

MMA 120077494

[illegible]

NA 200 4762		INVOICE / Re-Inspection Checklist		Am (S)	Am (S)
Insurance Beneficiary:		1) AIR: Accident Reporting (\$30):		30.00	
Driver/Owner:		2) DA: Damage Assessment (\$100):	INC (\$30)		
Contact No:		3) TP: Towing Fee	\$40/\$45		
Damaged Portion:		4) FT: Follow-Through Survey	\$120		
IC Checked by (Engn-In-Charge):		5) FT: Follow-Through Survey (Re-survey)	\$30		
Auditors Comments:		For claiming against INC Only (waf 10 Jan 2004)			
		6) TR: Re-inspection	\$75		
		7) N1: Idac DA + SMRT Survey	\$160		
		8) NTUC Additional Services:			
		OD:			
		*N5: Courtesy Car / Tpt Allowance	\$3		
		*N6: Repair Co-ordination	\$10		
		*N7: Post Repair Inspection	\$25		
		*N11: DV / Collect Excess Coordination	\$3		
		TP (N11): TP (Non INC) against INC	\$20		
		9) N12: Idac Mobile	\$0		
		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	08/09/2020 09:07
Date Of Accident	27/08/2020 07:45
Exact Location Of Accident	PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH839G
Insured/Policyholder	
Name Of Registered Owner	CHONG PIT CHUNG
NRIC No	SXXXX343E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96557329
Alternative Phone No	OFFICE-96557329

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16ST
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/20-507035-WTT
Cover Note Number	

Driver

Name of Driver	CHONG PIT CHUNG
NRIC No	SXXXX343E
Date Of Birth	26/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	07/10/1992
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96557329
Fax Number	
Contact Number	OFFICE-96557329
EMail Address	NOEMAIL

Address	BLK 31 BALAM RD #08-127
Postcode	370031
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 - HEAD TO REAR
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
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/20200902/2053

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	SMP5826M
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 CHONG PIT CHUNG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBH839G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


SKETCH PLAN

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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:

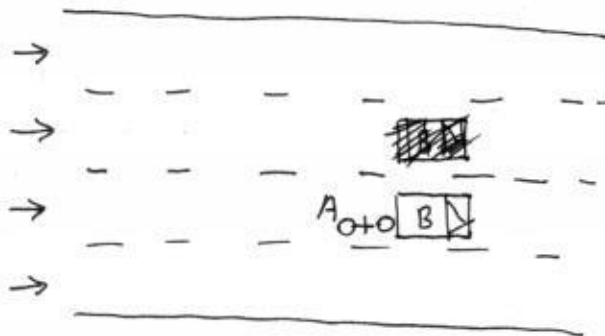
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



A = FBH 839G

B = SMP 5826M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200902/2053

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.:



SINGAPORE POLICE FORCE



T/20200902/2053

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

1 of 3

Report No. T/20200902/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2020 14:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: CHONG PIT CHUNG	Address: APT BLK 31 BALAM ROAD #08-127 BALAM GARDENS SINGAPORE 370031		
ID Type / ID No.: NRIC NO / S2619343E	Contact No.: Home/Office: Mobile: 96557329		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 58	Date of Birth: 26/10/1961	Type of Informant: Rider
Race: Chinese	Language: English		Institution / School Name:
Occupation: Crane operator (port)	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: 27/08/2020 07:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH839G	Motorcycle	YAMAHA	FZ16ST	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH839G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60894791	27/02/2020	26/02/2021



**SINGAPORE
POLICE FORCE**



T/20200902/2053

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

2 of 3
Report No. T/20200902/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHONG PIT CHUNG	ID No.	S2619343E
Related Vehicle	FBH839G (Motorcycle)	Contact No.	96557329
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	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I WAS TRAVELING ALONG PIE TOWARDS TUAS ROAD ON LANE 3 OF 4 LANES ROAD. THERE WAS A TRAFFIC JAM INFRONT AND I SAW THE VEHICLE INFRONT SUDDENLY APPLY BRAKES I DID NOT MANAGE TO STOP IN TIME AND COLLIDED ONTO THE REAR PORTION OF THE VEHICLE INFRONT AND FELL OFF MY MOTORCYCLE SUBSEQUENTLY I WAS CONVEYED BY AMBULANCE TO TTSH THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20200902/2053

3 of 3

Report No. T/20200902/2053

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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:

TP /

SC BERNARD KOH REN JUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/09/2020 14:43

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Classification Of Case:

Authentication Stamp

NP168



**SINGAPORE
POLICE FORCE**

Signature: _____



W 723370
PESIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel: +65 6827 7000, Fax: +65 6827 7003
msig.com.sg

W 723370

CERTIFICATE OF INSURANCE

RATE OF INSURANCE

The Motor Vehicle Act 1987 (Malaysia), Road Transport (Amendment) Act 1979 (Malaysia);
The Motor Vehicles (Third Party Risks and Compensation) Act 1961 (Malaysia);
The Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 103) of the Straits Settlements;
The Auto Amalgamated Act or Acts passed in connection therewith;
MSD/VMS/20-507035-WTY AG633-B01/W0857

CERTIFICATE NO.

PMV

SUM INSURED
SUCCESS

\$300(FIRE&THEFT) \$600(KNOT 2K)

\$26193438

FBH839G

mark and Registration Number of Vehicle

2. Name of Policyholder **YAMAHA**
CHONG PIT CHUNG

153 c.c.

3. Effective date of the Commencement of Insurance for the purposes of the Act

4. Date of Expiry of Insurance

0001AM 27/02/2020

26/02/2021

5. Person or Class of Persons entitled to drive

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. Use for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession.

Use for hire or reward.

3. Use for the carriage of goods (other than ...)

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."

Repl CN: 60894791

11/02/2020 (T)

WTT-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 8 / 20) (DD/MM/YYYY), TIME: (07 : 45) (HH:MM)

LOCATION: PIE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH 839 G.
b) INSURANCE COMPANY: MSIG.
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Chong Pit Chung (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96557329
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As Above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO) conveyed

7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION: traffic police

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMP 5826 M. MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Waiting motorcycle:

Email = tag 08323 @ gmail.com

fax =

VIDEO = no.