

NATIONAL Assessment-Centre Services (wef 1 Jan'06)

Date In: 15/06/2023	Job description	Date & Time Completed	Done by
Ref No: CA/MSG23006188/d4	SAS e-filing		
Veh No: FBR 3209C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 13/06/2023 18:14	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 3JF 9432C	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	Ant (\$)	Ant
Driver/Owner:	1) AR : Accident Reporting (\$30);	1st Bill	Add
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		
Auditors Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		
	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 Actual 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	15/06/2023 18:22 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/06/2023 18:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR3209C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHENG GUAN SENG
NRIC No	SXXXX055H
Email Address	claims@teamworkgarage.com
Mobile Phone No	(Phone) +65-98277743
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Aerox
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	Commercial vehicle
Transmission	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51014944

DRIVER

Name of Driver	CHENG GUAN SENG
NRIC No	SXXXX055H
Date Of Birth	02/06/1952
Occupation	Outdoor

Date Of Driving Pass	22/10/1975
Driving experience	47 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98277743
Alt. Phone Number	-
Email Address	claims@teamworkgarage.com
Address	APT BLK 157 BEDOK SOUTH AVENUE 3
Address complement	# 02-575
Postcode	460157
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 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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230614/2072

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF9432C
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	CHENG GUAN SENG
Gender	Male
Phone No	(Phone) +65-98277743
Address	APT BLK 157 BEDOK SOUTH AVENUE 3
Address Complement	# 02-575
Post Code	460157
Approximate Age Years Old	-
Injuries Sustained	SLIGHTLY INJURED
Injured person in which vehicle?	FBR3209C
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.

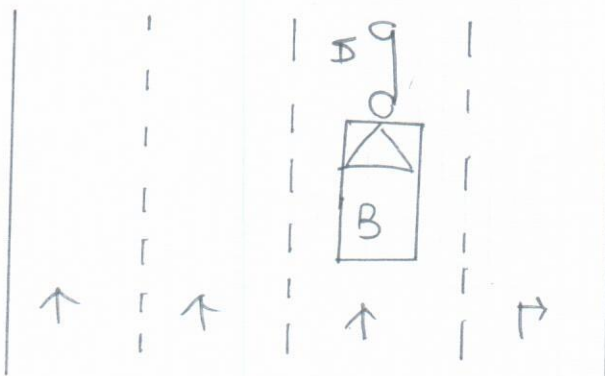
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Haung Avenue 2



A: FBR 3209C

B: SJF 9432C

Describe Circumstances of the Accident

I was driving along Houyong Ave 2, stopped at the traffic light waiting to turn green. Out of a sudden I felt an impact from the rear portion of my motorcycle.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time

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

 15/6/2023
Witnessed by Reporting Centre
Personnel



Police Station Of Origin:

Bedok N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

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Report No. T/20230614/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2023 17:35	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars

Name of Informant: CHENG GUAN SENG			Address: APT BLK 157 BEDOK SOUTH AVENUE 3 #02-575 SINGAPORE 460157		
ID Type / ID No.: NRIC NO / S0099055H			Contact No.: Home/Office: Mobile: 98277743		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 02/06/1952	Type of Informant: Rider		
Race: Chinese			Language:		
Occupation: Crane operator (on-site)			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/06/2023 18:15	Type of Location: Straight Road
Location: HOUGANG AVENUE 2				
Weather: Clear	Road Surface: Dry			
Traffic Flow:	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
FBR3209C	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	White	Slightly Damaged	0
SJF9432C	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230614/2072

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20230614/2072

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR3209C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300681119	21/10/2022	20/10/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CHENG GUAN SENG	ID No.	S0099055H
Related Vehicle	FBR3209C (Motorcycle)	Contact No.	98277743
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/06/2023	Date Discharge	14/06/2023
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was driving along hougang avenue 2, i stopped at the traffic light waiting for it to turn green, out of a sudden i felt an impact from the rear portion of my motorcycle and i fell towards the right and injured my right leg and right hand. We did not exchange particulars.



**SINGAPORE
POLICE FORCE**



T/20230614/2072

Police Station Of Origin:
Bedok N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20230614/2072

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G /

SGT 3 MUHAMMAD YAZID BIN
MUHAMMAD HUSSEIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Signature Of Informant:

Date/Time:

14/06/2023 17:35

Classification Of Case:

NP168

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 13 June 2023	TIME OF ACCIDENT : 1814 Hrs
VEHICLE NO : FBR 3209 C	TRANSMISION : AUTO / MANUAL
MAKE & MODEL : YAMAHA.	LOCATION : Hougang Ave 2
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : <u>OD</u> / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : MSIG.	POLICY NO :
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / <u>THIRD PARTY & THEFT</u>	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/ <u>MOTORCYCLE</u>)
NAME OF OWNER : Chery Ann Seng	NRIC : 50099055H
ADDRESS : Blk 157 Bedok South Ave 3 #02-577 460157	CONTACT NO : 9827 7743
EMAIL ADDRESS : claims @ teamworkgange .com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : _____	PASSENGER : _____ MALE () FEMALE ()
DATE OF BIRTH : 02 / 06 / 1952	DRIVING PASSING DATE : 22 / 10 / 1975.
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS :
ANY INJURIES : NO, IF YES : <u>Leg and shoulder</u>	POLICE REPORT : NO/ IF YES WHERE ? _____
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SJF 9432C</u>	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) , IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / <u>NO</u>
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>

**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

MOTOR INSURANCE COVER NOTE

In consideration of the Insured having paid or agreed to pay the premium, the risk detailed below is **HELD COVERED** for the Period of Insurance, subject to the terms and conditions of the Company's usual form of policy.

This Cover Note is valid for 30 days from the Date of Issue.

Date of Issue	:	21/09/2022
Cover Note No.	:	CN51014944
Existing Policy No.	:	-
Intermediary Name	:	Heng Motor Enterprise
Name of Insured	:	CHENG GUAN SENG
Named Driver	:	CHENG GUAN SENG
Make and Model of Vehicle	:	Yamaha Motorcycle AEROX GDR155A CVT ABS
Vehicle Registration No.	:	FBR3209C
Year of Manufacture	:	2020
Engine No.	:	G3J8E0137908
Chassis No	:	MH3SG4640LJ067093
Capacity	:	155.00 C.C.
Cover	:	Third Party Fire And Theft Cover
Sum Insured	:	Market value at time of loss
Period of Insurance	:	21/10/2022 To 20/10/2023
Excess	:	As Agreed
Finance Company	:	Not Applicable
Vehicle for Commercial Purpose	:	No
Food Delivery Use	:	No

I/We hereby certify that this Cover note is issued in accordance with the Provisions of the Motor Vehicles(Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment Act or Acts passed in substitution thereof.

SIGNED FOR AND ON BEHALF OF THE COMPANY

Mack Eng
Chief Executive Officer
MSIG Insurance (Singapore) Pte. Ltd.