

# NATIONAL Assessment Centre Services. [ver 1.1/2000]

Date In: 26/12/2017 16:21	Job Description	Date & Time Completed	Done by
Ref No: NBA/MSG17024387/24	SAS e-illing		
Veh No: SLF 4987C	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 26/12/2017 15:30	f-Motor Claim Form		
OD TP Reporting Only	l-Motor W/O (within 2hrs, TP 2hrs)		
	l-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: Yell No: SJN 9331T, INC ( ) / Non-INC ( )		
Owner / Driver: (	Tel: (	
Policy No: ( ) Period: ( ) Cover Type: ( )		
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: ( % ) (Note: BSL 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)	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	Action

NA1707985

Human's Particulars	Invoice Preparation Circles	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$150		
	5) RT: Follow-Through Survey (Resurvey) \$20		
	For claimant against INC Only (ver 1.0 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) N1: ldr DA + SMRT Survey \$160		
	8) NTUC Additional Services		
C. Checked by (Engr-In-Charge):	Q11		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$15		
	*N8: DY / Collect Excess Coordination \$5		
	TP (N1) : TP (N1) INC against INC \$20		
	9) N22: ldr Mobile \$10		
	Invoice dated	Fee Charged	
	Invoice Paid	Fee Received	



## 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	26/12/2017 16:21
Date Of Accident	26/12/2017 15:30
Exact Location Of Accident	JUNC OF JURONG EAST CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF4987C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOW AI NOI
NRIC No	S7200421C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91992452
Alternative Phone No	OTHERS-91992452

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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 80439115 QMY
Cover Note Number	

### Driver

Name of Driver	LOW AI NOI
NRIC No	S7200421C
Date Of Birth	12/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	21/10/1991
Driving Experience	26 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91992452
Fax Number	
Contact Number	OTHERS-91992452
Email Address	NOEMAIL

Address	BLK 32 NEW MARKET ROAD #08-1022
Postcode	050032
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	SJN9331T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HE CHUNTIE
NRIC/Passport Number	G6450786P
Contact Number	90590728
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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.: 26/12/2017

Diagram illustrating the layout of the Jurong East Central area, showing the intersection of the East West Expressway (EW) and the Jurong East Expressway (JE). The diagram includes labels for the roads and the locations of the two bus stops:

- Jurong East Central** (written vertically along the EW)
- Jurong East Central** (written horizontally near the intersection)
- A** (bus stop location, marked with a box and an arrow pointing to the EW)
- B** (bus stop location, marked with a box and an arrow pointing to the EW)

Legend:

- A - SLF49
- B - SJN9

A-SLF4987C  
B-SJN9331T

On 26.12.2017 at 330pm. My Vehicle A  
at Surong East Ave I want to turn right to Surong East  
Central. Vehicle B knocked my Vehicle (at left side door)  
Vehicle B was at Second Lane, I at first Lane.

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

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

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7200421C

Name: LOW AI NOI

刘爱莲

Race: CHINESE

Date of Birth: 12-01-1972

Country of Birth: SINGAPORE

Sex: F

87200421C




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No. S7200421C

Name: LOW AI NOI

Birth Date: 12 Jan 1972

Issue Date: 06 Oct 2003

000893942G



0797324

Barcode

NRIC No. S7200421C

APR 2013

Portrait

Blood Group: O+

Date of Issue: 26-02-1993


APT BLK 32 NEW MARKET ROAD #08-1022  
SINGAPORE 050032  
NRIC No: S7200421C Date: 05/04/2013 No: 7223836

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

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	PASS DATE
Class 3		21 Oct 1991

NP 428A

Licence No: S7200421C





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

**MOTOR MAX PLUS  
Comprehensive**

Certificate No. A 80439115 QMY

Excess : SGD600

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLF4987C

2. Name of Policyholder  
LOW AI NOI

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
29/08/2017

4. Date of Expiry of Insurance  
28/08/2018

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

LOW AI NOI  
BAY CHENG YONG  
LOW KIM SOONG

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 AUTHORISED 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.

**Priscilla Zhuang**

Quotigo Pte Ltd  
Manager, Business Development  
60 Paya Lebar Road

Signature / Date

Paya Lebar Square #11-41  
Singapore 409051

DID : 63853228 Mobile : 88280007

Email : pris@quotigo.com

Website : www.quotigo.com

Counter-Signatory:

Quotigo Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

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.

XMEMPPZJW2017080416317112