

NATIONAL Assessment Centre Services

(Int'l & Local)

NA18005344

Date In: 11/01/2018 14:01
Ref No: NBA/18000667/Y
Veh No: STD 6287K
D.O.A: 06/01/2018 19:00

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (within 3hrs, AIC 2hrs)		
E-Motor Claim Form		
E-Motor W/O (within 24 hrs, TP 2hrs)		
E-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

OD / TR / Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW:

Tel:

Fax:

TP Particulars: Yell No: SKR 5199L

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 Rem:

() 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:

INC Hotline: 6788 60167

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:

Other Items / Actions:

NA1800305

Customer's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

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

Other Comments:

L1:

L2/L3:

Invoice Preparation Charge	By	Amount	Remarks
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$30)		
3) TP: Towing Fee	\$40/142		
4) FT: Follow-Through Survey	\$120		
5) RT: Follow-Through Survey (Resurvey)	\$20		
Excluding repair cost INC Only (max 10 Jan 2018)			
6) TR: Re-inspection	\$33		
7) NI: 1 day DA + SMART Survey	\$160		
8) NTUC Additional Services			
Q11:			
*N1: Courtesy Car / Tpl Allowance	\$5		
*N6: Repair Coordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DY / Collect Unacc Coordination	\$5		
TP (N11) / TP (Nin INC) against INC	\$20		
*N12: 1 day Mobile	10		
Invoice dated	P/s Charged		
Issuing Agent	Spec 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	11/01/2018 14:01
Date Of Accident	06/01/2018 19:00
Exact Location Of Accident	ALONG HILLCREST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD6287K
Insured/Policyholder	
Name Of Registered Owner	NG SWEE HONG
NRIC No	S1244728J
Email Address	GOHLENGKHIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94568828
Alternative Phone No	OTHERS-96261986

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 27469925 DMV
Cover Note Number	

Driver

Name of Driver	GOH LENG KHIANG
NRIC No	S1287743I
Date Of Birth	04/08/1958
Occupation	INDOOR
Date Of Driving Pass	06/04/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96261986
Fax Number	
Contact Number	
Email Address	GOHLENGKHIANG@GMAIL.COM

Address	162,HILLCREST ROAD
Postcode	289032
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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

PLEASE REFER TO SKETCH PLAN

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	SKR5199L
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMES
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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.:

SHOPS & RESTAURANTS

→

←

A) SJD6287K

B) SKR5199L

HILLCREST ROAD

On Jan 6 2018 at about 7pm I was driving home along Millerest road. There was a red mazda (SER 5199C) going from the opposite direction. We sideswipe each other and there was minor damage to both our side mirrors.

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (06/01/2018) (DD/MM/YYYY), TIME: (19:00) (HH:MM)

LOCATION: Hillcrest Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD ~~6287~~ 6287 K
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: P27469925 DMV
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA STREAM
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 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: NG SWEE HONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1244728J CONTACT: 94568828
 c) ADDRESS: 162 Hillcrest Road

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: Goh Leng Khian (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12877431 CONTACT: 96261982
 c) ADDRESS: 162 Hillcrest Road

* d) DATE OF BIRTH: (04/08/1958) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 6/4/77

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

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

No of passenger
(including driver)
(2)

- a) VEHICLE NUMBER: SKR 5199C MODEL: MAZDA
 b) DRIVER'S NAME: JAMES
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

Email = gohlengkhian@gmail.com

fax =

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S12877431



GOH LENG KHIANG

吴令强

CHINESE

Date of Birth: 04-08-1958 M

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S12877431

GOH LENG KHIANG

Birth Date: 04 Aug 1958

Issue Date: 01 Aug 2003



0326283

NRIC No. S12877431



Blood Group: O+ Date of issue: 28-04-1992

162 HILLCREST ROAD
SINGAPORE 289032

NRIC No. S12877431

Date: 25/07/1994 (R)

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

06 Apr 1977



NR 579A

**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. 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, 1998 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
 Individual Ownership

DRIVESHIELD - VALUE PLAN Comprehensive

Certificate No: P 27469925 DMV

Excess : SGD500
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SJD6287K

2. Name of Policyholder
 Ng Swee Hong

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 28/03/2017

4. Date of Expiry of Insurance
 27/03/2018

5. Persons or Classes of Persons entitled to drive*

Ng Swee Hong
 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 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.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers


 for Chief Executive Officer