

Date In: <b>03/02/2021</b> <b>12:24</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA1000100162214</b>	SAS e-illing		
Veh No: <b>188 2018</b>	E-mail (by date time, AIG time)		
D.O.A: <b>28/01/2021</b> <b>18:48</b>	I-Motor Claims Form		
CID: <b>TP</b> Reporting Only	I-Motor W/O (with/for OD time, TP time)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <b>Box/Hand to Owner/VL12</b>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **UNKNOWN CAR** 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 ( )

Deductible: (\$) 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: \_\_\_\_\_

<b>NBA1000100162214</b>	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA + Damage Assessment (\$100) <b>INC (\$10)</b>	
Contact No:	3) TP + Towing Fee \$100/\$45	
Damaged Portion:	4) PT + Follow-Through Survey \$120	
	5) PF + Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) Tilt Re-inspection \$75	
	7) NI + Idea DA + SMRT Survey \$160	
Vehicle Condition:	8) NTUC Additional Services	
	OR:	
Date:	* NS: Courtesy Car / Tpl Allowance \$5	
	* NS: Repair Coordination \$10	
2/2	* NS: Post Repair Inspection \$25	
	* NS: DV / Collet License Coordination \$5	
	* TP (NI) + TP (S+INC) against DNG \$20	
	* NI: Idea Mobile \$20	
	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 .....	03/02/2021 12:24 (SGT)
Date of Accident .....	28/01/2021 18:45 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TOWARDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	FBG7018T
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JESSIE NG SHI MAN
NRIC No .....	SXXXX849A
Email Address .....	jess.ng94@hotmail.com
Mobile Phone No .....	(Phone) +65-90927938
Alternative Phone No .....	+65-90927938

### VEHICLE PARTICULARS

Manufacturer .....	Yamaha
Model .....	YZF-R15
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 .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	MSD/VMT/20-411539-CA
Cover Note Number .....	-

### DRIVER

Name of Driver .....	JESSIE NG SHI MAN
NRIC No .....	SXXXX849A

Date Of Driving Pass .....	03/04/2018
Driving experience .....	2 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90927938
Alt. Phone Number .....	+65-90927938
Email Address .....	jess.ng94@hotmail.com
Address .....	BLK 127A KIM TIAN #38-531
Address complement .....	-
Postcode .....	161127
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT /20210129/7044

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	

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

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number ..... UNKNOWN LORRY  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial vehicle  
 Name of Driver ..... -  
 Contact Number ..... -  
 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 ..... JESSIE NG SHI MAN  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURED  
 Injured person in which vehicle? ..... FBG7018T  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... Yes

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 willful 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 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.
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

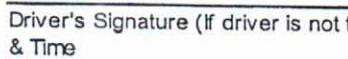
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 2/2/21 2:44pm

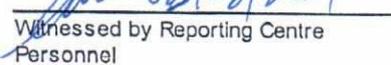
Policyholder's Signature / Date & Time

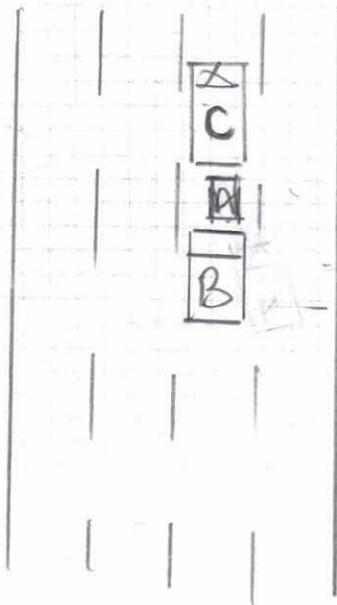
Sketch Plan

- A) FBG 2018T
- B) UNKNOWN CAR
- C) UNKNOWN Lorry

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

PIE TOWARD MAS

  
 Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

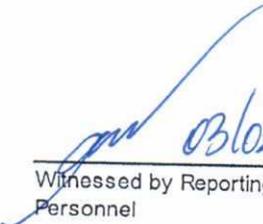
REFER TO POLICE REPORT T/20210129/7044.

Declaration

We declare the foregoing particulars are true in every respect.

  
2/2/21 2:44pm  
Policyholder's Signature / Date & Time

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

  
03/02/2021  
Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (28 / 01 / 2021) (DD/MM/YYYY), TIME: (6 : 50) (HH:MM)

LOCATION: PIE Towards Tuas (29km)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG7018T  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: MSD/VMT/20-411539-CA  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA YZF R15 V2  
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) Yes  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Jessie Ng Sim Man (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9420849A CONTACT: 90927938  
c) ADDRESS: Blk 127A Kim Tian Road Singapore 161127  
#38-531

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

## DRIVER

- d) NAME: As above (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (08 / 06 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

7. a) REPORTED TO POLICE (YES / NO) Yes  
IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Unknown CAR MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: Unknown Lorry MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passengers  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = Jess.ng94@hotmail.com

VIDEO



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

1 of 3  
Report No. T/20210129/7044

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/01/2021 23:24		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: JESSIE NG SHI MAN			Address: 127A KIM TIAN ROAD #38-531 SINGAPORE 161127		
ID Type / ID No.: NRIC NO / S9420849A			Contact No.:		Mobile: 90927938
Nationality: SINGAPORE CITIZEN			Email: JESS.NG94@HOTMAIL.COM		
Sex: Female	Age: 26	Date of Birth: 08/06/1994	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Dental nurse		Driving Licence Information: Class: 2B,3		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/01/2021 18:45	Type of Location: PIE TOWARDS JURONG AFTER CLEMENTI AVENUE 6
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 55 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBG7018T	Motorcycle	YAMAHA	YZF-R15+MANUAL	Black		0



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

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG7018T	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20411539	01/05/2020	30/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	JESSIE NG SHI MAN		ID No.	S9420849A
Related Vehicle	FBG7018T (Motorcycle)		Contact No.	90927938
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	28/01/2021		Date	29/01/2021
No. of Days granted Medical Leave	14		Degree of	Slight

Brief Details.

On 28/01/21 around 6.40-6.50pm, I was riding towards bukit batok driving centre at PIE after clementi avenue 6. I was on the second lane, the car (was on the first lane) did not even signal( for even one second( not checking blind spot) he swerve to my lane the second lane I was at and being a defensive rider I swerve very much to the left, due to his mistakes I could not stop in time I think he crashed onto me and I crashed onto the lorry. However, the car that crashed onto me drove off without even stopping, the lorry stopped for awhile, one of the blanglah from the lorry I crashed onto came down to see if i am ok ,two riders , one of them have a pillion (a girl) passerby came to helped me. The three of them came to checked on me and managed the traffic on the highway and move me to the road shoulder. Not long after, the lorry I crashed onto, drove off without coming to the road shoulder. The rider with the pillion went off before the police and ambulance arrived. I was then sent to the nearest hospital 'NTFH' via ambulance and the police noted down the accident from the witness. Due to waiting time in 'NTFH' I did not receive treatments, I went to private hospital instead (mount alvernia).



**SINGAPORE  
POLICE FORCE**



T/20210129/7044

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

3 of 3

Report No. T/20210129/7044

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Authentication Stamp  
NP168

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

Date/Time:  
29/01/2021 23:24

Classification Of Case:

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)

The Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

The 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, 1996 Edition (Republic of Singapore)

Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/20-411539-CA A0074-001/10021

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle FBG7018T  
YAMAHA 150 c.c.

2. Name of Policyholder JESSIE NG SHI MAN

3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AM 01/05/2020

4. Date of Expiry of Insurance 30/04/2021

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. PEH WEI SHENG ONLY

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. Limitation as to Use

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

7. 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.

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