

NATIONAL Assessment Centre Services

(Int'l & Local)

NA1707171

Date In: 20/11/2017 11:42

Ref No: N/A/NA1707171/20454

Veh No: SJR 4695E

D.O.A: 19/11/2017 19:10

OD / TP: Reporting Only

TP Insured:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (with/without AIC sheet)

1-Motor Claim Form

1-Motor W/O (with/without OD sheet, TP sheet)

1-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / OW: (

TP Particulars:

Veh No: UNKNOWN

Tel:

Fax:

INC () / Non-INC ()

Owner / Driver: (

Policy No: (

Period: (

Tel:

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

% (Note-Bst Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: (

Warranty: YES () / NO ()

Excess: (\$

Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customers 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 0016

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

2) QC Check / Post Repair Inspection ()

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

Injury:

Date/Time:

Actions:

NA1707171

Human Resources

Driver/Owner:

Contact No:

Assessed Person:

C. Checked by (Engr-In-Charge):

Additional Comments:

1

2/3

Invoice Preparation Checklist

1) AR: Accident Reporting (\$20)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$120
5) RT: Follow-Through Survey (Resurvey)	\$20
For details refer to INC Policy (last 10 Jan 2007)	
6) TR: Re-inspection	\$15
7) NI: (DA + SMRT) Survey	\$160
8) NTUC Additional Services	
Q11:	
*N1: Courtesy Car / Tpl Allowance	\$5
*N6: Repair Coordination	\$10
*N7: Post Repair Inspection	\$15
*N8: DV / Collect Uninsured Operations	\$5
T2 (N11): TP (Non-INC) against INC	\$20
9) N12: Idex Mobile	\$0

Invoice Total

Net Charges

Invoice Paid

Net Charges

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 ability.
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 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 Report	20/11/2017 11:43
Date Of Accident	19/11/2017 19:10
Exact Location Of Accident	MANDARIN ORCHARD LEVEL 2 MSCP-LOT NO.A17
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4695E
Insured/Policyholder	
Name Of Registered Owner	CHOO QI YONG
NRIC No	S8225723C
Email Address	VSTAR82@YAHOO.COM
Mobile Phone No	(LOCAL) +65-87777875
Alternative Phone No	OTHERS-87777875

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L SMT
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED(ATTEND FUNCTION)
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 27819293 TMP
Cover Note Number	

Driver

Name of Driver	CHOO QI YONG
NRIC No	S8225723C
Date Of Birth	12/08/1982
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87777875
Fax Number	
Contact Number	OTHERS-87777875
Email Address	VSTAR82@YAHOO.COM

Address	BLK 624A PUNGGOL CENTRAL #16-300
Postcode	821624
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171120/2004

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 20/11/17
10:05AM

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Resh W B A A B
NRIC/FIN No.:

SKETCH PLAN

UNKNOWN
CAR WAS PARKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/2017/1170/2004

DECLARATION

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

Policyholder's Signature

Date & Time: 20/11/17

DIAGNOSTIC CENTRE

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

20/11/2017
Reski W. Othman



SINGAPORE POLICE FORCE



T/20171120/2004

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20171120/2004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2017 00:59	Vide Report No.: E/20171119/0227	Station Diary No.: 14
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Informant's Particulars

Name of Informant: CHOO QI YONG	Address: APT BLK 624A PUNGGOL CENTRAL #16-300 SINGAPORE 821624
ID Type / ID No.: NRIC NO / S8225723C	Contact No.: Home/Office: Mobile: 87777875
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 35 Date of Birth: 12/08/1982	Type of Informant: Driver
Race: Chinese	Language: Institution / School Name:
Occupation: pilot	Driving Licence Information: Class: 2B,2A,3,4,5 Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/11/2017 19:10	Type of Location: Car Park
Location: Along Road 1 ORCHARD LINK			
Mandarin Orchard Level 2 MSCP	Road Surface: Dry	Road Speed Limit:	
Weather: Clear	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Traffic Flow: One Way	Type of Collision: Moving Vehicle Against - Parked Vehicle		Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJR4695E	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20171120/2004

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20171120/2004

CONTINUATION OF REPORT

Brief Details.

On the 19/11/2017 at about 1910hrs, I parked my vehicle bearing registration plate SJR4695E at Lot number at A17 of Mandarin Orchard Level 2 Multi-storey Carpark. Everything was fine and intact at that time.

On the same day at around 2245hrs, I returned to my vehicle and discovered that my license plate was on the floor near the car. There were also scratches on the front right side of my bumper.

Subsequently, traffic police attended to my incident and I was given a case card vide E/20171119/0227. I would like to mention there was no note left behind on my car. I do not have any suspect in mind.



**SINGAPORE
POLICE FORCE**



T/20171120/2004

3 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20171120/2004

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 /
Sgt 2 WANG SHILING, ELVIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/11/2017 00:59

Classification Of Case:



Singapore Police Force

ACCIDENT STATEMENT

between

ACCIDENT DATE: (19 / 11 / 2017) (DD/MM/YYYY), TIME: (19:10 to 22:45) (HH:MM)

LOCATION: MANDARIN ORCHARD LEVEL 2 MSCP - LOT NO. A17

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR4695E
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: B27819293 TMP
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA / CIVIC 1.6L SMT
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: ATTEND FUNCTION
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES / NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CHOO QI YONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8225723C CONTACT: 87777875
 c) ADDRESS: APT BLK 624A PUNGGOL CENTRAL #16-300
SINGAPORE 821624

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHOO QI YONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8225723C CONTACT: 87777875
 c) ADDRESS: APT BLK 624A PUNGGOL CENTRAL #16-300
SINGAPORE 821624

d) DATE OF BIRTH: (12 / 08 / 1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 01 MAR 2001

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)
 b) ROAD SURFACE: (DRY / WET / OTHERS DRY)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: PUNGGOL N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)
 (0)

No of passenger
 (including driver)
 ()

No of passenger
 (including driver)
 ()

email = VSTAR82@YAHOO.COM

fax =

V1060

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8225723C



Name

CHOO QI YONG

諸 祈 詠

Race

CHINESE

Date of birth

12-08-1982

Sex

M

Country of birth

SINGAPORE

4888275



NRIC No. S8225723C



Date of issue

18-09-2012

Address

APT BLK 624A PUNGGOL CENTRAL
#16-300
SINGAPORE 621624

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number S 82225723C

Name:

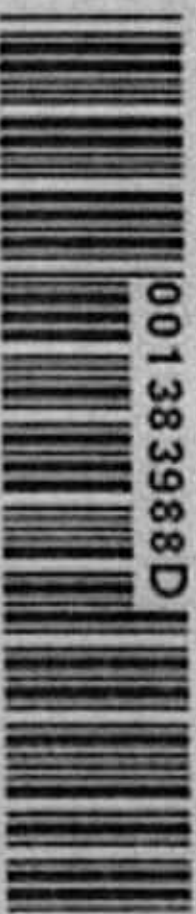
CHOO QI YONG
(ZHU QIYONG)

Birth Date: 12 Aug 1982

Issue Date: 30 Nov 2005



001383988D



8 6 2 7 5

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CL

PASS D/

Class 2B

Motorcycles =< 200 cc

30 Apr ;

Class 2A

Motorcycles between 201 cc and 400 cc

13 Jan ;

Class 3

Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

01 Mar ;

Class 4

*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg

10 Aug ;

*Motor vehicles which are not constructed to

carry load and the unladen weight < 7250kg

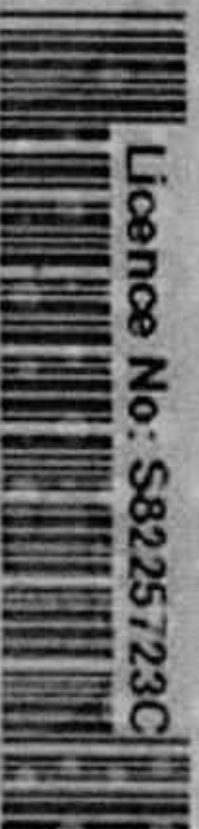
Class 5

14 Jan ;

Motor vehicles not constructed to carry any load and the unladen weight > 7250kg

NP 428A

Licence No: S8225723C



5113



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. ZD-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M X 1
Individual Ownership

PRIVATE MOTOR CAR - TP
Third Party

Certificate No. B 27819293 TMF

1. Index Mark and Registration Number of Vehicle

SJR4695E

2. Name of Policyholder

Choo Qi Yong

3. Effective Date of the Commencement of Insurance for the purposes of the Act

21/01/2017

4. Date of Expiry of Insurance

20/01/2018

5. Persons or Classes of Persons entitled to drive*

Choo Qi Yong

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

* 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 only for social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 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 offence 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

for Chief Executive Officer