

NATIONAL Assessment Centre Services (wef 1 Jan 05) SLO/237A0001

Date In: 10/07/2023 15:59	Job description	Date & Time Completed	Done by
Ref No: CBA/m862800 6946/Y	SAS e-filing		
Veh No: FZ 8749M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 06/07/2023 20:00	i-Motor Claim Form		
OD <u>TP</u> / 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: QX 1904H 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 (\$)	Amt Add
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		
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	<i>For claiming against INC Only (wef 10 Jan 2005)</i>		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	<u>ON*</u>		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	<u>TP (N11) : TP (Non INC) against INC \$20</u>		
	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	10/07/2023 15:59 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/07/2023 20:00 (SGT)
Exact Location of Accident	Bukit Merah Central, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ8749M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG KIM MONG @ NG KIM HONG
NRIC No	SXXXX801C
Email Address	terrywee71@gmail.com
Mobile Phone No	(Phone) +65-96193261
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	TW200
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	200

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300722647 VMP

DRIVER

Name of Driver	NG KIM MONG @ NG KIM HONG
NRIC No	SXXXX801C
Date Of Birth	31/08/1949
Occupation	Outdoor

Date Of Driving Pass	25/01/1977
Driving experience	46 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96193261
Alt. Phone Number	-
Email Address	terrywee71@gmail.com
Address	BLK 120A KIM TIAN ROAD # 22-52
Address complement	-
Postcode	161120
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	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/20230710/7031 AND T/20230707/2080

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	QX1904H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
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	NG KIM MONG @ NG KIM HONG
Gender	Male
Phone No	(Phone) +65-96193261
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FZ8749M
Were seat belts worn?	Yes
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

Handwritten signature and date: 10/7/23

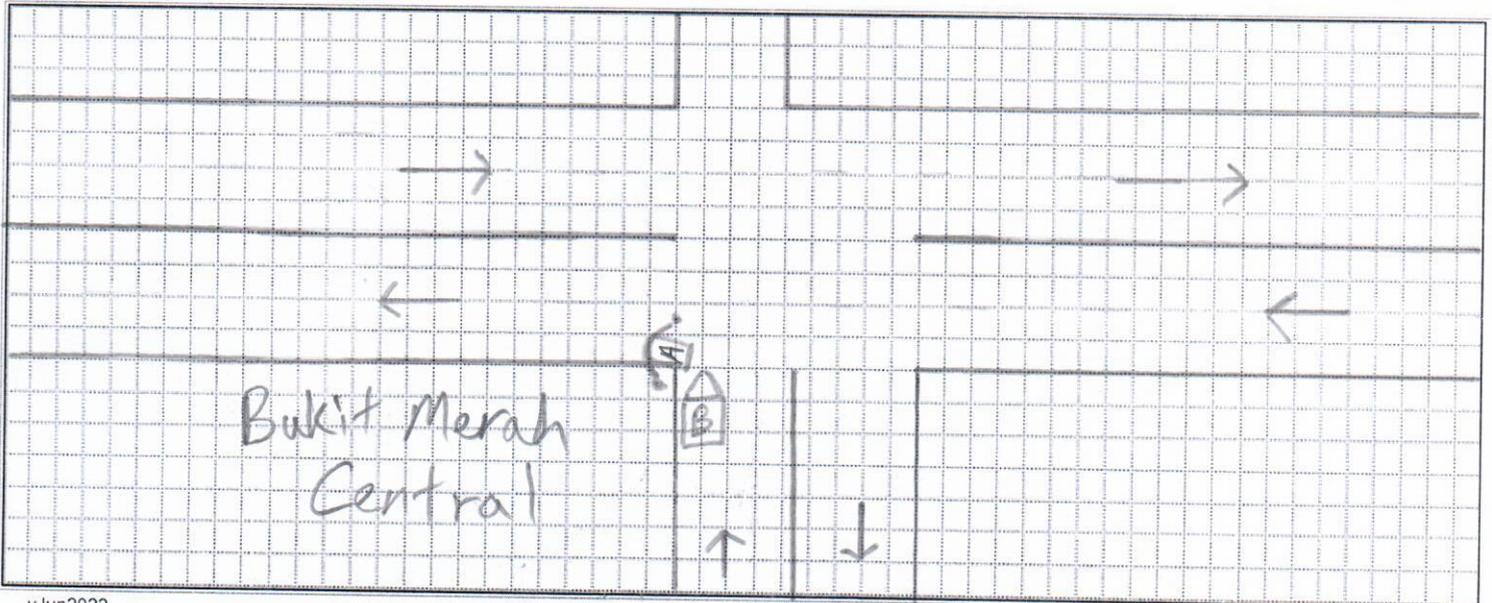
Handwritten signature and date: 10/07/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



A - FZ8749M
B - QX1904H

Describe Circumstance of the Accident

REFER TO POLICE POLICE T/20230710/7031 / T/20230707/2080

[A large blue scribble or signature is present across the lined area.]

Declaration

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

[Signature]
10/7/23

Policyholder's Signature / Date & Time

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

[Signature]
10/07/2023

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG KIM MONG	ID No.	S0957801C
Related Vehicle	FZ8749M (Motorcycle)	Contact No.	96193261
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2,3,4 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	07	Degree of	Slight

Brief Details.

Further to my report T/20230707/2080. I wish to state and clarify that I had moved off and stopped to give way to traffic before making the left turn. I then felt an impact on the right rearbox of my motorcycle and fell off my vehicle.



**SINGAPORE
POLICE FORCE**



T/20230710/7031

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

3 of 3

Report No. T/20230710/7031

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476350

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

Date/Time:
10/07/2023 12:11

Classification Of Case:



**SINGAPORE
POLICE FORCE**



T/20230707/2080

1 of 3

Report No. T/20230707/2080

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/07/2023 18:12	Vide Report No.: D/20230706/0095	Station Diary No.: 54
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Informant's Particulars			
Name of Informant: NG KIM MONG		Address: APT BLK 120A KIM TIAN PLACE #22-52 SINGAPORE 161120	
ID Type / ID No.: NRIC NO / S0957801C		Contact No.: Home/Office:	Mobile: 96193261
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 73	Date of Birth: 31/08/1949	Type of Informant: Rider
Race: Chinese		Language:	
Occupation: Bus driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 06/07/2023 20:00	Type of Location: T-Junction
Location: BUKIT MERAH CENTRAL				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ8749M	Motorcycle	YAMAHA	TW200	Blue	Slightly Damaged	0
QX1904H						1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ8749M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300722647	23/11/2022	22/11/2023



**SINGAPORE
POLICE FORCE**



T/20230707/2080

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

2 of 3

Report No. T/20230707/2080

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NG KIM MONG	ID No.	S0957801C
Related Vehicle	FZ8749M (Motorcycle)	Contact No.	96193261
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/07/2023	Date Discharge	07/07/2023
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 6 July 2023 at about 8.00pm, I left my home at Kim Tian with the intention of going to Bukit Merah Central to find food as I was hungry. I was riding along Jalan Bukit Merah towards Queensway. I subsequently turn into Bukit Merah Central at the Gateway Theatre with the intention to turn left again at the end of the road towards Bukit Merah Central towards Henderson Road.

Before turning into Bukit Merah Central towards Henderson Road, I stop at the T-junction of Bukit Merah Central and Bukit Merah Central to check for opposite traffic. I was at the left most of the lane and I noticed a vehicle beside me. Upon seeing that the traffic is clear, I turn left and while turning, I also noticed that the vehicle is turning and it was quite close to me and before I can do anything, both vehicles side swipes and I fall off towards my left side and the people from that vehicle came down to assist and that was only the time I realised that the said vehicle is a police car.

Subsequently, officers from the traffic police came and there was an ambulance activated to the scene, but I do not wish to be conveyed by the ambulance as I felt my injuries are not serious. I also own self activate my own towing of my motorcycle to my workshop.

Today on 7 July 2023, I went to my workshop and was advised by them to seek medical treatment and also to make a police report before they can process my motorcycle. I then went over to SGH and was given 7 days of MC and 14 days of light duty thereafter. I am making this police report as advised.



**SINGAPORE
POLICE FORCE**



T/20230707/2080

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20230707/2080

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
STAFF SGT YEO CHUN HUA
ANTHONY 

Signature Of Informant: 

Signature Of Interpreter:
Not applicable

Date/Time:
07/07/2023 18:12

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168



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.

**MOTORCYCLE
Third Party Only**

Certificate No. **A 300722647 VMP**

Excess : NIL

Windscreen Excess : NIL

- 1. **Index Mark and Registration Number of Vehicle**
 FZ8749M
- 2. **Name of Policyholder**
 NG KIM MONG @ NG KIM HONG
- 3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
 23/11/2022
- 4. **Date of Expiry of Insurance**
 22/11/2023
- 5. **Persons or Classes of Persons entitled to drive***
 NG KIM MONG @ NG KIM HONG

*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 for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. 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 the carriage of goods (other than samples) in connection with any trade or business.
 - (4) Use for any purpose in connection with the Motor Trade.

* 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 offense 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

Mack Eng
Chief Executive Officer

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 06/07/2023	TIME OF ACCIDENT : 20:00
VEHICLE NO : FZ 8749M	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL : Yamaha / TW200	LOCATION : Bukit Merah Central
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : OD / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : MSIG.	POLICY NO : A300722647 VMP
TYPE OF COVERAGE : COMPREHENSIVE / <u>THIRD PARTY</u> / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY / <u>MOTORCYCLE</u>)
NAME OF OWNER : NG KIM MONG @ NG KIM HONG	NRIC : S0957801C
ADDRESS : APT. Blk 120A Kim Tian Place # 22-52 S(161120)	CONTACT NO : 96193261
EMAIL ADDRESS : Terrywee71@gmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : <u>AS ABOVE</u> / IF NO :	NRIC : <u>S0957801C</u> CONTACT NO : <u>96193261</u>
DRIVER OWNER RELATIONSHIP :	PASSENGER : <input checked="" type="radio"/> MALE () FEMALE ()
DATE OF BIRTH : 31 / 08 / 1949	DRIVING PASSING DATE : 25 / 01 / 1977
OCCUPATION : INDOOR / <u>OUTDOOR</u> Bus Driver	ADDRESS : APT. Blk 120A Kim Tian Place # 22-52 S(161120)
ANY INJURIES : NO, IF <u>YES</u> : Yes	POLICE REPORT : NO / IF <u>YES</u> WHERE ?
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : QX 1904H	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>