

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SM 09214 D 000C

Date In: 13/4/21 15:00	Job description	Date & Time Completed	Done by
Ref No: N91 MSG 2100 4662/44	SAS e-filing		
Veh No: SMY 8171 B	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/4/21 16:00	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:	Veh No: FBM 990A	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	Amf (\$) Inc Bill	Amf (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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 (N11) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
at 1:			
at 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	13/04/2021 15:00 (SGT)
Date of Accident	12/04/2021 16:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMY8171B
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	VIKING MOTOR PTE LTD
Company Reg No	2XXXXX606D
Email Address	MELENYANGX@GMAIL.COM
Mobile Phone No	(Phone) +65-63146133
Alternative Phone No	+65-63146133

VEHICLE PARTICULARS

Manufacturer	BMW
Model	-
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	A 300325272 MTR
Cover Note Number	-

DRIVER

Name of Driver	ANG MIN TENG
NRIC No	SXXXX373F

Date Of Birth	29/05/1989
Occupation	Outdoor
Date Of Driving Pass	08/01/2009
Driving experience	12 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86865008
Alt. Phone Number	-
Email Address	MELENYANGX@GMAIL.COM
Address	BLK 695 JURONG WEST CENTRAL 1 #06-31
Address complement	-
Postcode	640695
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Jurong West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002689999
Alt. Police Station Phone No	(Fax) +65-62672438
Police Station Address	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210412/2105

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	FBM990A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 13/4/2021

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/2021

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

(A) SMY8171B
(B) FBM990A

TPE

[illegible]

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



**SINGAPORE
POLICE FORCE**



T/20210412/2105

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No: T/20210412/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/04/2021 18:22		Vide Report No.: G/20210412/0123		Station Diary No.: 160	
Informant's Particulars					
Name of Informant: ANG MIN TENG			Address: APT BLK 695 JURONG WEST CENTRAL 1 #06-31 SINGAPORE 640695		
ID Type / ID No.: NRIC NO / S8917373F			Contact No.: Home/Office: Mobile: 86865008		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 29/05/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2021 16:00	Type of Location: Straight Road
Location: TAMPINES EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBM990A		HONDA	CB400X	Black		0
SMY8171B	Car	BMW	216D GRAN TOURER LED NAV 7 SEATER	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210412/2105

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20210412/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG MIN TENG	ID No.	S8917373F
Related Vehicle	SMY8171B (Car)	Contact No.	86865008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 12/04/2021, at about 1600hrs I was traveling along Pan Island Expressway towards Tuas at lamppost 39 on the left most lane.

I was travelling at about 20km/hr on the straight road. Then suddenly I heard a crash on my right side. I immediately stop my car and look at my side mirror, I saw a rider had hit my right rear bumper and then he flew to the next lane. I got down of the car and called the ambulance for him. The rider walked towards the road shoulder while waiting for the ambulance to come. He suffered some abrasion on his knees and hands. My car rear right bumper and right side of my car's light also cracked and dented.

Awhile later, the ambulance and the traffic police came to the scene. The traffic police gave me a case card and told me to lodge a police report afterwards. The rider was conveyed by the ambulance. This is the first time this have happened to me.



SINGAPORE
POLICE FORCE



T/20210412/2105

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20210412/2105

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:

J /

Sgt 2 ANG KWAN SHYAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476178

Signature Of Informant:

Date/Time:

12/04/2021 18:22

Classification Of Case:

Authentication Stamp

NP168

SN 126

Signature:

Singapore Police Force



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
Co.Reg No. 200412212G GST Reg. No. 20-0412212G
A Member of **MS&AD** INSURANCE GROUP

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 (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.

MOTOR TRADE (ROAD RISK)

MotorTrade Road Risk Third Party Only Contract

Certificate No. A 300325272 MTR

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle
Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.
2. Name of Policyholder
Viking Motor Pte Ltd
3. Effective Date of the Commencement of Insurance for the purposes of the Act
12/06/2020
4. Date of Expiry of Insurance
11/06/2021
5. Persons or Classes of Persons entitled to drive*
* Provided that the person driving is permitted in accordance with the licensing or other laws or 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.
6. Limitations as to Use *
Use only for Motor Trade purposes. The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.
N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Craig Ellis
Chief Executive Officer

Particulars of Insured / Driver & Details of this Accident

(Pls circle where applicable)

Location Of Accident: TAMPANIES EXPRESSWAY (Lampost: 39) Date & Time Of Accident: 6/4/2021 @ 1600 HRS

Purpose when vehicle was used at the time of accident: EMPLOYMENT / WORK
(e.g Going home)

Details of Own Vehicle

Vehicle Registration number: SMY 8171B Make / Model: BMW
Vehicle Category: COMMERCIAL CAR

Claim Own Insurance: YES / NO If No, Reporting only / Third Party Claim

Name of Preferred Workshop: OPTIMA WERKZ PTE LTD Contact: 91177568

Insured / Policy Holder

Name of Registered Owner: VIKING MOTOR PTE LTD NRIC No.: 201806606D
Address: 210 TURF CLUB ROAD, LOT B22/B33 THE GRANDSTAND S287995
Mobile No: 86865008 Other Contact: Home / Office no: 63146133
Email: melenyang x @gmail.com

Driver

Name of Driver: ANG MIN TENG NRIC / Fin No.: S8917373F
Driving Licence Pass Date: 08/01/2009 D.O.B: 29/05/1989
Address: BLK 695 JURONG WEST CENTRAL 1 # 06-31 S640195
Occupation: INDOOR / OUTDOOR Mobile No: 86865008
Gender: MALE / FEMALE Other Contact: Home / Office no: 86865008
Email: melenyang x @gmail.com

Driver an employee: YES / NO If no, what is the relationship with the policyholder:
If Driver is a policyholder, please ignore this question

Insurance Company

Fleet Policy: YES / NO Policy number: A 300325272 MTR Type Of Coverage: COMPREHENSIVE

General Information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: COLLIDED WITH MOTORCYCLIST
Weather Conditions: CLEAR / RAINING / DRIZZLING / OTHERS:
Road Surface: DRY / WET
Any video captured by car camera? YES / NO *Any witness?: YES / NO
Any police report made: YES / NO *Injured party: YES / NO (if yes, pls provide name & Tel)
T/ 20210412/2105

No. of Passenger (including Driver): 1

Details of Passenger 1

Name: _____ Name: _____
Gender: _____ Gender: _____

Details of Passenger 3

Name: _____ Name: _____
Gender: _____ Gender: _____

Details of Passenger 4

Details of Other Vehicle Property 1

Vehicle Registration No: FBM990A
Vehicle Make/Model/Color: _____
Name Of Driver: _____
No. of Passenger (including Driver): _____
NRIC: _____
Contact Number: _____
Nature of Damage: _____
Vehicle Category: _____

Details of Other Vehicle Property 2

Vehicle Registration No: _____
Vehicle Make/Model/Color: _____
Name Of Driver: _____
No. of Passenger (including Driver): _____
NRIC: _____
Contact Number: _____
Nature of Damage: _____
Vehicle Category: _____