

NATIONAL Assessment Centre Services. [wef 1 Jan'05] **MAN2006366**

Date In: 28/12-14:11	Job description	Date & Time Completed	Done by
Ref No: NA/MSH2000772764	SAS e-filing		
Veh No: F289840	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/6/20-08'40	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: JUM175JE	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:	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

NA2003415	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP : 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:-		
	Q1*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat 1:	TP (N11) : TP (Non INC) against INC		
Cat 2 / 3:	9) N12: Idac Mobile 30		
	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	28/07/2020 14:11
Date Of Accident	02/06/2020 08:40
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ8984A
Insured/Policyholder	
Name Of Registered Owner	SHEE SHEIK JOO
NRIC No	SXXXX738C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98584773
Alternative Phone No	OFFICE-98584773

Vehicle Particulars

Manufacturer	YAMAHA
Model	X1110M
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/19-504783-WTT
Cover Note Number	

Driver

Name of Driver	SHEE SHEIK JOO
NRIC No	SXXXX738C
Date Of Birth	26/10/1985
Occupation	INDOOR
Date Of Driving Pass	03/11/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98584773
Fax Number	
Contact Number	OFFICE-98584773
EMail Address	NOEMAIL

Address	BLK 671 WOODLANDS DRIVE 71 #08-47
Postcode	730671
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200602/2028. VEHICLE HAS BEEN SCRAPPED.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU1755E
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 SHEE SHEIK JOO

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FZ8984A

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.

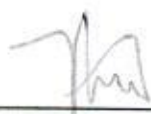
8. Consent under the Personal Data Protection Act (PDPA)

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.

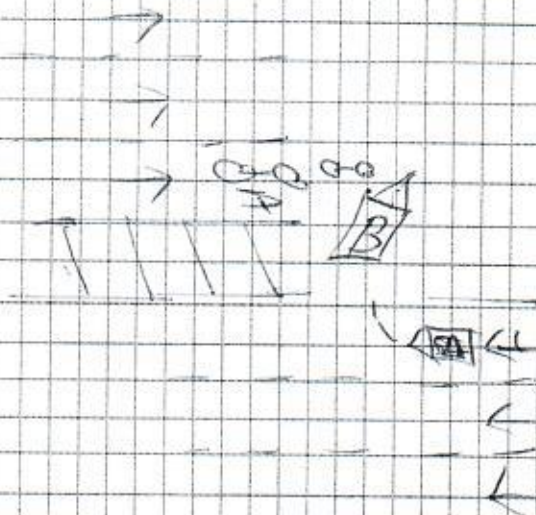

Policyholder's Signature Date
& Time:

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


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

SKETCH PLAN

Woodland Ave 12



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report T/70200602/2028

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.:

*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: 02/06/2020 (dd/mm/yy)

Time of Accident: 08:40 (24-HR-FORMAT)

Vehicle No.: FZ 8984A Vehicle Make & Model: _____

Exact location of Accident: Woodland Ave 12

Policyholder's Name / IC No.: Shee Sheik Joo 58560738C

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

Driver's Contact No.: 98584773 Company Contact No (Company Veh Only): _____

Driver's Address: _____

Email address: _____ Insurance Company: MSIG

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?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

*No. of Passengers (Including Driver): 01

*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: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

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

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: SGU 1755E

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/20200602/2028

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20200602/2028

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2020 13:34	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: SHEE SHEIK JOO			Address: APT BLK 671 WOODLANDS DRIVE 71 #08-47 SINGAPORE 730671	
ID Type / ID No.: NRIC NO / S8560738C			Contact No.: Home/Office: Mobile: 98584773	
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 34	Date of Birth: 26/10/1985	Type of Informant: Rider	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: MECHANICAL ENGINEER			Driving Licence Information: Class: 2B,3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/06/2020 08:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GAMBAS AVENUE WOODLANDS AVENUE 12 Gambas Ave towards Woodlands Ave 12. Near MEGA @ Woodlands Close.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
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
FZ8984A	Motorcycle	YAMAHA	X1 110 M	Blue	Seriously Damaged	0
SGU1755E	Car		MERCEDES BENZ	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FZ8984A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19504783	04/12/2019	03/12/2020



**SINGAPORE
POLICE FORCE**



T/20200602/2028

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20200602/2028

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SHEE SHEIK JOO	ID No.	S8560738C
Related Vehicle	FZ8984A (Motorcycle)	Contact No.	98584773
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAN POH CHUAN	ID No.	S7117184A
Related Vehicle	SGU1755E (Car)	Contact No.	94505795
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 above mentioned date and time, I was turning from Gambas Ave to Woodlands Ave 12 and travelling straight. Before reaching the traffic light near to MEGA @ Woodlands close, I noticed that there was a lorry stopping behind the yellow box which was also blocking the vehicle from opposite road of Woodlands Ave 12 turning into my road.

At that point of time, vehicle-SGU1755E was making a U-turn into my road from the opposite side of Woodlands Ave 12, and it was blocked by the Lorry. Hence, my vehicle- FZ8984A's front side then knocked into vehicle-SGU1755E's side bumper.

Due to the collision, I was injured and being conveyed by ambulance to KTPH. There was Traffic Police attended to my scene. I was also given 5 days MC by Dr Liu, Michael from KTPH.

I am lodging this report for record purpose and also to claim from insurance company.



**SINGAPORE
POLICE FORCE**



T/20200602/2028

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3

Report No. T/20200602/2028

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:

L /

SC2 ZHUANG DENGHUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/06/2020 13:34

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED MUHAMMAD BIN SYED
FARID ALBAR

Contact No.: 65476090

Authentication Stamp

NP168

Classification Of Case:

Thank You!

You have applied to deregister your vehicle.

If you have uploaded disposal document, it may take up to 3 working days to process your application. If your vehicle is under financing, rebates can be used once we have processed your disposal documents and your financing is settled.

If you have authorised someone to deregister vehicle, please inform him/her to send it to an LTA-appointed scrapyard/EPZ by 13 Jun 2020. If not, the vehicle will not be deregistered.

Vehicle to be deregistered

Vehicle number:

FZ8984A

Make/Model:

YAMAHA/X1 110 M

Engine Number:

5YW038714

Chassis Number:

5YW038714

First Registration Date:

30 Nov 2005

Propellant:

Petrol

Transaction Details

Business Transaction Ref. No.:

20200606104103560553

Business Transaction Date:

06 Jun 2020

Business Transaction Time:

10:41:03

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 04/11/2019

AGENCY: A0633-001-W0803
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMT/19-504783-WTT

INSURED:

NAME: SHEE SHEIK JOO
ADDRESS: BLK 627 WOODLANDS AVE 6
#04-862
S730627

NRIC NO: S8560738C
DATE OF BIRTH: 26/10/1985 (34 yrs)
DRIVING EXP: 03/11/2015 (4 yrs)
CONTACT NO: 97254442

BUSINESS OR PROFESSION: MECHANIC

PERIOD OF INSURANCE FROM: 04/12/2019 00:01AM TO 03/12/2020

REGISTRATION NUMBER: FZ8984A

CUBIC CAPACITY: 111

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2005

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P PA INSURED MEMO MCFM

EXCESS:

PREMIUM: 128.00

GST @ 7% 8.96

TOTAL : 136.96

NO CLAIM BONUS OF 20% IS ALLOWED

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: NIL (32.00)

REPLACING POLICY NO: MSD/VMT/18-996111

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers