

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **MHA120084300**

Date In: 26/9/2009	Job description	Date & Time Completed	Done by
Ref No: NA/MHA120084300/24	SAS e-filing		
Veh No: FGA 654R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 25/6/2011:40	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: X8917M	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% F: 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

Claimant's Particulars:	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:

Ref. 1:

Ref. 2 / 3:

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	26/09/2020 17:05
Date Of Accident	25/09/2020 11:40
Exact Location Of Accident	BOUNDARY RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ6554R
Insured/Policyholder	
Name Of Registered Owner	AU MAN SHUN
NRIC No	SXXXX549I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97380483
Alternative Phone No	OFFICE-97380483

Vehicle Particulars

Manufacturer	HONDA
Model	TIGER GL200R MANUAL
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/19-505770-WTT
Cover Note Number	

Driver

Name of Driver	AU MAN SHUN
NRIC No	SXXXX549I
Date Of Birth	02/11/1974
Occupation	INDOOR
Date Of Driving Pass	20/11/2019
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97380483
Fax Number	
Contact Number	OFFICE-97380483
Email Address	NOEMAIL

Address	68 BOUNDARY ROAD
Postcode	549983
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200925/2140.

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	XB917M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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 AU MAN SHUN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBQ6554R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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:

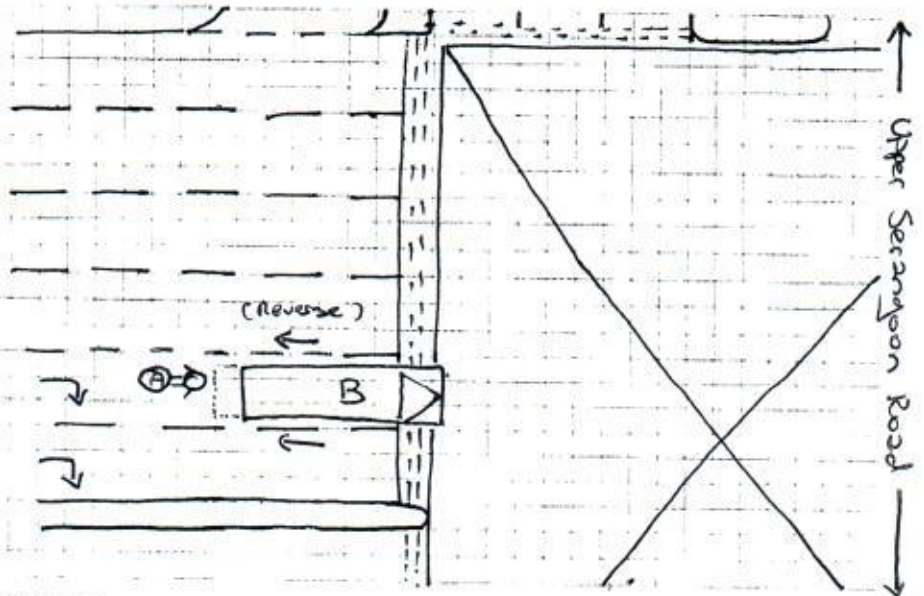
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

Vehicle
A - FBQ 6554R

Vehicle
B - XB 917M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

Report Number
: T/20200925/2140

Recording officer : SGT 2 KOH YEW WAI

Officer in Charge : TP Sr Staff Sgt Syed Zayid Muhammad.

Vehicle A - FBQ 6554R

Vehicle B - XB 917M

DECLARATION

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

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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.:

Vehicle No.	FBQ 6554R	Model / Make	Honda Tiger GL200R
Date of Accident	25/09/20		
Time of Accident	1140	HRS	
Location of Accident	Boundary Road		
Exact purpose use during accident	Private Use		
Name of Owner	An Man Shun		
Telephone No.	H/P : 97380483	Home :	Office :
NRIC	S74205491		
Address	68 Boundary Road S(549953)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	MSD TMT 19505770		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	NIL
Date of birth	02 / 11 / 1974		
Occupation	Outdoor / Indoor		
Driving License Pass Date	20 NOV 2019		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No	If yes, Reg No.	Owner
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.	An Man Shun, 97380483		
Name And Contact No.			
Police Report	No,	If Yes, Where?	Hougang NPC.
Vehicle B No.	XB 917M	Any Passengers :	
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		Witness Contact :	
Accident Portion	Front end fall on the right.		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	Moto 51 Pte Ltd		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Ian.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ n51.com.sg		



SINGAPORE POLICE FORCE



T/20200925/2140

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

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Report No: T/20200925/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2020 23:27	Vide Report No.:	Station Diary No.: 167
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Informant's Particulars

Name of Informant: AU MAN SHUN			Address: 68 BOUNDARY ROAD SINGAPORE 549983		
ID Type / ID No.: NRIC NO / S7470549I			Contact No.: Home/Office: Mobile: 97380483		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 02/11/1974	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2020 11:40	Type of Location: X-Junction
Location: BOUNDARY ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ6554R	Motorcycle	HONDA	TIGER GL200R MANUAL	Red	Slightly Damaged	0
XB917M	TRAILER				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ6554R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT19505770	13/12/2019	12/12/2020



**SINGAPORE
POLICE FORCE**



T/20200925/2140

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

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Report No. T/20200925/2140

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AU MAN SHUN	ID No.	S7470549I
Related Vehicle	FBQ6554R (Motorcycle)	Contact No.	97380483
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	25/09/2020	Date Discharge	25/09/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GUO XINBO	ID No.	G5181939Q
Related Vehicle	XB917M (TRAILER)	Contact No.	96398126
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 25/09/2020 at about 1141hrs, I was travelling along Boundary road on my motorcycle bearing plate number: FBQ6554R at the most right lane. My intention was to make a right turn at the X-junction of Boundary Road and Upper Serangoon Road. I came to a stop on the 2nd right lane and I was queuing behind a trailer truck bearing plate number: XB917M / TRC6504U. Both my motorcycle and the trailer truck was stationary at this point in time. My motorcycle was directly behind his left rear wheel. Out of a sudden, the trailer start to reverse backwards. I initially thought that maybe the trailer truck was just inching backwards, however the trailer truck continue to reverse to the point that the hydraulic system of the trailer truck was pressing onto my front wheel resulting in my motorcycle to fall onto the side. I quickly jumped out of my motorcycle before I was pin by my motorcycle. As I jumped out of the motorcycle, I suffered superficial abrasions and bruise on my left knee. The trailer truck only stop when the vehicle behind me horned.

The driver came out and made a check on me. We observed that my motorcycle suffered damage to front brake disc, front brake disc pump and bend on the right front handle bar brake. Whereas the hydraulic system of the trailer truck was damaged as well. We exchanged particulars and I also got the contact number of the driver who was behind me. HP: 93865711 who mentioned that he doesn't mind being the witness. However, he is unsure whether did his camera capture the said incident. Once everything was done, I made my way to work. During work, I start to feel even more pain and as such I decided to make a visit to the hospital and was given 3 days of MC.



**SINGAPORE
POLICE FORCE**



T/20200925/2140

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

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Report No. T/20200925/2140

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20200925/2140

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

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Report No. T/20200925/2140

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 KOH YEWEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476404

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

25/09/2020 23:27

Classification Of Case:



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 200403310)
 500 North Bridge Road, #21-01, SGA Centre 2, Singapore 068007
 Tel: +65 6522 7888, Fax: +65 6522 7800
 msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 1997 (Malaysia)
 The Motor Vehicles (Third Party Risks) Rules, 1919 (Malaysia)
 Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore)
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1994 Edition (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.

POLICY NO : MSO/VHT/19-505770-WTT AG633-001/W0169

505770

INSURED : TPL
 LESS : NIL

Index mark and Registration Number of Vehicle : 576785491
 70Q65548
 Name of Policyholder : HONDA 197 c.c.
 AD KAN SHUH

Effective date of the Commencement of Insurance : 1452PM 13/12/2019
 for the purposes of the Act
 Date of Expiry of Insurance : 12/12/2020

Persons or Classes of Persons entitled to drive

1. The Policyholder.

CHONG KEE LIONG ONLY
 provided that the person driving is permitted in accordance with the licensing
 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
 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.

Limitation as to Use

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

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.

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."

WTT INSURANCE AGENCIES PTE LTD
 Underwriting Agent

13/12/2019 101