

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 05/05/2022	Job description	Date & Time Completed	Done by
Ref No: CA/MSG 22004147/m4	SAS e-filing		
Veh No: FBL 424 Z	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/04/2022 14:45	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

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

TP Particulars:	Veh No: SKV5279J	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%; F: 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 (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : Towing Fee \$40/\$45			
QC Checked by (Engr-In-Charge):	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 (Non INC) against INC \$20			
	9) N12: Idac Mobile 30			
Cat. 1:	Invoice dated	Fee Charged		
Cat. 2 / 3:	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	05/05/2022 16:12 (SGT)
Date of Accident	12/04/2022 14:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SWISS VIEW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL424Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TUEN WAI MENG
NRIC No	SXXXX412B
Email Address	tuenjoe616@yahoo.com.sg
Mobile Phone No	(Phone) +65-93209069
Alternative Phone No	+65-93209069

VEHICLE PARTICULARS

Manufacturer	Sym
Model	Joyride 200i
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	Auto
CC	171

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MSD/VMS/21-514938-WTT
Cover Note Number	-

DRIVER

Name of Driver	TUEN WAI MENG
NRIC No	SXXXX412B

Date Of Birth	16/06/1961
Occupation	Outdoor
Date Of Driving Pass	27/08/1984
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93209069
Alt. Phone Number	+65-93209069
Email Address	tuenjoe616@yahoo.com.sg
Address	BLK 186 BOON LAY AVENUE
Address complement	#22-122
Postcode	640186
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?	Yes
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

PLS REFER TO THE POLICE REPORT : T/20220418/7011

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	SKV5279J
Vehicle Manufacturer	-
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	TUEN WAI MENG
Gender	Male
Phone No	(Phone) +65-93209069
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBL424Z
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 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

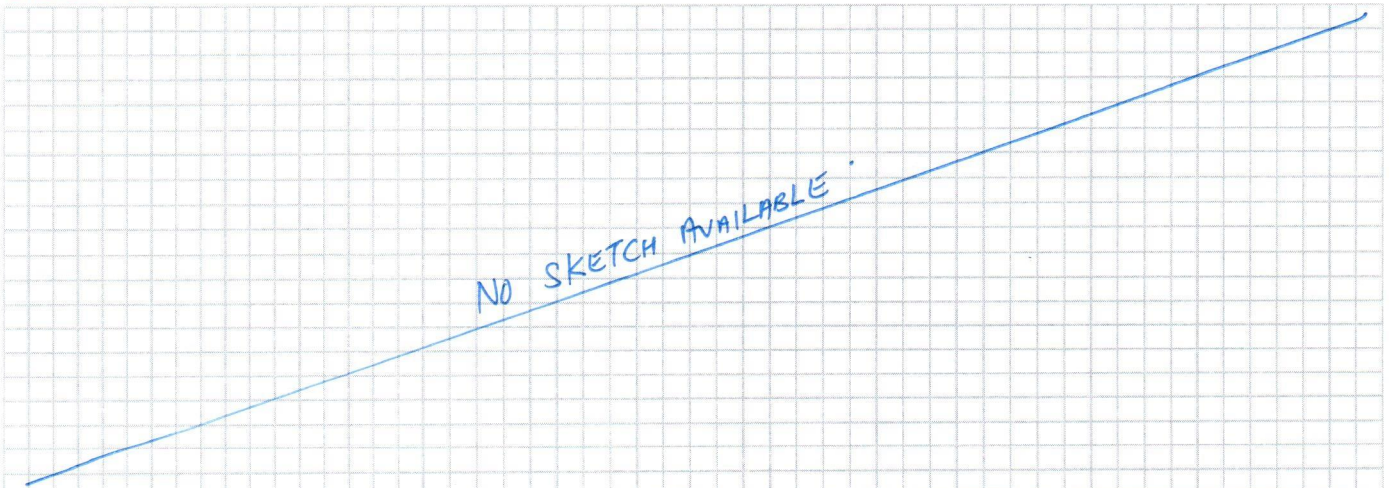
 04/05/22

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

 05/05/22

Witnessed by Reporting Centre
Personnel

Sketch Plan



NO SKETCH AVAILABLE

Describe Circumstances of the Accident

— Pls refer to the police report: T/2022 0418/7011. —

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

 04/05/22

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

 5/5/22

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220418/7011

1 of 3

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

Report No. T/20220418/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/04/2022 12:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TUEN WAI MENG			Address: 186 BOON LAY AVENUE #22-122 SINGAPORE 640186		
ID Type / ID No.: NRIC NO / S1503412B			Contact No.: Home/Office: Mobile: 93209069		
Nationality: SINGAPORE CITIZEN			Email: TUENJOE616@YAHOO.COM.SG		
Sex: Male	Age: 60	Date of Birth: 16/06/1961	Type of Informant: Rider		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: DRIVER		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/04/2022 14:45	Type of Location: Straight Road
Location: SWISS VIEW				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBL424Z	Motorcycle	SYM	JOYRIDE+2 00I+EVO+C VT	Black	Seriously Damaged	0
SKV5279J	Car			Black	Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220418/7011

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

2 of 3

Report No. T/20220418/7011

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL424Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT21514938	10/02/2022	15/05/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	TUEN WAI MENG		ID No. S1503412B
Related Vehicle	FBL424Z (Motorcycle)		Contact No. 93209069
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B,3,4,5 Date of Expiry: NIL
Date	12/04/2022		Date 17/04/2022
No. of Days granted Medical Leave	19	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING MOTOR PLATE FBL424Z WAS TRAVELLING STRAIGHT IN MY LANE ON THE ONE WAY TRAFFIC.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SKV5279J BANG ONTO THE REAR PORTION OF MY VEHICLE WHICH CAUSED MY BIKE TO FALL ONTO THE LEFT SIDE AND ME LANDING HARD ONTO THE GROUND.

I LIKE TO STATE THAT I FORGOT WHERE THE EXACT ACCIDENT LOCATION AS I WAS STILL IN A STATE OF SHOCK UP TO DATE. HOWEVER, AT THE SCENE, IO ISMA: 97284067 KNOW MY ACCIDENT LOCATION.

AFTER THE ACCIDENT, I SUFFERED MULTIPLE INJURIES. I WAS CONVEY TO KHOO TECK PUAT HOSPITAL AND WARDED FROM 12 APRIL 2022 15:22 TO 17 APRIL 2023 10:05.

I WAS GIVEN 19 DAYS OF MC FROM 12-APRIL-2022 TO 30-APRIL-2022.



**SINGAPORE
POLICE FORCE**



T/20220418/7011

3 of 3

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

Report No. T/20220418/7011

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 /
VILTON HIA WEE SIANG
Contact No.: 65476232

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

Date/Time:
18/04/2022 12:14

Classification Of Case:



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
(Co. Reg. No. 200412212G)
4 Shenton Way, #21-01, SGX Centre 2,
Singapore 068807
Tel +65 6827 7888 Fax +65 6827 7800
msig.com.sg

Agency : A0633-001/W0851
Endorsement No : MSD/VMS/21-E173528-WT
Vehicle No : FBL424Z
Policy No : MSD-VMS/21-514938-WT
Name : TUEN WAI MENG

Effective Date : 10-02-2022
Expiry Date : 15-05-2022
Effective Time : 0001AM

Notwithstanding anything within stated to the contrary, it is hereby declared and agreed that as from the above stated effective date, the following amendment(s) is/are made to this policy :-

(1) EXTENSION

The expiry date of this policy is extended to 15-05-2022

(2) COMM USE (FOOD/PARCEL DELIVERY SVCS EXTN)

It is hereby declared and agreed that the Policy is extended to cover use for food and/or parcel delivery services. Item (iii) under 'The Policy does not cover' is deemed to be deleted. Extension is subject to a minimum pro-rated additional premium of S\$50.00

Withdrawal of this extension, a refund premium is allowed based on pro-rata basis and subject to a minimum retention of S\$50.00 on the additional premium paid. No refund will be payable if any claim has arisen during the period of the extended cover.

In view of the above change(s), the undermentioned charge(s) is/are payable to the company.

Addt. Premium : 85.24
GST @ 7 % : 5.97

Subject otherwise to the terms, conditions and exception of this policy.

SUBJECT TO PREMIUM WARRANTY CLAUSE ATTACHED

For MSIG INSURANCE (SINGAPORE) PTE. LTD.

WTT Insurance Agencies Pte Ltd
Underwriting Agents

PAGE : 1
DATE : 10/11/2021

9011 9199 (Michael will
tow the motorcycle
for photo taking!

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 04 / 2022) (DD/MM/YYYY), TIME: (14 : 45) (HH:MM)

LOCATION: Swiss View

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 424 Z
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Sym Joyride 200I AUTO / MANUAL (171cc)
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Tuen Wai Meng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1503412B CONTACT: 9320 9069
c) ADDRESS: Blk 186 Boon Lay Avenue #22-122 (S) 640/86

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: - As above - (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (16 / 06 / 1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 27/08/1984

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)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKV 5279 J MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = tuenjoe616@yahoo.com.sg

Fax =

VIDEO = NO

*No of passenger
(including driver)
(1)

*No of passenger
(including driver)
()

*No of passenger
(including driver)
()



W 736553
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

CERTIFICATE OF INSURANCE

Road Transport Act 1937 (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 : NSD/VNS/21-514938-WTT A0633-001/W0851 S132773

SUM INSURED : PMV

EXCESS : \$300 (FIRE&THEFT) \$600 (ENDT 2K)

S1503412B

1. Index mark and Registration Number of Vehicle FBL424Z

SYN

155 c.c.

2. Name of Policyholder TUEN WAI WENG

3. Effective date of the Commencement of Insurance

for the purposes of the Act

0001AM 10/02/2022

4. Date of Expiry of Insurance

15/05/2022

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

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. 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