

**NATIONAL Assessment Centre Services** 2421 AG0003

Date In: 26/08/2021 14:49	Job description: SAS e-Milling	Date & Time Completed:	Done by:
Ref No: 2104/1862101094314	E-mail (Vehicle Unit, A/C Unit)		
Veh No: EV 19325	Motor Claim Form		
O.O.A: 25/10/2021 16:00	Motor W/O (Willow 00 Sheet, TP 4000)		
(1) TP / Reporting Only	Photo Uploaded		
TP Insurer:	Assessment/Repair Report		
Preferred Wksp / NO Approval Wksp / QW:	Assessment Report by Ins / Hand to Owner/Willow	Tel:	Fax:
TP Unit/Policy:	Ych No: SKM 11865	INC ( ) / Non-INC ( )	
Owner/Driver ( )	Period ( )	Cover Type ( )	
Policy No ( )	Date:	Year ( )	
Continued by ( )	Insured/Driver Liability ( )	% (Note: Est. Slower (WO) N: 0-20%, P: 21-79%, P: 80-100%)	
Year of Registration ( )	Warranty Y/N ( ) / NO ( )		
Excess ( )	Lossing: \$1,000 ( ) / \$2,000 ( )		
( ) Willing to provide Customer Information strictly confidential & strictly NO Rotor of Repetition			
( ) Total Loss Case ( ) to e-mail Insurer URGENTLY			
Drive-In ( ) / Towed-In ( )	Invoice Y/N ( ) / NO ( )	Towing Cost ( )	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QO Check / Post Repair Inspection			
3) Upload Repair Photo (Repair Costs > \$3000)			
Injury:			

Driver/Owner:	1) All Assessment/Repair (QO)	2) QO Check/Post Repair (QO)
Contract No:	3) TP Follow-up	4) PT Follow-up/Repair Survey
Duration of Portion:	5) PT Follow-up/Repair Survey (Repair)	6) PT Follow-up/Repair Survey (Repair)
QC Checked by (Eng-In-Charge):	7) PT Follow-up/Repair Survey (Repair)	8) PT Follow-up/Repair Survey (Repair)
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	97) PT Follow-up/Repair Survey (Repair)	98) PT Follow-up/Repair Survey (Repair)
	99) PT Follow-up/Repair Survey (Repair)	100) PT Follow-up/Repair Survey (Repair)



## 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	26/10/2021 14:49 (SGT)
Date of Accident	25/10/2021 16:00 (SGT)
Exact Location of Accident	Jln Eunus, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV1932S
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG YOKE KUAI
NRIC No	SXXXX085D
Email Address	55andyandylee@gmail.com
Mobile Phone No	(Phone) +65-83543546
Alternative Phone No	+65-83543546

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Nf125
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
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/MT/21-514132-WTT
Cover Note Number	-

#### DRIVER

Name of Driver	WONG YOKE KUAI
NRIC No	SXXXX085D

Date Of Birth	08/10/1958
Occupation	Outdoor
Date Of Driving Pass	12/12/1978
Driving experience	42 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83543546
Alt. Phone Number	+65-83543546
Email Address	55andyandylee@gmail.com
Address	BLK 45 CIRCUIT ROAD #08-635
Address complement	-
Postcode	370045
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	Side Swipe
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 vehicle 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 T/20211025/7046

#### 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	SKM1186S
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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	WONG YOKE KUAI
Gender	Male
Phone No	(Phone) +65-83543546
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FV1932S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



## SKETCH PLAN

### IMPORTANT NOTICE

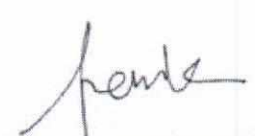
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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)**

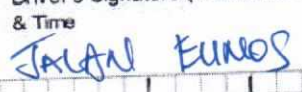
I understand, acknowledge, agree and consent that:

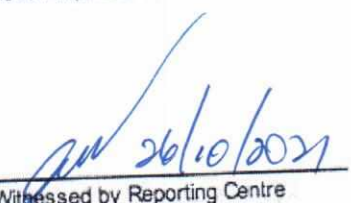
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

Sketch Plan

	<p>A = FV 1932S B = SKM1186S</p>
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**Describe Circumstances of the Accident**

REFER TO POLICE REPORT 7/2021/025/7046

## Declaration

We declare the foregoing particulars are true in every respect.

park

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

Witnessed by Reporting Centre Personnel



Date of Accident : 25/10/2021 Accident Time: 1600hrs (24-HR-Format)  
Accident Place : JALAN EUNOS  
Vehicle. No. (Car Plate No.) : FV1932S Make/Model: HONDA 125  
Insurance Company : \_\_\_\_\_ Policy No: \_\_\_\_\_  
Owner or Company Name /IC No. : WONG YOKE KUI / S1312085D  
Owner or Company Contact No. : 8771 0811 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : A J ABOVE  
DRIVER'S Date Of Birth : 08/10/1988 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER  
DRIVER'S Address : 45 CIRCUIT RD #08-635 (S) 370045  
DRIVER'S Contact No./ Alt No. : 1) A J ABOVE 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : 55ANDYANDYLEE@EMAIL.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): 01  
Was the accident reported to the police? YES \ NO  
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  
Any Injury (If YES, Pls state): RIDER

B

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

Vehicle. No: SKM11865  
Vehicle Make/Model: MAZDA  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

Vehicle. No: \_\_\_\_\_  
Vehicle Make/Model: \_\_\_\_\_  
Name Driver: \_\_\_\_\_  
IC No. Driver/Contact: \_\_\_\_\_

**\* NEW - Passenger's name & gender:**



# SINGAPORE POLICE FORCE



T/20211025/7046

1 of 3

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

Report No. T/20211025/7046

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2021 20:36		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: WONG YOKE KUAL			Address: 45 CIRCUIT ROAD #08-635 SINGAPORE 370045		
ID Type / ID No.: NRIC NO / S1312085D			Contact No.: Home/Office:		Mobile: 83543546
Nationality: SINGAPORE CITIZEN			Email: 55andyandylee@gmail.com		
Sex: Male	Age: 63	Date of Birth: 08/10/1958	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: 2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2021 16:00	Type of Location: Straight Road
Location:  JALAN EUNOS				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FV1932S	Motorcycle	HONDA	NF125MD	Red		0
SKM1186S	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20211025/7046

2 of 3

Police Station of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20211025/7046

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV1932S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT21514132	22/01/2021	21/01/2022

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	WONG YOKE KUAL	ID No.	S1312085D
Related Vehicle	FV1932S (Motorcycle)	Contact No.	83543546
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2,3 Date of Expiry: NIL
Date	25/10/2021	Date	25/10/2021
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I VEHICLE A BEARING MOTORPLATE ( FV1932S ) WAS RIDING STRAIGHT IN MY LANE ON LANE 2.

SUDDENLY I FELT A IMPACT ON MY RIGHT HANDLE CAUSING ME TO LOST CONTROL. I USE MY LEFT LEG TO SUPPORT ON THE GROUND AND STABLE MY BIKE.

RIGHT AFTER THE IMPACT FROM VEHICLE B, VEHICLE B, BEARING CAR PLATE SKM1186S MOVED AND STOP IN FRONT OF ME.

WE EXCHANGED PARTICULAR AND LEFT THE SCENE.

AFTER THE ACCIDENT I FELT PAIN ON MY LEFT LEG AND LOWER BACK SO I WENT TO LIFEPLUS MEDICAL GROUP ( BEDOK ) TO CONSULT A DOCTOR AND RECEIVED 3 DAYS OF MC.



**SINGAPORE  
POLICE FORCE**



T/20211025/7046

3 of 3

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

Report No. T/20211025/7046

**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 / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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

Date/Time:  
25/10/2021 20:36

Classification Of Case:



# CERTIFICATE OF INSURANCE

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)  
The Motor Vehicles (Third-Party Risks) Rules, 1999 (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 : RSD/VMT/21-514132-WTT A0633-001/V0836

NUMBERED : 771

EXCH : 311

513120850

1. Index mark and Registration Number of Vehicle PV19329

125 c.c.

2. Name of Policyholder WONG TOKE KUAN

3. Effective date of the Commencement of Insurance  
for the purposes of the Act

0001RM 22/01/2021

4. Date of Expiry of Insurance

21/01/2022

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

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

a. Use for hire or reward.

b. Use for racing, speed-testing, reliability trial or speed-testing.

c. Use for the carriage of goods (other than samples) in connection with any trade or business.

d. Use for any purpose in connection with the Motor Trade.

e. 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.

WTT INSURANCE AGENCIES PTE LTD

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

18/01/2021 (T)

WTTG-0154/14