

NATIONAL Assessment Centre Services: (wef 1 Jan'08) **SLON 226 F0002**

Date In: 15/06/2022 15:46	Job description	Date & Time Completed	Done by
Ref No: CB8M8G2205682/Y	SAS e-filing		
Veh No: FB 2066K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 14/06/2022 20:10	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: ST/P 1066M 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)

Remarks	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	AM (S)	AM (D)
		Int Bill	Acc 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		
	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:		
	OD*		
	*N3: 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 \$0		
	Invoice dated	Fee Charged	
	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	15/06/2022 15:46 (SGT)
Date of Accident	14/06/2022 20:10 (SGT)
Exact Location of Accident	Changi South Ave 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2066K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EDWARD LEE SHIAO CHUAN
NRIC No	SXXXX094H
Email Address	edlonsc@gmail.com
Mobile Phone No	(Phone) +65-98072396
Alternative Phone No	+65-98072396

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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	150

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MSD/VMT/21-425419-CA
Cover Note Number	-

DRIVER

Name of Driver	EDWARD LEE SHIAO CHUAN
NRIC No	SXXXX094H

Date Of Birth	03/05/1982
Occupation	Outdoor
Date Of Driving Pass	12/04/2014
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98072396
Alt. Phone Number	+65-98072396
Email Address	edlonsc@gmail.com
Address	BLK 133 EDGEDALE PLAINS #14-50
Address complement	-
Postcode	820133
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 on collision
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM YEN NEE
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220615/2052

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1066M
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	HUANG HENG JIE
Contact Number	(Phone) +65-83683258
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	EDWARD LEE SHIAO CHUAN
Gender	Male
Phone No	(Phone) +65-98072396
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBL2066K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	IVAN YEO
Phone	(Phone) +65-98222754
Email	-



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' 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

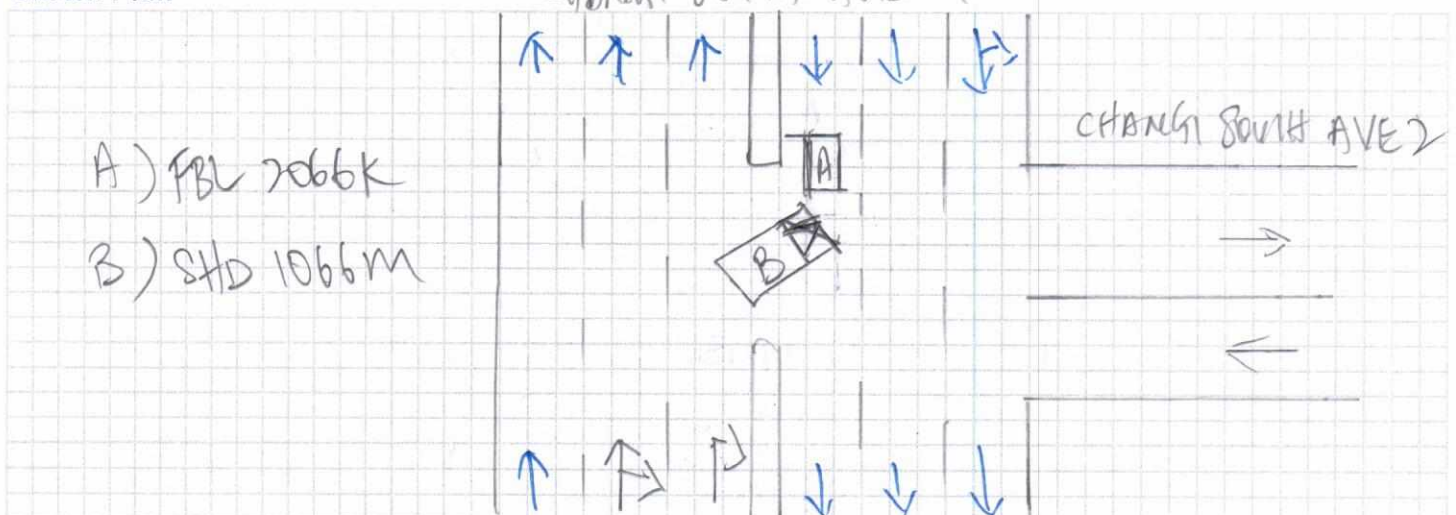
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT T/20220615/2052

Declaration

We declare the foregoing particulars are true in every respect.

See. 15/06/2022
Policyholder's Signature / Date &
Time

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

See. 15/06/2022
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220615/2052

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

1 of 3

Report No. T/20220615/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/06/2022 13:35	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: EDWARD LEE SHIAO CHUAN			Address: APT BLK 133 EDGEDALE PLAINS #14-50 SINGAPORE 820133		
ID Type / ID No.: NRIC NO / S8269094H			Contact No.: Home/Office: Mobile: 98072396		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 03/05/1982	Type of Informant: Rider		
Race: Chinese			Language:		Institution / School Name:
Occupation: SERVICE ENGINEER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/06/2022 20:10	Type of Location: T-Junction
Location: CHANGI SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL2066K	Motorcycle	YAMAHA	SNIPER T150	Red	No Damage	1
SHD1066M	Car	KIA	OPTIMA 1.7(A)	Silver	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2066K	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT21425419	14/07/2021	13/07/2022



**SINGAPORE
POLICE FORCE**



T/20220615/2052

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999

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Report No. T/20220615/2052

CONTINUATION OF REPORT

Brief Details.

On 14/06/2022 at around 2012hrs, I was riding on my motorcycle (FBL2066K, red YAMAHA SNIPER T150 motorcycle) with my wife along Changi south avenue 1 on the 1st lane towards Xilin avenue. As the traffic light was green, I continued riding straight and I noticed a taxi (SHD1066M, silver Kia optima 1.7(A) Diesel Taxi) driving along Changi south avenue 1 on the 1st lane and stopped halfway in the middle of the T junction while trying to turning right into Changi south avenue 2 even though the arrow sign on his side was not lighted up at that time.

I applied emergency brake to avoid collision with the taxi but to no avail. My motorcycle's front wheel bumped into the taxi's front bumper. My wife and I fell over as we were unable to remain steady from the collision, but we did not sustain any injuries. I called for police assistance after my wife and I got up and straighten my motorcycle. My motorbicycle's front wheel had bent inwards, and the taxi's front bumper had a dent on the passenger side. I exchanged my name and contact number with the taxi driver (Huang heng jie, 83683258)

Traffic police and paramedics came to the scene and attended to us and the taxi driver. No one was conveyed by the ambulance. While traffic police was attending to us and the taxi driver, a person named Ivan Yeo (contact no. 98222754) approached us via foot and said that he had witnessed the incident as he was driving beside the taxi before taxi had made the right turn. The witness had showed us a recording taken from his vehicle camera. Traffic police informed us that police report was not required, however my insurance company told me to lodge a police report after I consulted them.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
151 Punggol Central SINGAPORE 828727
Tel No: 1800-6049999



T/20220615/2052

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Report No. T/20220615/2052

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: F / Other Kelvin Tan Yong Chuan <i>ky</i>
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / STAFF SGT SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187

Signature Of Informant: <i>ky</i>
Date/Time: 15/06/2022 13:35
Classification Of Case:

NP168

ACCIDENT STATEMENT

Accident Date: 14/06/2022 (DD/MM/YYYY), Time: 20:10 (HH:MM)
Location: Chavali South Ave 1 / Chavali South Ave 2

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: FSL 2066K
b) INSURANCE COMPANY: MSL
c) POLICY NUMBER: 14000000000000000000
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha Supra
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
a) NAME: Edward Lee Shiao Chuan
b) NRIC/FIN/PASSPORT: 9012354
c) ADDRESS:
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

2
No of passenger (including driver)

DRIVER
d) NAME: AS. ASHWIN
b) NRIC/FIN/PASSPORT:
c) ADDRESS:
CONTACT:

* DATE OF BIRTH: (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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: SHD 1066W
b) DRIVER'S NAME: Huang Huan An
c) NRIC/FIN/PASSPORT: 83682258
CONTACT: 83682258
MODEL: Tami
9. THIRD PARTY VEHICLE
a) VEHICLE NUMBER:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:
CONTACT:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT:
CONTACT:

2
No of passenger (including driver)

Um Yau HEE

email: edionsc@gmail.com
WITNESS: 98222754
JYAN YEO

**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

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 12/07/2021

AGENCY: A0074-001-10001
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/21-425419-CA

INSURED:

NAME: EDWARD LEE SHIAO CHUAN
ADDRESS: 120 GEYLANG EAST CENTRAL
#05-62
SE 380120

NRIC NO: S8269094H
DATE OF BIRTH: 03/05/1982 (39 yrs)
DRIVING EXP: 12/04/2014 (7 yrs)
CONTACT NO: 98072396

BUSINESS OR PROFESSION: MANUFACTURER

PERIOD OF INSURANCE FROM: 14/07/2021 TO 13/07/2022
12:01AM

REGISTRATION NUMBER: FBL2066K

CUBIC CAPACITY: 150

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2016

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

PREMIUM: 136.00

EXCESS:

GST @ 7% 9.52

TOTAL : 145.52

NO CLAIM BONUS OF 20% IS ALLOWED

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:

REPLACING POLICY NO: MSD/VMT/20-414504-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers