

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] SN 09213 P 0004

Date In: 25/13/21 10:00	Job description	Date & Time Completed	Done by
Ref No: NA/MSG 21003824/h4	SAS e-filing		
Veh No: FF 1616P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 18/13/21 19:10	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Vch No: SHF 33 D 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

Claimant's Particulars	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
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:-		
	OD:		
	*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		

Pat. 1:

Pat. 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 Submission	25/03/2021 10:00 (SGT)
Date of Accident	18/03/2021 19:10 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FF1616P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	BEK ZHI EN LESTER
NRIC No	SXXXX314A
Email Address	LESTERBEK@GMAIL.COM
Mobile Phone No	(Phone) +65-98628213
Alternative Phone No	+65-98628213

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mt-15
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
Transmission	Manual
CC	155

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMS/20-419152-CA
Cover Note Number	-

#### DRIVER

Name of Driver	BEK ZHI EN LESTER
NRIC No	SXXXX314A

Date Of Birth .....	20/11/1995
Occupation .....	Indoor
Date Of Driving Pass .....	07/06/2016
Driving experience .....	4 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98628213
Alt. Phone Number .....	+65-98628213
Email Address .....	LESTERBEK@GMAIL.COM
Address .....	33 BISHAN ST 11 #24-11
Address complement .....	-
Postcode .....	579820
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 - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### 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? .....	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 .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210319/2300

#### 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 .....	SHF33D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi

Name of Driver .....	PUAH KEE SENG
NRIC No .....	SXXXX773E
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 .....	BEK ZHI EN LESTER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	FF1616P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

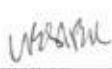
## SKETCH PLAN

### 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 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: 22/3/21  
1530pm

  
Driver's Signature

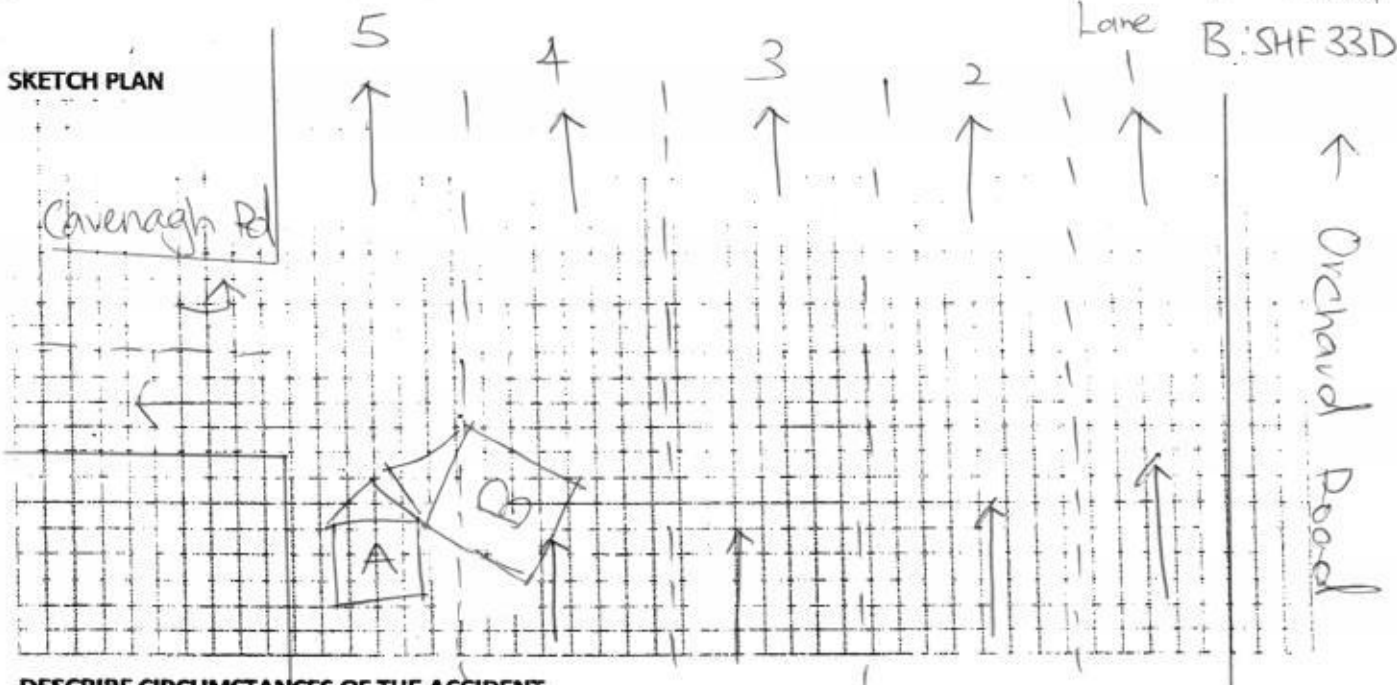
(If driver is not the policyholder)  
Date & Time: 22/3/21  
1530pm

  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police report.

Report No. T/10210319/2300

**DECLARATION**

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

WASAT  
 Policyholder's Signature  
 Date & Time: 22/3/21  
 1530pm  
 GIARMC SketchPlanForm\_V3

WASAT  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 22/3/21  
 1530pm

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



# SINGAPORE POLICE FORCE



T/20210319/2300

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

1 of 3

Report No. T/20210319/2300

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2021 02:04		Vide Report No.:		Station Diary No.: 8
<b>Informant's Particulars</b>				
Name of Informant: BEK ZHI EN, LESTER		Address: 33 BISHAN STREET 11 #24-11 SINGAPORE 579820		
ID Type / ID No.: NRIC NO / S9544314A		Contact No.: Home/Office: Mobile: 98628213		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 25	Date of Birth: 20/11/1995	Type of Informant: Rider	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Student		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/03/2021 19:10	Type of Location: Straight Road
Location: ORCHARD ROAD				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition of Vehicle	Number of Passenger
FF1616P	Motorcycle	YAMAHA	MT15 MANUAL	Blue	Slightly Damaged	0
SHF33D	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Maroon	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
FF1616P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72276480	07/11/2020	06/11/2021



# SINGAPORE POLICE FORCE



T/20210319/2300

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

2 of 3

Report No. T/20210319/2300

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BEK ZHI EN, LESTER	ID No.	S9544314A
Related Vehicle	FF1616P (Motorcycle)	Contact No.	98628213
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	PUAH KEE SENG	ID No.	S8123773E
Related Vehicle	SHF33D (Car)	Contact No.	88330131
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 the 19/03/21 at 1910hrs, I was travelling along Orchard Rd towards Bras Basah Rd on my bike FF1616P on the fourth lane. Suddenly, a taxi, SHF33D which was travelling along the second lane tried to cut across the lanes on the left attempting to turn into Cavenagh Rd. Since I was between the taxi and the road he was turning into, the cab collided front first into the right side of my motorcycle. I fell from my bike and landed on the road. I did not lose consciousness and stood back up.

Subsequently, the other driver and I exchanged particulars. An ambulance soon arrived at the scene and conveyed me back to Raffles Medical Hospital after accessing me. I was given 5 days of MC at the hospital. I did not have any cameras on my motorcycle during the accident.

I





**SINGAPORE  
POLICE FORCE**



T/20210319/2300

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

3 of 3

Report No. T/20210319/2300

**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 /

SCSGT(1) MOHAMED ZAFIR

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 ABDUL MUHAIMIN BIN HUSSAIN

Contact No.: 65476090

Signature Of Informant:

Date/Time:

19/03/2021 02:04

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE  
POLICE FORCE

SN 061

SIGNATURE



CA 547831  
 MSIG Insurance (Singapore) Pte. Ltd. (S.S. No. 2004/20-01)  
 4 Shenton Way, # 21-01, SGA Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 msig.com.sg

### CERTIFICATE OF INSURANCE

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 (C.A.P. 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/VNS/20-419152-CA A0074-001/10237

SUM INSURED : PMV

EXCESS : \$300(FIRE&THEFT) \$500(ENDT 2K)

1. Index mark and Registration Number of Vehicle FF1616P  
 YAMAHA 155 c.c.  
 2. Name of Policyholder BEN ZHI EN, LESTER

3. Effective date of the Commencement of Insurance

for the purposes of the Act

1201AM 07/11/2020

4. Date of Expiry of Insurance

06/11/2021

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. BENNY TAN HONG QUAN 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 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.

Rep1 CN: 72276480

10/11/2020 (CG)

CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.  
 Underwriting Agent  
 For MSIG Insurance (Singapore) Pte. Ltd.

## MEDICAL CERTIFICATE

NRIC : S9544314A  
NAME : BEK ZHI EN, LESTER

VISIT DATE : 18 Mar 2021 (20:01)  
VISIT NO : G09821015248

This is to certify that the above mentioned has been given:

OUTPATIENT SICK LEAVE for 5 days from 18 Mar 2021 to 22 Mar 2021

DOCTOR : Mohd Zuhairy Bin Ab Aziz (M17452A)

CLINIC : 24 HR EMERGENCY CLINIC

ADDRESS : 585 NORTH BRIDGE ROAD LEVEL -01-00 RAFFLES HOSPITAL 188770

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Printed: 18 Mar 2021, 09:32PM

\*This certificate is electronically generated. No signature is required.



Raffles Connect

Download RafflesConnect to:

- Teleconsult with our GP Doctor
- Request eQueue before coming to GP clinic
- Book an appointment for GP phone consult
- More features ...



Medicine Delivery

Medicine Delivery Service:

- Scan QR Code to request online.

**RafflesHospital**

24 HR EMERGENCY

585 North Bridge Road

Raffles Hospital #01-00 Singapore 188770

Tel: (65) 6311 1000 Fax: (65) 6311 1062

Date of Accident : 18/03/2021 Accident Time: 1910 (24-HR-Format)

Accident Place : Along Orchard Road

Vehicle Reg. No. (Car Plate No.) : FF 1616 P

Vehicle Make/Model : YAMAHA MT15 MANUAL

Insurance Company : MSIG INSURANCE Policy No. 72276480

Owner or Company Name / IC No. : BEK ZHI EN LESTER S9544314A

Owner or Company Contact No. : 9862 8213 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : BEK ZHI EN LESTER S9544314A

DRIVER'S Date Of Birth : 20/11/1995 DRIVER'S License Pass Date 7/6/2016

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Others

DRIVER'S Address : 33 BISHAN ST11 #2A-11 (S579820)

DRIVER'S Contact No. / Alt No. : 1) 9862 8213 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : lesterbek@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): (1) Anybody injured in the accident Yes/N

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

**Other Party Driver's Particular (if any)**

**(B)**  
 Vehicle Reg. No: SHF 33 D  
 Vehicle Make/Model: TOYOTA PRIUS SDR  
 Name Driver: PUAH KEE SENG  
 IC No. Driver: S8123773 E  
 Driver's Contact & Add: 8833 0131

**(C)**  
 Vehicle Reg. No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver: \_\_\_\_\_  
 Driver's Contact & Add: \_\_\_\_\_