

# NATIONAL Assessment Centre Services

(wef 1 Jan 06)

SL04/28810001

Date In: 01/08/2023 15:32

Ref No: CBA/M862800775/4

Veh No: FBE 8542B

D.O.A: 30/01/2023 15:35

OD / TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Yel. No:

SW 7839

Tel:

Fax:

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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date/Time

Actions

## Invoice Preparation Checklist

Amf (\$)

Amf

Int. Bill

Add

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Cat. 1:

Cat. 2 / 3:

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$30)

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:-

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 \$0

Invoice dated

Invoice dated

Fee Charged

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 First Submission	01/08/2023 15:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/07/2023 15:35 (SGT)
Exact Location of Accident	North Buona Vista Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8542B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH JEEN SIEW
NRIC No	SXXXX989D
Email Address	andrewlowfood@gmail.com
Mobile Phone No	(Phone) +65-81016789
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fino
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	115

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300551662 VMP

### DRIVER

Name of Driver	LOH JEEN SIEW
NRIC No	SXXXX989D
Date Of Birth	21/03/1970
Occupation	Indoor



Date Of Driving Pass	06/04/2002
Driving experience	21 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81016789
Alt. Phone Number	-
Email Address	andrewlowfood@gmail.com
Address	BLK 12 DOVER ROAD #04-204
Address complement	-
Postcode	130012
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/20230731/7112

#### 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	SLU7183G
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 .....	LOH JEEN SIEW
Gender .....	Male
Phone No .....	(Phone) +65-81016789
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	FBE8542B
Were seat belts worn? .....	No
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

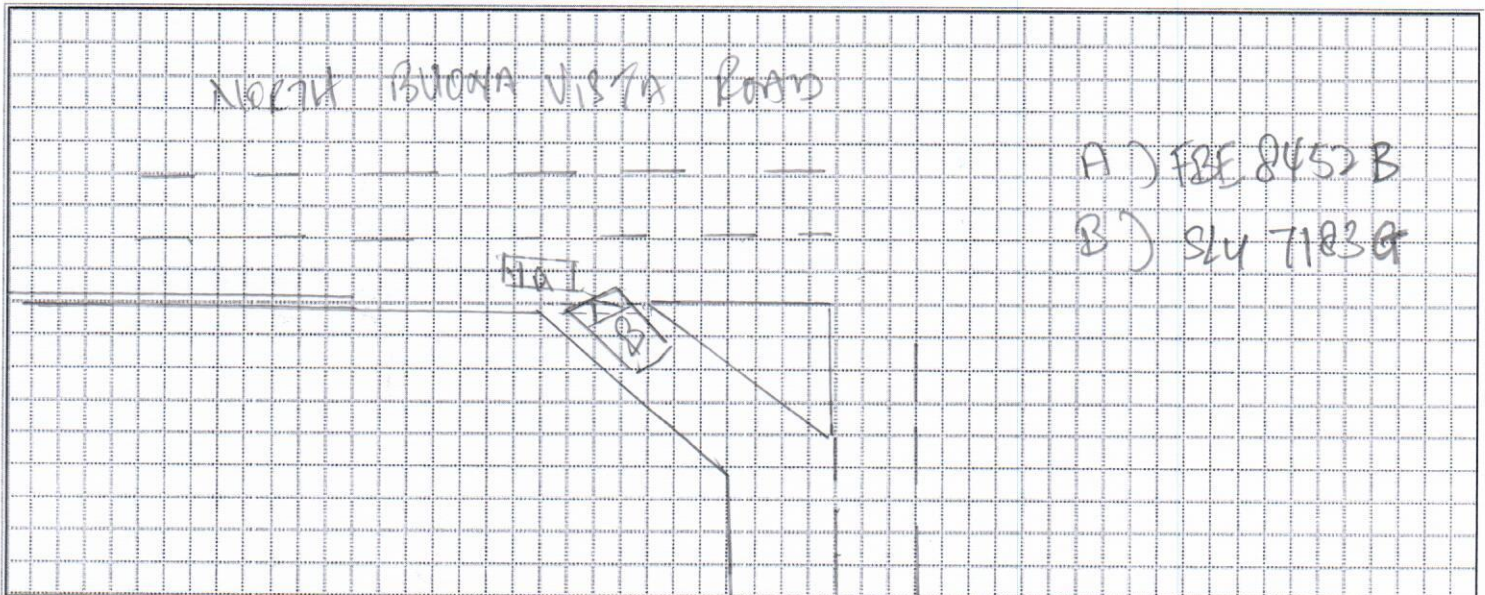
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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






Describe Circumstance of the Accident

REFER to POLICE Report T/20230731/7112

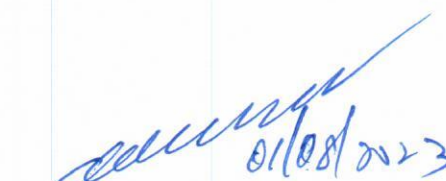
Declaration

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

 2:45pm  
1/8/2023

Policyholder's Signature / Date & Time

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

  
01/08/2023

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



# SINGAPORE POLICE FORCE



T/20230731/7112

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

1 of 3

Report No. T/20230731/7112

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 31/07/2023 21:49		Vide Report No.: D/20230730/0074	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: LOH JEEN SIEW		Address: 12 DOVER CLOSE EAST #04-204 SINGAPORE 130012	
ID Type / ID No.: NRIC NO / S7380989D		Contact No.: Home/Office:	Mobile: 81016789
Nationality: SINGAPORE CITIZEN		Email: ANDREWLOHFOOD@GMAIL.COM	
Sex: Male	Age: 50	Date of Birth: 21/03/1973	Type of Informant: Rider
Race: Chinese		Language: English	
Occupation: Business development manager		Driving Licence Information: Class: 2B,3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/07/2023 15:35	Type of Location: X-Junction
Location:  NORTH BUONA VISTA ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBE8452B	Motorcycle	YAMAHA	FINO 115	Blue		0
SLU7183G	Car				No Damage	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8452B	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300551562	28/03/2022	27/03/2024





# SINGAPORE POLICE FORCE



T/20230731/7112

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

2 of 3

Report No. T/20230731/7112

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LOH JEEN SIEW	ID No.	S7380989D
Related Vehicle	FBE8452B (Motorcycle)	Contact No.	81016789
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3 Date of Expiry: NIL
Date	30/07/2023	Date	31/07/2023
No. of Days granted Medical Leave	22	Degree of	Slight

### Brief Details.

On the stated date and time, I was riding FBE8452B turn from Dover close east to North Buona Vista Road .

Before turning, I have checked for incoming cars from North Buona Vista Road and there are no cars incoming.

I then gradually turn left at the junction from Dover Close East .

When making the turn, I felt a sudden massive impact slam into the rear of my bike causing it to surge forward.

The sudden impact caught me off guard and made me fly forward and drop on the ground.

A nearby witness saw the incident and called the ambulance.

I was then conveyed by an ambulance to the hospital .

The hospital provided treatment for injuries to my neck, chest, fingers, legs and lower back areas.

I was given 22 days for injuries caused by the accident.

During the accident I was injured badly and unable to take down any information of car number and driver's particulars

I have called the Traffic Police to get the information of the car number SLU7183G and accident time 3:38pm to lodge this report.





**SINGAPORE  
POLICE FORCE**

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



T/20230731/7112

3 of 3

Report No. T/20230731/7112

**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 MOHAMED  
Contact No.: 65476224

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

Date/Time:  
31/07/2023 21:49

Classification Of Case:



# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 30.07.2023 15:35	TIME OF ACCIDENT :
VEHICLE NO : FBE8452B	TRANSMISSION : <u>AUTO</u> / MANUAL <u>AUTO</u>
MAKE & MODEL : YAMAHA F150 115	LOCATION : NORTH BONA VISTA RD
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / <u>PRIVATE HIRE</u> <u>PRIVATE USE</u>	CLAIM TYPE : <u>OD</u> / <u>THIRD PARTY</u> / REPORTING ONLY <u>THIRD PARTY</u>
INSURANCE COMPANY : MSIG	POLICY NO : A300551562VMP
TYPE OF COVERAGE : <u>THIRD PARTY</u>	VEHICLE TYPE : ( SALOON / COUPE/MPV/VAN/LORRY/ <u>MOTORCYCLE</u> ) <u>MOTORCYCLE</u>
COMPREHENSIVE / <u>THIRD PARTY</u> / THIRD PARTY & THEFT	
NAME OF OWNER : LOH JEEB SIEW	NRIC : 57380989D
ADDRESS : BLK 12, #04-204 OVERCLOSE EAST S130012	CONTACT NO : 81016789
EMAIL ADDRESS : andrewlohfood@gmail.com	VIDEO RECORDING : YES / <u>NO</u> <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : AS ABOVE	NRIC : _____ CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : <u>OWNER</u>	PASSENGER : <u>Nil</u> MALE ( ) FEMALE ( )
DATE OF BIRTH : 21 / 02 / 1973	DRIVING PASSING DATE : 6 / 4 / 2002
OCCUPATION : <u>INDOOR</u> / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ? <u>TP</u>
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS <u>DRY</u>
VEHICLE B REG NO : <u>SL47183G</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 : <u>YES</u> / NO





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 1960  
(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.

### MOTORCYCLE Third Party Only

Certificate No. A 300551562 VMP

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle  
FBE8452B
2. Name of Policyholder  
LOH JEEN SIEW
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
28/03/2023
4. Date of Expiry of Insurance  
27/03/2024
5. Persons or Classes of Persons entitled to drive\*  
LOH JEEN SIEW
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 any purpose in connection with the Motor Trade.

\* 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act 1960 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 1960.

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 1960 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



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

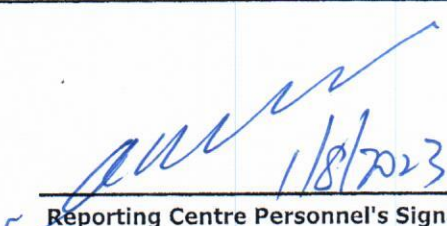
Original Report No: Sloy 12810001 Vehicle Registration No: FBE8452B  
Name (as shown in NRIC): LOH JIAN SIEW NRIC/FIN/Passport No: 8xxx  
(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 81016189  
Email Address: \_\_\_\_\_  
Date of Accident: 30/07/2023 Time of Accident: 15:35  
Place of Accident: NORTH BRUNN AVE ROAD  
Insurance Company: melex

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INJURED WAS CONVALED TO HOSPITAL

\_\_\_\_\_  
Policyholder / Actual Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card):  
Date: