

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

NA/20045367

Date In: 08/05/2020 17:52	Job description	Date & Time Completed	Done by
Ref No: NA/MSR20005629	SAS e-filing		
Veh No: FXL 2066K	E-mail (3 days, AIC 2hrs)		
D.O.A: 06/05/2020 18:55	I-Motor Claims Form		
OD: TP 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/Whse		

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

TP Particulars: Vch No: SMGT 8701S 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 reprior.

() 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: ()

Date/Time: ()

At: ()

NA/2002857

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

Author's Comments: ()

Sal: ()

2/2

Item	Amount	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		INC (\$10)
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
6) TR: Re-inspection	\$75	For claiming against INC Only (was 10 Jan 2003)
7) NI: Idas DA + SMRT Survey	\$160	
8) NTUC Additional Services		
ON:		
*N5: Courtesy Car / Tpl Allowance	\$35	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Through Coordination	\$35	
TE (N11): TP (N11) against INC	\$30	
9) N12: Idas Mobile		
Invoice dated		
Invoice dated		

Fee Charged

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	08/05/2020 17:52
Date Of Accident	06/05/2020 18:55
Exact Location Of Accident	JUNCTION OF RAFFLES QUAY AND CROSS STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL2066K
Insured/Policyholder	
Name Of Registered Owner	EDWARD LEE SHIAO CHUAN
NRIC No	SXXXX094H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98072396
Alternative Phone No	OTHERS-98072396
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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/VT/19-401149-CA
Cover Note Number	
Driver	
Name of Driver	EDWARD LEE SHIAO CHUAN
NRIC No	SXXXX094H
Date Of Birth	03/05/1982
Occupation	INDOOR
Date Of Driving Pass	12/04/2014
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98072396
Fax Number	
Contact Number	OTHERS-98072396
Email Address	NOEMAIL

Address	BLK 120 GEYLANG EAST CENTRAL #05-62
Postcode	380120
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)	2
Passenger 1	NAME: : LEE YEN NEE (WIFE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 CASSIA LINK , POSTCODE: 397618 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200508/2010

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	SMG8701S
Vehicle Make/Model/Colour	MERCEDES
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 EDWARD LEE SHIAO CHUAN
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBL2066K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name LEE YEN NEE
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? FBL2066K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
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.

2



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.:

08/05/2020



SKETCH PLAN

Raffles Quay.
 (A) FBL 2066K
 (B) SMG 8701S.

Cross Street.

L.P.S.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report

NO: T/20200508/2010.

DECLARATION

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

2 Edna

Policyholder's Signature
 Date & Time:

Edna

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

18/05/2020
 Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Res L. V. A. B.

Vehicle No.	FBL 2066 H	Model / Make	Yamaha Sniper T150
Date of Accident	06/05/2020		
Time of Accident	1855 HRS		
Location of Accident	Raffles Quay Junction Cross Street		
Exact purpose use during accident	Private / Used		
Name of Owner	Edward Lee Shiao Chuan		
Telephone No.	H/P: 9807 2396	Home:	Office:
NRIC	S 8269094 H		
Address	BLK 120 Geylang East Central #25-62 (P) 380129		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MSD / VMT / 19-401149-CA	A 0074-001 / 10001	
Name of Driver	As Above If No,		
NRIC		Any Passengers:	01 (F)
Date of birth	03/05/1982		
Occupation	Outdoor / Indoor		
Driving License Pass Date	12/04/2014		
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.	Edward Lee Shiao Chuan (H/P: 9807 2396)		
Name And Contact No.	Lim Yan Nee (H/P: 9782 3939)		
Police Report	No, If Yes, Where?	Geylang N.P.C.	
Vehicle B No.	3MG 8701 S	Any Passengers:	N.A.
Name of Driver		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	N.A.	Witness Contact:	N.A.
Accident Portion	Front and left side		
Camera Recorder	Yes / No		
Email Address	-		
PARTICULAR WORKSHOP	mofo-51		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Jackee		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		



**SINGAPORE
POLICE FORCE**



T/20200508/2010

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

Report No: T/20200508/2010

1 of 4

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2020 11:28		Vide Report No.: A/20200506/0101		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: EDWARD LEE SHIAO CHUAN			Address: APT BLK 120 GEYLANG EAST CENTRAL #05-62 SINGAPORE 380120		
ID Type / ID No.: NRIC NO / S8269094H			Contact No.: Home/Office: Mobile: 98072396		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 03/05/1982	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/05/2020 18:55	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 RAFFLES QUAY CROSS STREET Raffles Quay Junction of Cross Street				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
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
FBL2066K	Motorcycle	YAMAHA	SNIPER T150	Red	Slightly Damaged	1
SMG8701S	Car	MERCEDES BENZ		Black	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Exp	Date
FBL2066K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19401149	14/07/2019	13/07	2020



**SINGAPORE
POLICE FORCE**



T/20200508/2010

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

2 of 4

Report No: T/20200508/2010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	EDWARD LEE SHIAO CHUAN	ID No.	S8269094H
Related Vehicle	FBL2066K (Motorcycle)	Contact No.	98072396
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/05/2020	Date Discharge	07/05/2020
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Pillion			
Name	LIM YEN NEE	ID No.	G6917774W
Related Vehicle	FBL2066K (Motorcycle)	Contact No.	97823939
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/05/2020	Date Discharge	07/05/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 06/05/2020 at about 06:55pm, I was riding my motorbike FBL2066K Yamaha/Red with my wife who was my pillion and travelling at the Raffles Quay lane 3. As I was travelling heading towards Shenton Way, out of sudden there was vehicle SMG8701S Mercedes/Black from my left which was at the lane 4 making an illegal right turned towards Cross Street. I wish state that the lane 4 where the Mercedes vehicle were at only can proceed straight direction.

Due to his action I could not stop in time and hit on his right rear bumper and felt off from the bike. I also recalled that both me and wife were skidded about 1m to 2m together with the bike. I was then attended by Traffic Police Officer and Ambulance as such both me and my wife was conveyed to Singapore General Hospital.

I was discharged from SGH of 07/05/2020, was given 07 days medical Leave. I suffered abrasion on my left leg and Swelled on my left body parts.

My wife was discharged together with me and she was given 3 days medical leave as she suffered abrasion on her left arm and leg.



**SINGAPORE
POLICE FORCE**



T/20200508/2010

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 4

Report No: T/20200508/2010

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20200508/2010

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

4 of 4

Report No. T/20200508/2010

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:

Sgt MUHAMMAD DJAMADIL BIN SIDIK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/05/2020 11:28

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE



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 (C.A.P. 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/VMT/19-401149-CA A0074-001/10001

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FBL2066X 150 c.c.
2. Name of Policyholder YAMAHA
EDWARD LEE SHIAO CHUAN
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1201AM 14/07/2019
4. Date of Expiry of Insurance 13/07/2020
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. 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).

03/07/2019 (KS)
CA/CI-03 (05/13)

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