

# NATIONAL Assessment Centre Services

Max ACB012532

Date In: 25/01/2018 15:49	Job description	Date & Time Completed	Done by
Ref No: N/A1800588	SAS e-illing		
Veh No: FF 88 G	E-mail (within 3hrs, AIO 2hrs)		
D.O.A: 24/01/2018 20:40	1-Motor Claim Form		
TP / Reporting Only	1-Motor W/O (within 24hrs, 1st Party)		
	1-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars	Yeli No: STR 68564	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%, F: 80.100M)	
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:	INC Job Line: 6788 00167	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 Tolls:	Amount:

N/A1800588	Invoice Breakdown Charges	Amount	Amount (\$)	Amount (\$)
Humanity Repairs:	1) ARI: Accident Reporting (330)			
Driver/Owner:	2) DA: Damage Assessment (3100)	INC (550)		
Contact No:	3) TP: Towing Fee	\$40/143		
Assigned Pardon:	4) PT: Follow-Through Survey	\$120		
	5) PT: Follow-Through Survey (Resurvey)	\$120		
	6) TR: No-Insurance	\$13		
	7) NI: DA + SMART Survey	\$160		
	8) NTUC Additional Services			
	9) NI: Courtesy Car / Tpl Allowance	\$3		
	10) NI: Repair Coordination	\$10		
	11) NI: Post Repair Inspection	\$33		
	12) NI: BY / Collision Under Coordination	\$3		
	13) TP (Nil) / TP (Non-INC) against INC	\$30		
	14) NI: One Mobile	\$0		
	Invoice total			
	Invoice Paid			
	Net Charged			
	Net 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 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	25/01/2018 15:49
Date Of Accident	24/01/2018 20:40
Exact Location Of Accident	CHANGI AIRPORT TERMINAL 4 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EF88G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG TIAN TING
NRIC No	S0117516E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96328226
Alternative Phone No	OTHERS-96328226

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E300 AMG
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?	YES
If No, Please state action to be taken	
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 29021463 QMY
Cover Note Number	

### Driver

Name of Driver	NG TIAN TING
NRIC No	S0117516E
Date Of Birth	15/07/1951
Occupation	INDOOR
Date Of Driving Pass	27/09/1969
Driving Experience	48 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96328226
Fax Number	
Contact Number	OTHERS-96328226
Email Address	NOEMAIL



Address	481 PASIR PANJANG ROAD #01-10
Postcode	117621
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 - HEAD ON COLLISION
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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR6856U
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO WAI KIN
NRIC/Passport Number	S6920888F
Contact Number	91556562
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**.
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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:

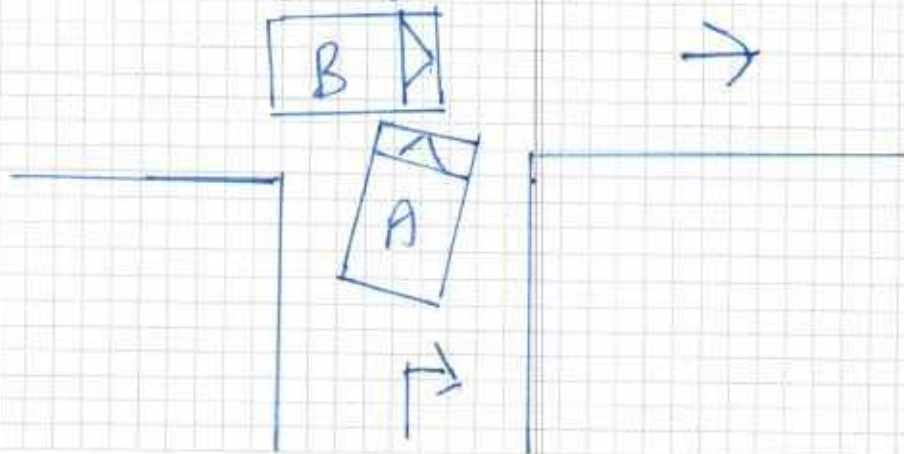
25.1.2018

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

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

SKETCH PLAN

CHANGI AIRPORT TERMINAL 4 CARPARK  
(WAY OUT)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/01/2018 AT ABOUT 20:40 HRS I WAS  
FROM TERMINAL 4 CHANGI AIRPORT CARPARK & WANTED  
TO EXIT. WHEN I WAS ABOUT TO TURN RIGHT, SUDDENLY  
A CAR FROM THE LEFT STRUCK WAS RIGHT IN  
FRONT OF ME. WE STOP AT THE SIDE & EXCHANGE  
PARTICULARS.

DECLARATION

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

  
Policyholder's Signature

Date & Time: 25.1.2018

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

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



# ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 1 / 18 (DD/MM/YYYY), TIME: 8040 AM (HH:MM)

LOCATION: Changi Airport Terminal 4 car park

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EF88G  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: A29021463 QMY  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: MERC E300  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PTE 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 TIAN TING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 50117516E CONTACT: 96328226  
 c) ADDRESS: 481 Pasir Panjang Rd  
#01-010 S(C)17621

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

## DRIVER

- a) NAME: NG TIAN TING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 50117516E CONTACT: 96328226  
 c) ADDRESS: AS ABOVE

\* d) DATE OF BIRTH: 15 / 07 / 1951 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 27 Sept 1969

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 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: SJR 68564 MODEL: Kia Cerato Forte  
 b) DRIVER'S NAME: Mr Ho Wai Kin  
 c) NRIC/FIN/PASSPORT: 56920868F CONTACT: 91556562

## 9. THIRD PARTY VEHICLE

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

Email: AW EMAIL

Fax: \_\_\_\_\_

✓ 1060

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0117516E



NG TIAN TING  
黄 電 灯  
CHINESE  
Date of Birth: 15-07-1951  
Country of Birth: SINGAPORE  
Sex: M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S0117516E  
Name: NG TIAN TING  
Birth Date: 15 Jul 1951  
Issue Date: 01 Mar 2004





NRIC No. S0117516E

Biographical Details: A+  
Date of Issue: 17-10-1993

481 PASIR PANJANG ROAD #01-10  
SINGAPORE 117621  
NRIC No: S0117516E Date: 17/10/2012 No: 7198300

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

Class	Vehicle Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	27 Sep 1998

NP 428A



**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, 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 29021463 QMY

**Excess : SGD700**

**Windscreen Excess : SGD100**

1. Index Mark and Registration Number of Vehicle  
 EF88G

2. Name of Policyholder  
 Ng Tian Ting

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 12/09/2017

4. Date of Expiry of Insurance  
 11/09/2018

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

Ng Tian Ting

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.

Golden Prime Insurance Agency  
 20 Ubi Road 4  
 #01-07 Think One Building  
 Singapore 408622  
 Tel: 6342 6788 Fax: 6342 6766

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

  
 for Chief Executive Officer