

NATIONAL Assessment Centre Services (wef 1 Jan'06)

5604237 10001

Date In: 18/07/2023 15:03	Job description	Date & Time Completed	Done by
Ref No: CBA/m8672007246/y	SAS e-filing		
Veh No: FB4 7482L	E-mail (within 3hrs. AIC 2hrs)		
D.O.A : 05/07/2023 07:30	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKC5094A	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	Amf (\$)	Amf
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:-		
	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		
	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	18/07/2023 15:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/07/2023 07:30 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBU7482L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KOAY LIP BIN
NRIC No	SXXXX538J
Email Address	koay2k@yahoo.com
Mobile Phone No	(Phone) +65-83380808
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 - Reporting only
Vehicle Category	Motorcycle
Transmission	Auto
CC	155

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	CN51018113

DRIVER

Name of Driver	KOAY LIP BIN
NRIC No	SXXXX538J
Date Of Birth	15/12/1971
Occupation	Indoor

Date Of Driving Pass	20/04/1990
Driving experience	33 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83380808
Alt. Phone Number	-
Email Address	koay2k@yahoo.com
Address	BLK 811A CHOA CHU KANG AVENUE 7 #16-653
Address complement	-
Postcode	681811
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
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/20230705/7043

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	SKC5094A
Vehicle Manufacturer	Mercedes
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	KOAY LIP BIN
Gender	Male
Phone No	(Phone) +65-83380808
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBU7482L
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 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

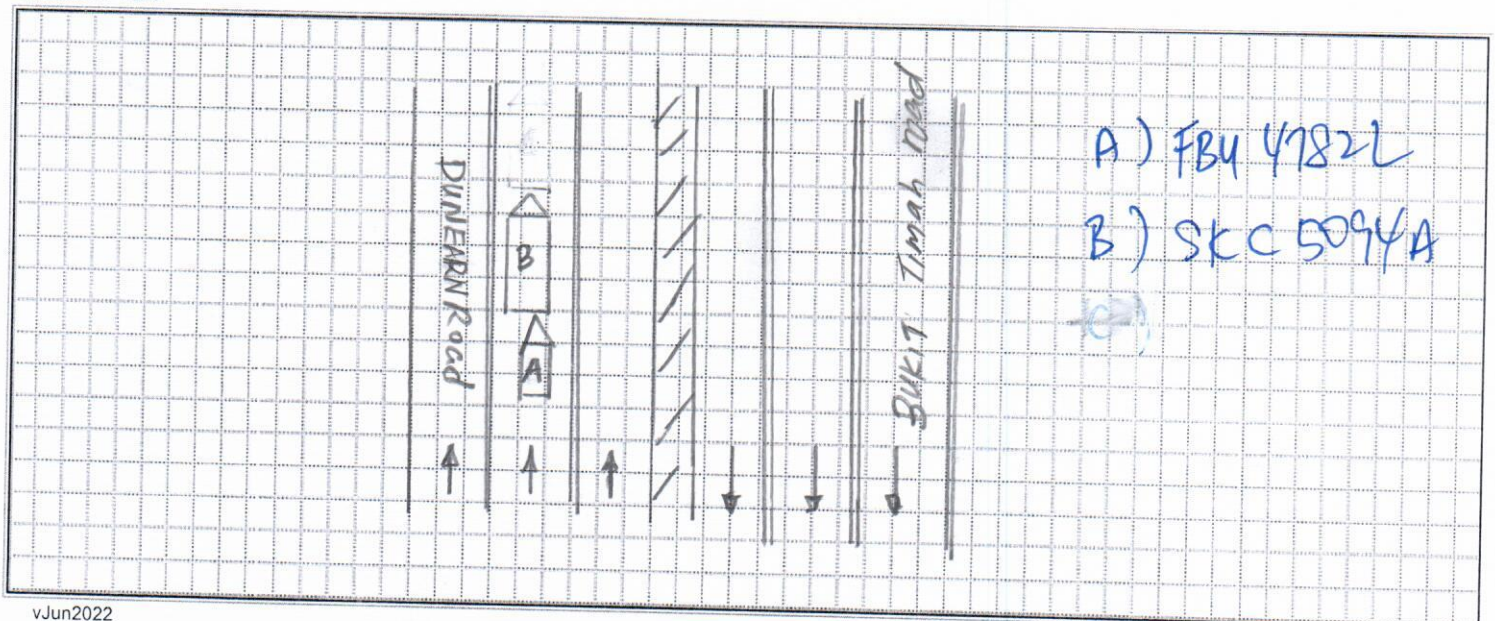
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 12:30pm
18/7/2023
Policyholder's Signature / Date & Time

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

[Signature] 18/07/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

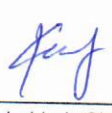


Describe Circumstance of the Accident

REFER to POLICE REPORT 7/20230705/7043

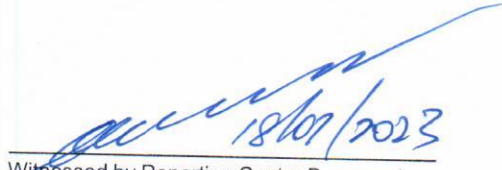
Declaration

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

 12:30pm
18/7/2023

Policyholder's Signature / Date & Time

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

 18/07/2023
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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/07/2023 15:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KOAY LIP BIN			Address: 811A CHOA CHU KANG AVENUE 7 #16-653 SINGAPORE 681811		
ID Type / ID No.: NRIC NO / S7144538J			Contact No.: Home/Office: Mobile: 83380808		
Nationality: SINGAPORE CITIZEN			Email: koay2k@yahoo.com		
Sex: Male	Age: 51	Date of Birth: 15/12/1971	Type of Informant: Rider		
Race: Chinese			Language: English		
Occupation: Security supervisor			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2023 07:30	Type of Location: Straight Road
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBU7482L	Motorcycle	YAMAHA	AEROX	Red	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20230705/7043

Police Station Of Origin:
Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20230705/7043

CONTINUATION OF REPORT

Rider				
Name	KOAY LIP BIN		ID No.	S7144538J
Related Vehicle	FBU7482L (Motorcycle)		Contact No.	83380808
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

i was travelling at bukit timah towards bugis on the second lane from left, infront of me there was a car SKC5094A jam brake as vehicle ahead was braking. then i brake however unable to stop in time thus collided on to the rear of the said motorcar.
As a result, i lost balance and fell on my right with my motorcycle. I then realised my right knee and left leg were bleeding. The driver then called for ambulance and eventually ambulance came and I was sent to TTSH where i was discharged on the same day and given 3 days of MC. I have no fracture. I have no in vehicle camera.



**SINGAPORE
POLICE FORCE**



T/20230705/7043

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

3 of 3

Report No. T/20230705/7043

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
Ahmad Syafiq Bin Harris
Contact No.: 65476201

This report is lodged at Jurong West NPC Kiosk 1
NP168

Signature Of Informant:

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

Date/Time:
05/07/2023 15:32

Classification Of Case:

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 05/07/2023	TIME OF ACCIDENT : 0730hrs
VEHICLE NO : PBU47822	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Yamaha Aerox 155A	LOCATION : Dunearn road (Bukit Timah)
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : MSIG	POLICY NO :
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Koay Lip Bin	NRIC : S7144538J
ADDRESS : B/K 811A Choa chu Kang Ave 7 #16-653	CONTACT NO : 83380808
EMAIL ADDRESS : Koay2k@yahoo.com	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : S7144538J CONTACT NO : 83380808
DRIVER OWNER RELATIONSHIP : Owner	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 15/12/1971	DRIVING PASSING DATE : 20/04/1990
OCCUPATION : INDOOR / OUTDOOR Security Officers	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO/ IF YES WHERE ? Traffic police
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SKC 5094A MRICHONS	VEHICLE C REG NO :
DRIVER NAME :	DRIVER NAME :
NRIC : S7771883D	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? (YES / NO) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO WERE INJURY CONVEYED BY AMBULANCE : YES / NO

**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	: 02/03/2023
Cover Note No.	: CN51018113
Existing Policy No.	: -
Intermediary Name	: Universal Motors Pte Ltd
Name of Insured	: KOAY LIP BIN (GUO LIMIN)
Named Driver	: KOAY LIP BIN (GUO LIMIN)
Make and Model of Vehicle	: Yamaha AEROX 155A
Vehicle Registration No.	: FBU7482L
Year of Manufacture	: 2020
Engine No.	: G3M1E050989
Chassis No	: MLESG584111050961
Capacity	: 155.00 C.C.
Cover	: Third Party Fire And Theft Cover
Sum Insured	: Market value at time of loss
Period of Insurance	: 02/03/2023 To 01/03/2024
Excess	: As Agreed
Finance Company	: NA
Vehicle for Commercial Purpose	: Yes
Food Delivery Use	: Yes

I/We hereby certify that this Cover note is issued in accordance with the Provisions of the Motor Vehicles(Third Party Risks & Compensation) Act 1960 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.

Annex

Transaction ref 20230303095810517549

Please check that the owner and vehicle details are correct:

1. Name : KOAY LIP BIN (GUO LIMIN)
2. Identification No. Type : Singapore NRIC
3. Identification No. : SXXXXX538J
4. Country/Region : -
5. Vehicle Registration No. : FBU7482L
6. Previous Vehicle Registration No. : -
7. Effective Date of Ownership : 03 Mar 2023
8. Original Registration Date : 28 Feb 2023
9. First Registration Date : 28 Feb 2023
10. Vehicle Type : P01 - Passenger Scooter
11. Vehicle Scheme : Normal
12. Attachment 1 : No Attachment
13. Attachment 2 : -
14. Attachment 3 : -
15. Vehicle Make : YAMAHA
16. Vehicle Model : AEROX 155A
17. Year of Manufacture : 2020
18. Primary Colour : Red
19. Secondary Colour : -
20. Passenger Capacity : 1
21. Chassis/Trailer Chassis No. : MLESG584111050961 / -
22. Propellant : Petrol
23. Engine No./Motor No. : G3M1E050989 / -
24. Engine Capacity(cc)/Power Rating(kW) : 155 / -
25. Maximum Power Output(kW/bhp) : - / -
26. Unladen Weight(kg) : 118
27. Maximum Laden Weight(kg) : 271
28. Open Market Value : \$2,677.00