

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA120082356

Date In: 23/9/2013-13:56	Job description	Date & Time Completed	Done by
Ref No: N6/M6/2010/013/24	SAS e-filing		
Veh No: PBM1073R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 24/9/2013-00	i-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: J1CX903J	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: (INC hotline: 6788 6616)	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

1A205069	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: 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:-		
	QJ*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	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	23/09/2020 13:56
Date Of Accident	02/09/2020 08:00
Exact Location Of Accident	YIO CHU KANG RD TWDS HOUGANG AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1073R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG TECK LOY
NRIC No	SXXXX858G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98062962
Alternative Phone No	OFFICE-98062962

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/20-414666-CA
Cover Note Number	

Driver

Name of Driver	YONG TECK LOY
NRIC No	SXXXX858G
Date Of Birth	16/06/1959
Occupation	INDOOR
Date Of Driving Pass	05/12/1984
Driving Experience	35 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98062962
Fax Number	
Contact Number	OFFICE-98062962
Email Address	NOEMAIL

Address	BLK 408B FERNVALE ROAD #25-22
Postcode	792408
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: : NGOI FOONG YIN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200904/2093 & T/20200923/2028.

#### 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	SKX9035J
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 YONG TECK LOY  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBM1073R  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NGOI FOONG YIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBM1073R  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode



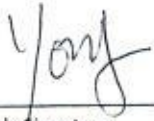
## SKETCH PLAN

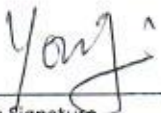
### IMPORTANT NOTICE

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:

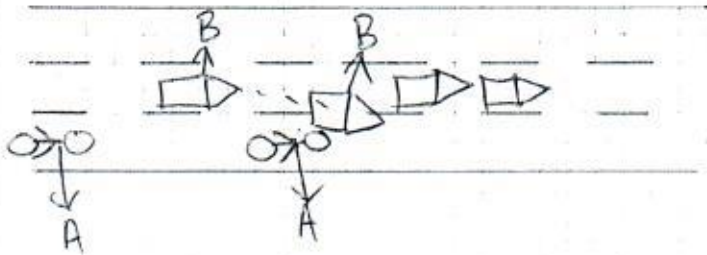
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A) FBM1073R

B) SKX9035J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER POLICE REPORT

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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (02/01/2020) (DD/MM/YYYY), TIME: (0800) (HH:MM)

LOCATION: Y10 CHU KANG Rd To Hougang AVE 9

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM1073R  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: MSD/VMS/20-414666-CA  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 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: YONG TECK LOY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S26898586 CONTACT: 98062962  
 c) ADDRESS: BIK 408B FERNVALE Rd #25-22  
 Singapore 792408

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: YONG TECK LOY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S26898586 CONTACT: 98062962  
 c) ADDRESS: BIK 408B FERNVALE Rd #25-22

\*d) DATE OF BIRTH: (16/06/1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒ 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) 2 injury

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: unknown MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKX9035J MODEL:  
 e) DRIVER'S NAME:  
 f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passenger  
 (including driver)  
 (2)

1 female  
 Ngoi Fong  
 Yin

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email =

fax =

VIDEO =



# SINGAPORE POLICE FORCE



T/20200904/2093

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

Report No. T/20200904/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/09/2020 17:13	Vide Report No.:	Station Diary No.: 84
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**Informant's Particulars**

Name of Informant: YONG TECK LOY			Address: APT BLK 408B FERNVALE ROAD #25-22 SINGAPORE 792408		
ID Type / ID No.: NRIC NO / S2689858G			Contact No.: Home/Office: 68758289                      Mobile: 98062962		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 16/06/1959	Type of Informant: Rider		
Race: Chinese			Language: Mandarin		Institution / School Name:
Occupation: Waiter			Driving Licence Information: Class: 2B                      Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/09/2020 08:00	Type of Location: X-Junction
Location:  YIO CHU KANG ROAD				
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 Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1073R	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	1
	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM1073R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT20414666	15/07/2020	14/07/2021





# SINGAPORE POLICE FORCE



T/20200904/2093

2 of 3

Report No. T/20200904/2093

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

## 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	YONG TECK LOY	ID No.	S2689858G
Related Vehicle	FBM1073R (Motorcycle)	Contact No.	68758289
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	02/09/2020	Date Discharge	02/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	Serious
<b>Driver</b>			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	(Car)	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 02/09/2020 at about 8 am, I was riding my motorcycle bearing registration plate no. FBM1073R along lane 1 of Yio Chu Kang Road towards Hougang Avenue 9 when another car which was travelling on lane 2 suddenly cut into my lane. Immediately, I applied emergency brake on my motorcycle but I still collided onto the rear right corner of the car. Due to the collision, I lost control of my motorcycle before my pillion (wife) and I fell onto the road.

Thereafter, Traffic Police Officers and ambulance arrived at the accident scene before my wife and I were conveyed to Sengkang General Hospital.

I suffered abrasions to both my knee caps and both my arms and hands. I was given 7 days of medical leave.

I am lodging this report as instructed by the Traffic Police Investigation Officer.



**SINGAPORE  
POLICE FORCE**



T/20200904/2093

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No. T/20200904/2093

**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:  
F /  
Sr Staff Sgt LEE SHAO WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
04/09/2020 17:13

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt CHONG GUAN FATT  
Contact No.: 65476083

Classification Of Case:

Authentication Stamp  
NP168







# SINGAPORE POLICE FORCE



T/20200923/2028

1 of 3

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

Report No. T/20200923/2028

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/09/2020 11:28	Vide Report No.: T/20200904/2093	Station Diary No.: 40
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**Informant's Particulars**

Name of Informant: YONG TECK LOY			Address: APT BLK 408B FERNVALE ROAD #25-22 SINGAPORE 792408		
ID Type / ID No.: NRIC NO / S2689858G			Contact No.: Home/Office: Mobile: 98062962		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 16/06/1959	Type of Informant: Rider		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupation: Waiter			Driving Licence Information: Class: 2B Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/09/2020 08:00	Type of Location: X-Junction
Location:  YIO CHU KANG ROAD				
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 Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1073R	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	0
SKX9035J	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM1073R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT20414666	15/07/2020	14/07/2021



# SINGAPORE POLICE FORCE



T/20200923/2028

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20200923/2028

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	NGOI FOONG YIN	ID No.	S2567994F
Related Vehicle	FBM1073R (Motorcycle)	Contact No.	91147184
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/09/2020	Date Discharge	02/09/2020
No. of Days granted Medical Leave	31	Degree of Injury	NIL
Rider			
Name	YONG TECK LOY	ID No.	S2689858G
Related Vehicle	FBM1073R (Motorcycle)	Contact No.	98062962
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	02/09/2020	Date Discharge	02/09/2020
No. of Days granted Medical Leave	31	Degree of Injury	NIL
Rider			
Name	YONG TECK LOY	ID No.	S2689858G
Related Vehicle	FBM1073R (Motorcycle)	Contact No.	98062962
Hospital/Clinic	SENGKANG POLYCLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	07/09/2020	Date Discharge	07/09/2020
No. of Days granted Medical Leave	07	Degree of Injury	NIL

### Brief Details.

Reference to my previous Police report T/20200904/2093, I wish to add in the other car involved plate number, SKX9035J, and also include my pillion(Wife) details and MC given. That is all.





**SINGAPORE  
POLICE FORCE**



T/20200923/2028

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20200923/2028

**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:

F /

Sgt 2 BOH YONG SENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt CHONG GUAN FATT

Contact No.: 65476083

Signature Of Informant:

Date/Time:


23/09/2020 11:28

Classification Of Case:

Authentication Stamp  
NP168

**ORIGINAL**

**MEDICAL CERTIFICATE**

Name <b>NGOI FOONG YIN</b>		NRIC No. <b>S2567994F</b>
This is to certify that the above-named is unfit for duty for a period of <u>31</u> days from <u>02-Sep-2020</u> to <u>02-Oct-2020</u> inclusive		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: <u>02-Sep-2020</u>	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: <u>04-Sep-2020</u>	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Fit for light duty from: <u>N.A.</u>	to: <u>N.A.</u>	
Time Chrt: _____	Time in: <u>N.A.</u>	Time out: <u>N.A.</u>
Diagnosis <u>1</u>	Surgical Operation (if applicable)	
Comments :		
Hospital/Clinic  Orthopaedic Surgery  Sengkang General Hospital	Ward No. <b>SKH-WQ27</b>  Date <b>04-Sep-2020</b>	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.   <b>MICHELLE LOW JIA MIN, P2026Z</b>



**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: 15/07/2020

AGENCY: A0074-001-10223  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD VMS 20-414666-CA

**INSURED:**

NAME: YONG TECK LOY  
ADDRESS: 408B FERNVALE RD  
#25-22  
SE 792408

NRIC NO: S2689858G  
DATE OF BIRTH: 16/06/1959 (61 yrs)  
DRIVING EXP: 05/12/1984 (35 yrs)  
CONTACT NO: 98062962

BUSINESS OR PROFESSION: PRINTER

PERIOD OF INSURANCE FROM: 15/07/2020 12:01AM TO 14/07/2021

REGISTRATION NUMBER: FBM1073R

CUBIC CAPACITY: 149

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2017

INSURED ESTIMATE OF VALUE: PMV  
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15.M23

EXCESS: \$300(FIRE&THEFT) \$600(ENDDT 2K)

PREMIUM: 174.80

GST @ 7% 12.24

TOTAL: 187.04

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER: A S PHOON PTE LTD

NO CLAIM BONUS OF 20% IS ALLOWED  
GOOD DRIVER DISCOUNT OF 5% IS ALLOWED

REPLACING POLICY NO: MSD VMS 19-401630-CA

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