

# NATIONAL Assessment Centre Services. (wef 1 Jan 2009) **11/09/2014**

Date In: <b>4/1/14-20:25</b>	Job description	Date & Time Completed	Done by
Ref No: <b>VA MSH 200110124</b>	SAS e-filing		
Veh No: <b>PDM30024</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>31/12/12-21:30</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: <b>JFM 1088H</b>	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

<b>NA 2003VS</b>	<b>Invoice Preparation Checklist</b>	Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2009)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QJ*		
	*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: 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 Submission	04/01/2021 20:25 (SGT)
Date of Accident	31/12/2020 21:30 (SGT)
Exact Location of Accident	Bin Tong Park, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3002H
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN YONG CHING
NRIC No	SXXXX530B
Email Address	chenyc6006@gmail.com
Mobile Phone No	(Phone) +65-90228901
Alternative Phone No	+--

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XABRE TFX150
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMS/20-416554-CA
Cover Note Number	-

#### DRIVER

Name of Driver	CHEN YONG CHING
NRIC No	SXXXX530B
Date Of Birth	25/04/1977
Occupation	Indoor

Date Of Driving Pass	19/12/2002
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-90228901
Alt. Phone Number	+--
Email Address	chenyc6006@gmail.com
Address	5859 JLN TUALANG 6 BANDAR PUTRA
Address complement	81000 KULAI JOHOR
Postcode	81000
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Moulmein Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002508999
Alt. Police Station Phone No	(Fax) +65-63554312
Police Station Address	Blk 101 Jalan Rajah #01-01 Singapore 321101
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20210101/2049.

#### 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	SFM1008H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NICHOLAS DE WEN TAY PRONIEWSKI
Contact Number	(Phone) +65-85223807



Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHEN YONG CHING
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	FBM3002H
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No


## SKETCH PLAN

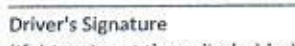
### IMPORTANT NOTICE

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.

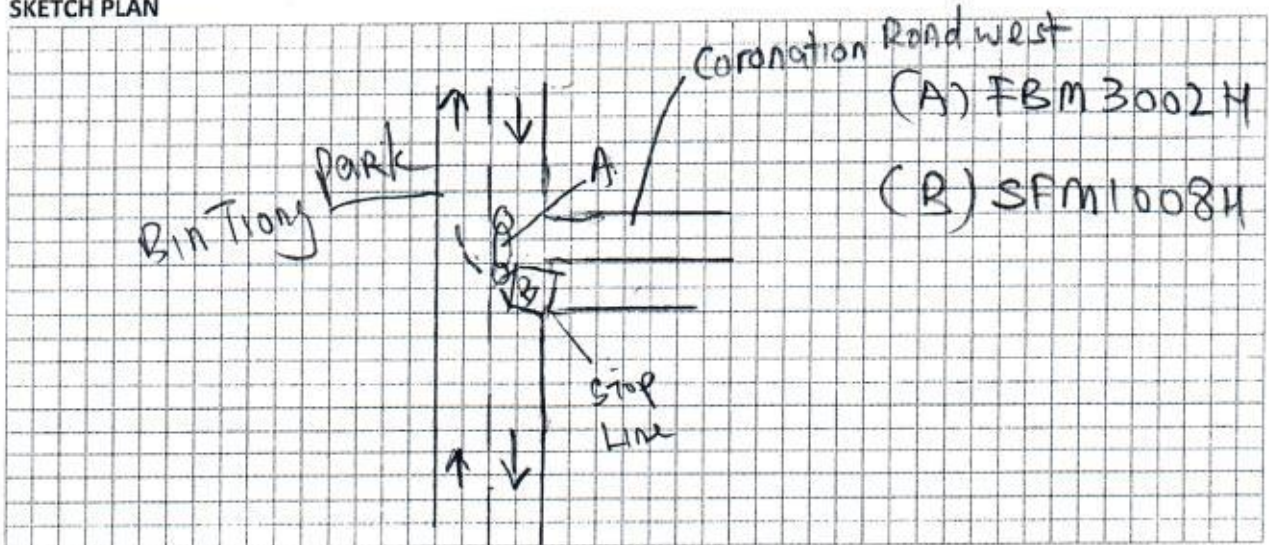
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



(A) FBM3002H

(B) SFM1008H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*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.:



VEHICLE NO: FBM3002H

VEHICLE MODEL: YAMAHA XABRE TEX 150

DATE OF ACCIDENT	31 / 12 / 20
TIME OF ACCIDENT	21.30 AM/PM
LOCATION OF ACCIDENT	BIN TONG PARK
Contact Purpose use during accident	
NAME OF OWNER	CHEN YONG CHING Cheny6006@gmail.com
TEL NO	90228901
NRIC	37756530B
CLAIM TYPE	OD/THIRD PARTY/ REPORTING ONLY
INSURANCE CO	MSIG
TYPE OF COVERAGE	Comprehensive / Third party / (Third Party Fire & Theft)
POLICY NO	72264790
NAME OF DRIVER	(As above) / if no:
NRIC	37756530B
DATE OF BIRTH	25 / 04 / 1977
OCCUPATION	Outdoor / (Indoor)
DATE OF DRIVING PASS	19 / 12 / 2002
GENDER	(Male) / Female
CONTACT NO	90228901
ADDRESS	5857 JLN TUALANG 6 BANDAR PUTRA 31000 KUALA LUMPUR MALAYSIA
DRIVER HAVE ANY OWN Vehicle	(No) / if yes: Reg No:
RELATIONSHIP	Employee / if No: Owner
WEATHER CONDITION	(Clear) / Raining / Other:
ROAD SURFACE	Dry / (Wet) / Others:
ANY INJURIES	No / (if yes: Who?)
CONTACT NO	90228901
POLICE REPORT	No / (if yes: Where?)
VEHICLE B NO	SFM1008H
NAME	NICOLAS DE VEN TAY Prokiewski
CONTACT NO	85223807
VEHICLE C NO	
VEHICLE D NO	
VEHICLE E NO	
VEHICLE F NO	
ANY WITNESS	
WITNESS CONTACT NO	
PARTICULAR WORKSHOP	IMPERIUM AUTOMOTIVE
TEL NO	26 KAKI BUKIT ROAD 4
CONTACT PERSON	#01-49 SYNERGY @ KB
FAX NO	SINGAPORE 417800
	TEL: 9748 9940 FAX: 63467213
	Reg. No. 53293624L





# SINGAPORE POLICE FORCE



T/20210101/2049

1 of 3

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

Report No. T/20210101/2049

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/01/2021 17:04	Vide Report No.:	Station Diary No.: 11
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**Informant's Particulars**

Name of Informant: CHEN YONG CHING			Address: 5859 JLN TUALANG 6 BANDAR PUTRA 81000 KULAI JOHOR MALAYSIA		
ID Type / ID No.: NRIC NO / S7756530B			Contact No.: Home/Office: Mobile: 90228901		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 25/04/1977	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: LIFT MAINTENANCE			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2020 21:30	Type of Location: Straight Road
Location:  BIN TONG PARK				
Weather: After rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3002H	Motorcycle				Slightly Damaged	0
SFM1008H	Car				Slightly Damaged	1

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	CHEN YONG CHING	ID No.	S7756530B
Related Vehicle	FBM3002H (Motorcycle)	Contact No.	90228901
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/12/2020	Date Discharge	01/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious
<b>Rider</b>			
Name	NICHOLAS DE WEN TAY PRONIEWSKI	ID No.	S9728655H
Related Vehicle	SFM1008H (Car)	Contact No.	85223807
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 31 Dec 2020 at about 2130hrs, I was riding my motorcycle VRN: FBM3002H along Bin Tiong Park towards Rebecca Road.

While riding near the junction of Coronation Road West, there was one vehicle VRN: SFM1008H suddenly turned right and hit onto my motorcycle.

Subsequently, we managed to exchange drivers particulars and the driver then sent me to NUH for medical treatment.

I was given 14 days hospitalization leave from 1 Jan 2021 to 14 Jan 2021 inclusive.

I wish to state that there is in-car camera installed at the front of my motorcycle. However, I have yet to check the video footage.

I am this report for vehicle insurance claims purposes and also for Traffic Police to investigate.

I am currently working at Mitsubishi Elevator located at 11 Kaki Bukit Crescent.



**SINGAPORE  
POLICE FORCE**



T/20210101/2049

3 of 3

Report No. T/20210101/2049

Police Station Of Origin:  
Moulmein NPP  
101 Jalan Rajah #01-01 SINGAPORE  
321101  
Tel No: 1800-25089999

**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:

E /  
Staff Sgt TAY BOON CHIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/01/2021 17:04

Officer In Charge Of Case:

TP / AEIT /  
Insp BOON YEN KIAN  
Contact No.: 65476172

Classification Of Case:

SN 80

Authentication Stamp

NP168





**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: 29/08/2020

AGENCY: A0074-001-10223  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/20-416554-CA

**INSURED:**

NAME: CHEN YONG CHING  
ADDRESS: 11 KAKI BUKIT CRESCENT  
KAKI BUKIT TECHPARK 1  
SE 416241

NRIC NO: S7756530B  
DATE OF BIRTH: 25/04/1977 (43 yrs)  
DRIVING EXP: 19/12/2002 (17 yrs)  
CONTACT NO: 90228901

BUSINESS OR PROFESSION: ASST. SUPERVISOR

PERIOD OF INSURANCE FROM: 22/09/2020 12:01AM TO 21/09/2021

REGISTRATION NUMBER: FBM3002H

CUBIC CAPACITY: 150

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 97 - INSURED

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

PREMIUM: 176.00

GST @ 7% 12.32

TOTAL: 188.32

NO CLAIM BONUS OF 20% IS ALLOWED

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER: MENG MOTOR CO

REPLACING POLICY NO: MSD/VMS/19-403900-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