZHENG**

3. Effective date of the Commencement of Insurance

for the purposes of the Act

**0001AM 17/03/2019**

4. Date of Expiry of Insurance

**16/03/2020**

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. **AZARI BIN MOHAMAD ALI 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 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).

**11/03/2019 (L)**

WTT-CH-04/04/14

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