

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MASS 20089190

Date In: 12/10/2020 16:02
Ref No: N/A/MS 20011012/4
Veh No: 431 5180 P
D.O.A: 23/08/2020 22:00

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (to/for share, AIG share)		
I-Motor Claims Form		
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Witness		

(1) TP: Reporting Only

TP Insurer:

Preferred Wreck / INC Assign Wreck / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SLT 8530 L

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 (

)

() 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:

NA 200537

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engi-In-Charge):

1) Alt: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TT: Towing Fee	\$100
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: TR Inspection	\$75
7) NI: NI DA + EMRT Survey	\$160
8) NTUC Additional Services	
9) NI: NI DA + EMRT Survey	\$30
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100) NI: NI DA + EMRT Survey	\$30

Invoice dated
Invoice dated

Fee Charged
Fee Charged

Signature
Signature

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	12/10/2020 16:02
Date Of Accident	23/08/2020 22:00
Exact Location Of Accident	ALONG NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5180P
Insured/Policyholder	
Name Of Registered Owner	LING KIM CHWEE
NRIC No	SXXXX226E
Email Address	QAAQLING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87192705
Alternative Phone No	OTHERS-87192705

Vehicle Particulars

Manufacturer	YAMAHA
Model	MIO I-125CC
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/20-413708-CA
Cover Note Number	

Driver

Name of Driver	LING KIM CHWEE
NRIC No	SXXXX226E
Date Of Birth	28/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1984
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87192705
Fax Number	
Contact Number	OTHERS-87192705
EMail Address	QAAQLING@GMAIL.COM

Address	BLK 117 PASIR RIS STREET 11 #09-525
Postcode	510117
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 - CROSS JUNCTION
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: : SOZIMA SILUG JULIAN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20200901/7046

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	SLT8530L
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 LING KIM CHWEE
Approximate Age
Injuries Sustain SERIOUS INJURIES
Injured person in which vehicle? FBH5180P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES

Address
Postcode

DETAILS OF INJURED PERSON 2

Name SOZIMA SILUG JULIAN
Approximate Age
Injuries Sustain SERIOUS INJURIES
Injured person in which vehicle? FBH5180P
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:

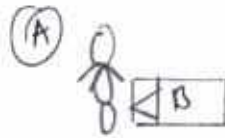
 12/10/2022

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

SKETCH PLAN

(A) FBH 5180P

(B) SLT 8530L



Along NHW upper
Abadi Road


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report No: 6/2020901/7046

The area for describing the circumstances of the accident is a large rectangular box with horizontal lines. A diagonal line is drawn across the box from the bottom left to the top right, indicating that no further details are provided.

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:

Date of Accident: 23/05/2020 Accident Time: 22:200 (24-HR-Format)
 Accident Place: New upper changi road.
 Vehicle No. (Car Plate No.): FBH 5180P Make/Model: _____
 Insurance Company: _____ Policy No.: _____
 Owner or Company Name / IC No.: ling Kim Chwee
 Owner or Company Contact No.: 87192705 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No.: ling Kim Chwee
 DRIVER'S Date Of Birth: 28/01/1956 DRIVER'S License Pass Date _____
 Relationship of Owner & Driver: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address: 117 Pasir Ris Street 11 #09-525 Singapore 510117
 DRIVER'S Contact No. / Alt No.: (1) 87192705 (2) _____
 DRIVER'S Occupation: INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address: gaaq.ing@gmail.com
 Weather & Road Surface: CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type: Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): >
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SLT 8530 L</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender: Sozima Situg Juli an - Female.



POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20200901/7046

Date/Time Report Made 01/09/2020 20:11	Vide Report No.	Station Diary No.
Name Of Informant LING KIM CHWEE	Address 117 PASIR RIS STREET 11 #09-525 SINGAPORE 510117	
ID Type / ID No. NRIC NO / S1180226E	Contact No. Home/Office:	Mobile: 87192705
Nationality SINGAPORE CITIZEN	Email Address qaaqling@gmail.com	
Occupation Taxi driver	Sex Male	Age 64
	Date of Birth 28/02/1956	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 23/08/2020 22:00	Location Of Incident NEW UPPER CHANGI ROAD	
Brief details		

Brief details.

On the above mentioned date and time, I was riding my motorbike FBH 5180P along New Upper Changi Road towards Changi Road direction, with 1 pillion on board namely SOZIMA SILUG JULIAN, G7893574Q.

As I was approaching the junction of Siglap Road, I had slowed down a little to look out for oncoming traffic, I saw that there were no cars at said junction. As such, I continued proceeding straight.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2020 20:11
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



G/20200901/7046

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200901/7046

When I was about to go past said junction, a yellow car SLT8530L suddenly appeared at fast speed on my right from the opposite direction.

SLT8530L was turning at an extremely fast speed. I attempted to jam on my brakes and swerve but could not avoid the collision as SLT8530L was coming at me too fast.

I was flung together with my bike due to the impact. I landed on the right side of my body and my bike landed on the inside of my right leg. The right side of my head hit the ground hard and I could not get up. A passerby who is my witness came over to assist me. During this time, I saw my pillion lying on the ground at the other side of the road.

Ambulance came and conveyed me and my pillion to Changi General Hospital. I suffered Multiple injuries with the most serious being a torn ligament in my right middle finger and debridement of my right leg.

I had surgery on my right leg and was hospitalised from 24/08/2020 to 29/08/2020. I was given 33 days HL from 24/08/2020 to 25/09/2020 upon discharge.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

01/09/2020 20:11

Classification Of Case:

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122120)
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: 15/06/2020

AGENCY: A0074-001-10001
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD-VMT/20-413708-CA

INSURED:

NAME: LING KIM CHWEE
ADDRESS: 117 PASIR RIS ST.11
#09-525
SE 510117

NRIC NO: S1180226E
DATE OF BIRTH: 28/02/1956 (64 yrs)
DRIVING EXP: 11/05/1984 (36 yrs)
CONTACT NO: 87192705

BUSINESS OR PROFESSION: TAXI DRIVER

PERIOD OF INSURANCE FROM: 06/07/2020 12:01AM TO 05/07/2021

REGISTRATION NUMBER: FBH5180P

CUBIC CAPACITY: 125

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2013

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P

EXCESS:

PREMIUM: 122.40

GST @ 7% 8.57

TOTAL: 130.97

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

NO CLAIM BONUS OF 20% IS ALLOWED

REPLACING POLICY NO: MSD/VMT/19-400559-CA

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.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers