

NATIONAL Assessment Centre Services

(last 1 Jan 2001)

MAA420048985

Date In: 01/06/2020 10:55	Job description	Date & Time Completed	Done by
Ref No: 468/MS920006883/Y	SAS e-filing		
Veh No: 114 673X	E-mail (Lodge claim, AIC 2hrs)		
D.O.A: 30/05/2020 17:10	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (withins OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Witness		

Preferred Whelp / INC Assign Whelp / QW: (Yeh:	Post:
TP Roadcheck first:	Veh No: 514 889IR	INC () / Non-INC ()
Owner / Driver (Tch:	
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 repair.
() 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 of Injury: ()
Location: ()
Time: ()
Weather: ()
Witness: ()
Police: ()
Insurance: ()
Other: ()

MAA2003087	1) AIC: Accident Reporting (330)	
Driver/Owner:	2) DA: Damage Assessment (3100)	INC (210)
Contact No:	3) TP: Towing Fee	\$40/245
Damaged Portion:	4) PT: Follow-Through Survey	\$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
	For claiming against INC only (was 10 Jan 2001)	\$72
	6) TR: Re-inspection	\$160
	7) NI: New DA + SMRT Survey	
	8) IFUC Additional Services:	
	Q11:	\$0
	*Nt: Courtesy Car / Tpl Allowance	\$10
	*Nt: Repair Coordination	\$20
	*Nt: Post Repair Inspection	\$0
	*Nt: DV / Collect Owners Coordination	\$20
	TP (NI) + TP (G) + INC, against INC	\$0
	9) NI: New DA	
	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	02/06/2020 10:55
Date Of Accident	30/05/2020 17:10
Exact Location Of Accident	ALONG COMPASSVALE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL673X
Insured/Policyholder	
Name Of Registered Owner	FAM CHOON KEONG
NRIC No	SXXXX276I
Email Address	FAM.CY88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98756697
Alternative Phone No	OTHERS-93896011

Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
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/20-413167-CA
Cover Note Number	

Driver

Name of Driver	FAM CHOON YAP
Passport No/FIN	GXXXX041P
Date Of Birth	28/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98756697
Fax Number	
Contact Number	OTHERS-93896011
EMail Address	FAM.CY88@GMAIL.COM

Address	BLK 729 TAMPINES STREET 71 #07-35
Postcode	520729
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	AFTER RAIN
Road Surface	WET

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?	NO
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

PLEASE REFER TO SKETCH PLAN

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	SLU8391R
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER
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)	

SKETCH PLAN

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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 COMPASSVALE ROAD



A) FBL 673X

B) SLV 8391R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DATE : 30/5/2020

TIME : 10:10

Road condition is wet, after rain.

Ride along compassvale road behind this mitsumitahi outboarder plate SLV 8391R. When drive pass pedestrian cross red traffic light the car in front suddenly sharp brake after red light pedestrian walk path as shown above drawing then I react with emergency brake as well but still I hit on front car rear bumper

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: 2/6 1025

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

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 5 / 20 (DD/MM/YYYY), TIME: 17:10 (HH:MM)

LOCATION: Compassvale Road

1. DETAILS OF VEHICLE
 - a) VEHICLE NUMBER: FBI 673X
 - b) INSURANCE COMPANY: MSIG
 - c) POLICY NUMBER: _____
 - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 - e) MAKE & MODEL: HONDA PCX 150
 - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 - h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE
 - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER
 - a) NAME: FAM CHON FEONGA (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 89722261 CONTACT: 9175 6697
 - c) ADDRESS: 89722261

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

3. DRIVER
 - a) NAME: FAM CHON YAP (MALE / FEMALE)
 - b) NRIC/FIN/PASSPORT: 6608041P CONTACT: 9395 6011
 - c) ADDRESS: 329 Tampines St 21 #01-35

- * d) DATE OF BIRTH: 22 / 07 / 1985 (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR) DRIVER OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: brother
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) After Rain
- b) ROAD SURFACE: (DRY / WET / OTHERS) WET
6. WAS ANYBODY INJURED (YES / NO) NO
7. a) REPORTED TO POLICE (YES / NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

No of passenger
(including driver)
()

8. THIRD PARTY VEHICLE
 - a) VEHICLE NUMBER: 81U 8391 R MODEL: Nitishmish; antlandu
 - b) DRIVER'S NAME: _____
 - c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE
 - d) VEHICLE NUMBER: _____ MODEL: _____
 - e) DRIVER'S NAME: _____
 - f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Fam.cyf8@gmail.com
VIDEO



CA 540977
 MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)
 8 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel: +65 6627 7888, Fax: +65 6627 7800
 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
 The Motor Vehicles (Third-Party Risks and Compensation) Act (CAP. 189) of the Republic of Singapore
 The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
 (In any Amendment, Act or Acts passed in substitution thereof)

CERTIFICATE NO: WSD/VMS/20-413167-CA A0074-001/10110

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

1. Index mark and Registration Number of Vehicle: FBL673X
 HONDA 153 c.c.
2. Name of Policyholder: FAN CHOON KEONG
3. Effective date of the Commencement of Insurance for the purposes of the Act: 1201AM 31/05/2020
4. Date of Expiry of Insurance: 30/05/2021

5. Persons or Classes of Persons entitled to drive:
 - a. The Policyholder.
 - b. FAN CHOON YAP 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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

26/05/2020 (CG)
 DACI-02 (15/10)

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