

# NATIONAL Assessment Centre Services. (vnt 1/1/2008)

Date In: 14/12/2017 10:27	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG17023717/k4	SAS e-Mailing		
Veh No: SGC 5817D	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 11/12/2017 20:00	E-Motor Claim Form		
OD: TP Reporting Only	E-Motor W/O (within 30 mins, TP 30 mins)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( )	Tel: ( )	Fax: ( )
TP Particulars: Yeh No: SHC3407E, 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%; P: 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: URGENTLY 6788 66167

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time	Actions

NA1707748	Invoice Preparation Checklist
Insured's/Owner's:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)
Content No:	3) TP: Towing Fee \$40/\$45
Damage Portion:	4) PT: Follow-Through Survey \$120
	5) XT: Follow-Through Survey (Resurvey) \$20
	Excludes: against INC Only (w/ 10 Jan 2010)
	6) TR: Re-inspection \$75
	7) NTUC: DA + SMART Survey \$160
	8) NTUC Additional Services:
	9) NTUC:
	NT: Courtesy Car / Tpl Allowance \$5
	NT: Repair Coordination \$10
	NT: Post Repair Inspection \$25
	NT: DV / Collect Excess Coordination \$5
	TP (NT) / TP (Non-INC) against INC \$20
	P) NTUC Mobile \$20
	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	14/12/2017 10:27
Date Of Accident	11/12/2017 20:00
Exact Location Of Accident	MARINA LINK TWDS MARINA COSTAL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC5817D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOY MUN SING ALVIN
NRIC No	S7535219J
Email Address	WEIAL04@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81982211
Alternative Phone No	OTHERS-81982211

### Vehicle Particulars

Manufacturer	HONDA
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	D 27234955 QMY
Cover Note Number	

### Driver

Name of Driver	TAN WEI WEI (CHEN WEIWEI)
NRIC No	S7535219J
Date Of Birth	22/11/1975
Occupation	INDOOR
Date Of Driving Pass	24/08/1994
Driving Experience	23 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81982211
Fax Number	
Contact Number	OTHERS-81982211
Email Address	WEIAL04@YAHOO.COM.SG

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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)	1

#### 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3407E
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	



## SKETCH PLAN

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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.

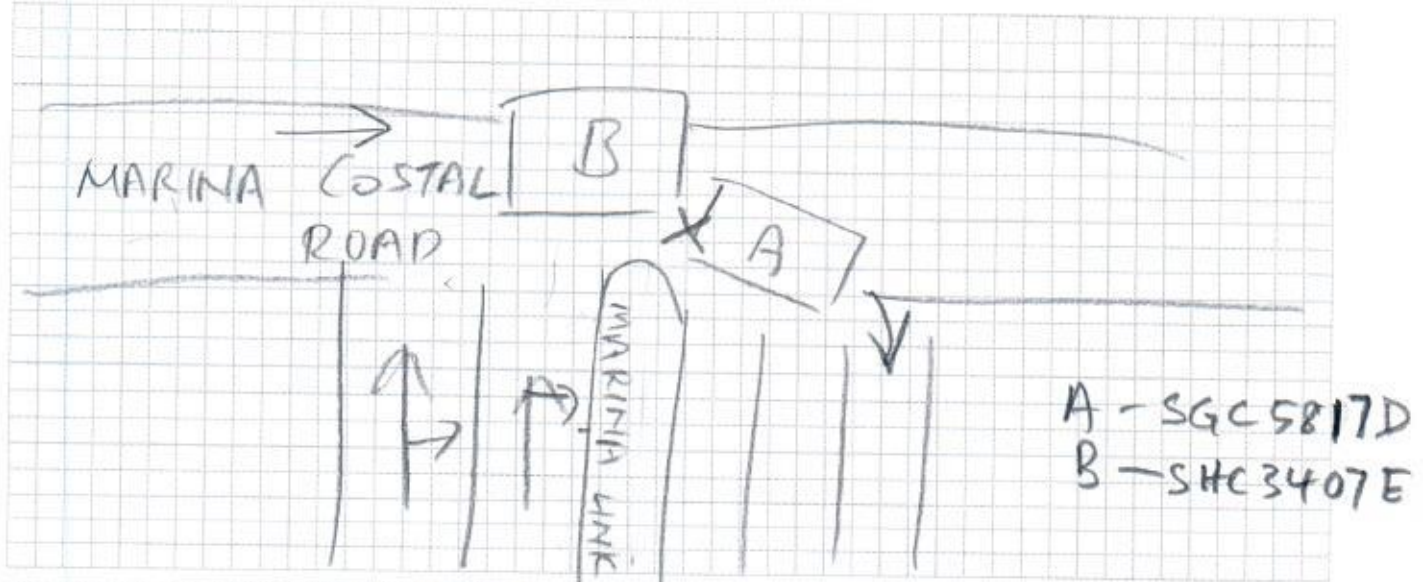
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 12/12/17 6:16 PM

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was exit from MCE Central Boulevard do ~~it~~ turn to Marina Link. Vehicle B turning right to ~~Marina Coastal Road~~ ~~to Kiohor Road~~ banged into ~~any~~ vehicle A's right side.

## 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: 12/12/17 G. 1640L

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

To Whom It May Concern

Letter of Authorisation

I, Choy Mun Sing, Alvin (NRIC S7330622A) confirm that I am the owner of vehicle with registration no. SGC5817D. I, hereby, authorize Tan Wei Wei (NRIC S7535219J) to act on my behalf as appropriate.

Yours,



Alvin Choy.



Bukit Merah

Reported on 12/12/2017

@ 1630Hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 11/12/2017 (DD/MM/YYYY), TIME: 20:00 (HH:MM)

LOCATION: MARINA LINK TWOS MARINA COASTAL ROAD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGC 5817 D  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7330622A CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7535219J CONTACT: 81982211  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 22/11/1975 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) TYPE OF DRIVING: licence

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) spouse

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 3407E MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = weial04@yahoo.com.sg

fax = weial04@yahoo.com.sg ✓

VIDEO

Waiting for Certificate?



( 21 DEC 2017 )

### ADVICE TO IDENTITY CARD (IC) HOLDER WHO HAS REPORTED LOSS IC

You have reported the loss of your identity card (IC) to our office. If you subsequently recover your IC, you are advised to bring it back to us by **21 DEC 2017** (Mon - Fri: 8.00am to 4.30pm; Sat: 8.00am to 12.30pm) for the facility of the refund of your IC replacement fee. Please come in person to ICA with the following documents:



Original IC which was recovered

IC COLLECTION SLIP



NRIC NO

S7535219J

(PINK IC)

FEES

\$60.00

NAME

TAN WEI WEI

COLLECTION COUNTER

Please obtain a queue ticket from the Self Service Ticketing Kiosk.

COLLECTION DATE

05/01/2018

DATE OF ISSUE

05/12/2017

REGISTRATION OFFICER

THIYAGARANY D/O

SIGNATURE/OTP OF RECIPIENT

COLLECTION HOURS

8.00 am - 4.30 pm (Mon-Fri)  
8.00 am - 12.30 pm (Sat)

Your IC will be destroyed if you do not collect it within 3 months from the collection date and you will have to pay the fee for a new replacement IC. Do not wear Colored/Patterned contact lenses during collection.  
You may authorise a Singapore Citizen or Singapore Permanent Resident to collect the IC on your behalf. Please inform the proxy to produce his/her IC and the collection slip duly completed on the reverse side of the collection slip. Proxy collection is not allowed at SingPost and iCollect.



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7535219J**

Name: **TAN WEI WEI  
(CHEN WEIWEI)**

Birth Date: **22 Nov 1975**  
Issue Date: **15 Aug 2003**

000748267A




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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Aug 1994

NP 428A

Licence No: S7535219J



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel: +65 6827 7888, Fax: +65 6827 7880  
 Co. Reg. No. 200412212G GSI Reg. No. 20-0412212G

## 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

**MOTOR MAX PLUS**  
**Comprehensive**

Certificate No. D 27234955 QNY

Excess : S\$2500  
 Windscreen Excess : S\$2100

1. Index Mark and Registration Number of Vehicle  
 8005817D

2. Name of Policyholder  
 Choy Mun Sing Alvin

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 23/01/2017

4. Date of Expiry of Insurance  
 22/01/2018

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

Choy Mun Sing Alvin  
 Tan Wei Wei

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORIZED WORKSHOP LISTED IN THE ATTACHED.

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