

ASS. REC. BY:

Steve

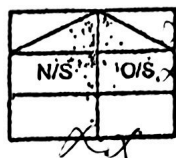
CS/CT121094/19/ETP3

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 SIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Cum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: FBA 6743X Yr Regn: 20/7/06
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda Wave c.c. 125
 Colour: Red A/C: Insured / Std / Nil / N
 Sp. Reading: 93836 T/Radio: Insured / Std / Nil / N
 Eng/No: _____
 C/No: NEJ35MP0068976
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 80/90-17
 R: 90/80-17
 BS / QUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front: _____ Rear: _____
 R/Bal. 4 mm R/Bal. 4 mm
 L/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 2/4/21 D.O.I. 13/4/21
 Survey held at KIVILE Enterprise
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
	<u>MV- 650</u>
	<u>PV- 189</u>
	<u>NV- 481</u>

File/Time, File, Poss to? ☐ : Prel. Report
☐ : Final Report

File/Time, File Return to?

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)
☐ : Interview (\$ _____)
☐ : Tech. Inve (\$ _____)
☐ : Vessel and (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS \$	
Photos	
Others	
TOTAL	

performed:

ump Sum / L&L: /

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	05/04/2021 18:12 (SGT)
Date of Accident	02/04/2021 20:30 (SGT)
Exact Location of Accident	Sembawang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA6743X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	THENG KING FATT
NRIC No	SXXXX437I
Email Address	AUSTINTHENG@GMAIL.COM
Mobile Phone No	(Phone) +65-96975606
Alternative Phone No	+65-96975606

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Wave
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	125

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MSD/VMT/20-510702-WTT
Cover Note Number	-

DRIVER

Name of Driver	THENG KING FATT
NRIC No	SXXXX437I

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

THENG KING FATT

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

BODY

Injured person in which vehicle?

FBA6743X

Were seat belts worn?

Yes

Was this injured conveyed to hospital by ambulance?

No

Date Of Birth	27/06/1950
Occupation	Outdoor
Date Of Driving Pass	23/08/1976
Driving experience	44 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96975606
Alt. Phone Number	+65-96975606
Email Address	AUSTINTEHNG@GMAIL.COM
Address	BLK 315 SE MBAWANG VISTA #13-175
Address complement	-
Postcode	750315
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 - Head to Rear
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?	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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT L/20210402/7032

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

Vehicle Registration Number	SLK1822M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sembawang Rd

A = FBA 6743X
B = SLK 1822M

B2040A

Refer to Police Report 1/20210402/3032

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 4

Report No: T/20210406/2049

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	THENG KING FATT	ID No.	S0074437I
Related Vehicle	FBA6743X (Motorcycle)	Contact No.	96975606
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: 02/04/2021
Date Treatment	02/04/2021	Date Discharge	03/04/2021
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	R SANJEEV	ID No.	S7117572C
Related Vehicle	SLK1822M (Car)	Contact No.	NIL
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 2th April 2021 at around 2030hrs, I was riding my motorbike FBA6743X along Sembawang road towards Canberra road second lane from the left. Before the bus stop at Sembawang road (Opp Blk 115b, B57121), I was hit by a vehicle SLK 1822M from the rear. I fell forward and hit the road.

The driver is an Indian and we did not communicate much, when I asked the driver if police was needed but he said it was not needed. The driver told me to contact the next day after I have seen the doctor and to report the matter to insurance. I gave a wrong contact number to the driver and I did not realized the driver's mobile number is missing one number. Hence my son, Theng Kian Ming, Austin h/p: 92271461 was not able to contact the driver and lodge a police report L/20210402/7032. I went to KTPH on the 2/04/2021 to 03/04/2021, given 4days medical leave. On the 05/04/202, I went back to KTPH as I am unable to work thus I was given another 7days of medical leave. My injuries sustained are contusion and abrasion on both arms, shoulders, back and right leg. The damages on my motorcycle FBA6743X are front and back broken fender, broken rear light, right mirror and dents on my registration plate.

On the 05th April 2021, Austin manage to contact the driver R Sanjeev h/p: 93720015 as I have retrieved my other hand phone number. R Sanjeev have been trying to contact us and he have reported the matter to his insurance. I am unable to speak English if needed, to contact my son, Austin h/p: 92271461.



SINGAPORE POLICE FORCE

Police Station Of Origin
Sembawang N P C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999



T/20210406/2049

1 of 4

Report No: T/20210406/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
06/04/2021 13:02

Vide Report No:

Station Diary No:
45

Informant's Particulars

Name of Informant
THENG KING FATT

Address
APT BLK 315 SEMBAWANG VISTA #13-175 SINGAPORE
750315

ID Type / ID No:
NRIC NO / S00744371

Contact No:
Home/Office Mobile 98975606

Nationality
SINGAPORE CITIZEN

Email

Sex: Male Age: 70 Date of Birth: 27/06/1950

Type of Informant:
Rider

Race:
Chinese

Language:

Institution / School Name:

Occupation:
Hand/Pedal vehicle driver

Driving Licence Information:
Class: 2B,2A 2,3

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/04/2021 20:30	Type of Location: Straight Road
-------------------	-----------------------	--------------------	--	------------------------------------

Location:

SEMPAWANG ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Moderate

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
FBA6743X	Motorcycle	HONDA	WAVE 125R SM/T	Red	Slightly Damaged	0
SLK1822M	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA6743X	MSIG INSURANCE (SINGAPORE) PTE. LTD	60918090	20/07/2020	19/07/2021