

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 29/11/17	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/17022669/13	SAS e-filing		
Veh No: SKJ56339B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/11/17 1725	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: ( SWINCAR	Tel:	Fax:
TP Particulars:	Veh No: SJR 7664A	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

NA/707364	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11): TP (N-n INC) against INC \$20		
Cat. 2 / 3:	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 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	29/11/2017 10:03
Date Of Accident	28/11/2017 17:25
Exact Location Of Accident	SCOTTS RD TWDS NEWTON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6339B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG TSU WEI ALARIC
NRIC No	S8733498H
Email Address	ALARIC1987@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91828312
Alternative Phone No	OTHERS-91828312

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	-
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80429352 AVW
Cover Note Number	

### Driver

Name of Driver	NG TSU WEI ALARIC
NRIC No	S8733498H
Date Of Birth	20/10/1987
Occupation	INDOOR
Date Of Driving Pass	25/10/2010
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91828312
Fax Number	
Contact Number	OTHERS-91828312
EMail Address	ALARIC1987@HOTMAIL.COM

Address	61 SIMEI RISE #01-61
Postcode	528794
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	2

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR7664A
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	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	NG TSU WEI ALARIC
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKJ6339B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	REGINA KHOR CHIYUN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SKJ6339B
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## 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:

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

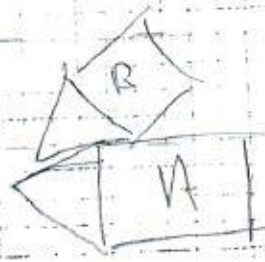
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SCOTTS RD TWDS NEWTON RD

SKETCH PLAN

A - SKJ 6339B

B - SJR 7664A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Veh A on the above mention date n time. I was driving straight suddenly veh B cut into my lane n hit the right ~~side~~ side of my veh A. I fell ~~back~~ gottin' n neckache might be consulting if it worsen

DECLARATION

I/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:

Reporting Centre Personnel's Signature  
Name: *Lynn* 29/11/17  
NRIC/FIN No.:



<b>Vehicle No.</b>	Skj 6339R		<b>Model / Make</b>	Volkswagen Volkswagen
<b>Date of Accident</b>	29/11/17			
<b>Time of Accident</b>	5:24pm HRS			
<b>Location of Accident</b>	Scott Rd towards Newton Rd			
<b>Exact purpose use during accident</b>	Pto use			
<b>Name of Owner</b>	Ng Teu Wei Alaric			
<b>Telephone No.</b>	H/P : 98 91828312	<b>Home :</b>	<b>Office :</b>	
<b>NRIC</b>	S8733498H			
<b>Address</b>	61, Scott Rd, #01-61, S(528794)			
<b>Claim type</b>	OD	(THIRD PARTY)	REPORTING ONLY	
<b>Insurance Company</b>	MICH			
<b>Type of Coverage</b>	(Comprehensive)	Third Party	Third Party / Fire / Theft	
<b>Policy No.</b>				
<b>Name of Driver</b>	(As Above) If No,			
<b>NRIC</b>	Any Passengers : 01			
<b>Date of birth</b>	20/10/1987			
<b>Occupation</b>	Outdoor	/	Indoor	
<b>Driving License Pass Date</b>	20/10/10			
<b>Gender</b>	(Male) / Female			
<b>Contact No.</b>	H/P :	<b>Home :</b>	<b>Office :</b>	
<b>Address</b>				
<b>Driver have any own vehicle</b>	No,	If yes, Reg No.		
<b>Relationship</b>	Employee,	If no, state		
<b>Weather condition</b>	Clear	Raining	Other	
<b>Road Surface</b>	Dry	Wet	Other	
<b>Any Injuries</b>	No,	If Yes, Who?		
<b>Name And Contact No.</b>	Regina Khor Chiquen (96687890)			
<b>Name And Contact No.</b>	E Ng Teu Wei Alaric			
<b>Police Report</b>	No,	If Yes, Where?		
<b>Vehicle B No.</b>	SJ R7664A		Any Passengers : 01	
<b>Name of Driver</b>			Contact No. :	
<b>Vehicle C No.</b>			Any Passengers :	
<b>Vehicle D No.</b>			Any Passengers :	
<b>Vehicle E No.</b>			Any Passengers :	
<b>Vehicle F No.</b>			Any Passengers :	
<b>Vehicle G No.</b>			Any Passengers :	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	Ryond Portion			
<b>Camera Recorder</b>	(Yes / No)			
<b>Email Address</b>	alaric1987@hotmail.com			
<b>PARTICULAR WORKSHOP</b>	Tutor Automotive Pte Ltd			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>	Kuan			
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales@nsi.com.sg			

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8733498H



Name

NG TSU WEI, ALARIC  
(HUANG ZHIWEI)

黄至伟

Race

CHINESE

Date of birth

20-10-1987

Country/Place of birth

SINGAPORE

Sex

M

S8733498H



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8733498H

Name:

NG TSU WEI, ALARIC  
(HUANG ZHIWEI)

Birth Date: 20 Oct 1987

Issue Date: 25 Oct 2010



0019051105

5816287



NRIC No. S8733498H



Date of issue

23-10-2017

Address

61 SIMEI RISE  
#01-61  
SINGAPORE 528794

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 25 Oct 2010

NP 428A



Licence No: S8733498H





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

## Certificate of Insurance

ORIGINAL

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

VW DRIVEEASY  
Comprehensive

Certificate No. A 80429352 AVW

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKJ6339B

2. Name of Policyholder

NG TSU WEI ALARIC

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

24/04/2017

4. Date of Expiry of Insurance

23/04/2018

5. Persons or Classes of Persons entitled to drive\*

NG TSU WEI ALARIC

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.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.**

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.



*Indranthi*  
04/04/2017

Signature / Date

Counter-Signatory:

Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

*Amy Ler*

Amy Ler  
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XWCPLSASX2017040417349720