

# NATIONAL Assessment Centre Services

MAINT 46802653

Date In: 12/02/2018 18:13	Job description	Date & Time Completed	Done by
Ref No: N/A/MSG/18002815/1	SAS e-illing		
Veh No: SMN 8472B	E-mail (within 2hrs, AIC only)		
P.O.A: 11/02/2018 14:00	E-Motor Claim Form		
OD: TP / Reporting Only	E-Motor W/O (within 24 hrs, TP only)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner / Whsp		

Preferred Wksp / INC Assign Wksp / OW:	Tell	Fax
TP Particulars	Veh No: GX 4679G	INC ( ) / Non-INC ( )
Owner / Driver:	Tell	
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: INC hotline: 6788 6616

1) Apply for Transport Allowance ( ) / Courtesy Car ( )	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury: \_\_\_\_\_

Other Time: \_\_\_\_\_

Actions: \_\_\_\_\_

N/A/1800953

Human's Details	Invoice Preparation Checklist	Amount	Amount Paid
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Assigned Portion:	3) TP: Towing Fee	\$40/\$42	
	4) FT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$30	
	Excluding against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection	\$75	
	7) NI: New DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$1	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$25	
	12) NI: DY / Collect Unacc Coordination	\$1	
	13) NI: TP (N+INC) against INC	\$20	
	14) NI: Send Mobile	\$0	
	Invoice dated	Fee Charged	
	Invoice Paid	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 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	12/02/2018 18:13
Date Of Accident	11/02/2018 14:00
Exact Location Of Accident	TAMPINES CTRL 5TAMPINES MALL BASEMENT CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJN8472B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WAN LEE FUN
NRIC No	S6983440Z
Email Address	MARCUSHO5114@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92285114
Alternative Phone No	OTHERS-92285114
<b>Vehicle Particulars</b>	
Manufacturer	SUBARU
Model	IMPREZA-1.5 R AWD (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	82010803
<b>Driver</b>	
Name of Driver	HO CHING KANG
NRIC No	S9073128I
Date Of Birth	25/02/1990
Occupation	INDOOR
Date Of Driving Pass	28/09/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92285114
Fax Number	
Contact Number	OTHERS-92285114
EMail Address	MARCUSHO5114@GMAIL.COM



Address	BLK 157D RIVERVALE CRESCENT #11-647
Postcode	544157
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	3
Passenger 1	NAME: : WAN LEE FUN GENDER: : FEMALE
Passenger 2	NAME: : WAH LI SIM GENDER: : FEMALE

#### 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	GX4679G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	STANLEY LIM
NRIC/Passport Number	
Contact Number	97592886
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

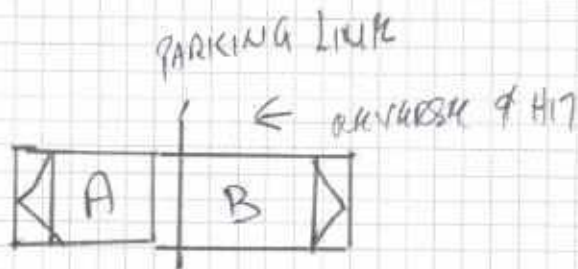
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN TAMPIERES CTR 5, TAMPIERES MALL BASEMENT CARPARK



A) SJN 8472B

B) GX4679 G

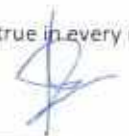
#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It happened on 11/02/18, 2pm ~~at~~ in the basement carpark of Tampines Mall. I returned to my car, ~~to~~ <sup>after my lunch</sup> and saw a van kissed the rear of my vehicle. I am ~~do~~ doing this for record purposes.

#### 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: 12/02/18

  
Reporting Centre Personnel's Signature  
Name: Rishi W. A. B.  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 02 / 2019 (DD/MM/YYYY), TIME: 02.00 (HH:MM)

LOCATION: Tampines Central 5, Tampines Mall - BASKMART, c/p

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SSN 8472-B  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: SUBARU IMPREZA S.D. 1.5R AWD AT  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking / statibary  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

① WAN LEE FUN F

② Wah Li Sim F

## 2. INSURED / POLICY HOLDER

- a) NAME: WAN LEE FUN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 56836983402 CONTACT: 9228 5114  
 c) ADDRESS: 157 D Riverside Crescent #11-647 SC544157

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

4 No of passenger  
(Including driver)  
(3)

## DRIVER

- a) NAME: Ho Ching Leang (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 596731283 CONTACT: 9228 5114  
 c) ADDRESS: 157 D Riverside Crescent #11-647 SC544157

\* d) DATE OF BIRTH: 25 / 02 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26 Sep 2009

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

## 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

4 No of passenger  
(Including driver)  
( )

- a) VEHICLE NUMBER: GX 4679 G MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: STANLEY LIM  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9459 2886

## 9. THIRD PARTY VEHICLE

4 No of passenger  
(Including driver)  
( )

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

Email: Maran Ho 5114 @ gmail . com

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

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S90731281**



Name: **HO CHING KANG**  
**何振康**

Race: **CHINESE**

Date of birth: **25-02-1990** Sex: **M**

Country of birth: **MALAYSIA**



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S90731281**

Name: **HO CHING KANG**

Birth Date: **25 Feb 1990**

Issue Date: **28 Sep 2009**




001766702C

3878517



NRIC No: **S90731281**



Date of issue: **24-02-2005**

Address: **APT BLK 157D RIVERVALE CRESCENT  
#11-647  
SINGAPORE 544157**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

CLASS DATE

Class 3 Motor Cars  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **25 Sep 2009**

NP 429A



Licence No: S90731281



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

## MOTOR INSURANCE COVER NOTE

Cover Note No. 82010803

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the Insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

### SCHEDULE

Agent No. : 190102  
Name of Insured : Wan Lee Fun  
Make and Description of Vehicle : SUBARU IMPREZA 5D 1.5R AWD AT  
Vehicle Registration No. : SJN8472B  
Year of Manufacture : 2008  
Engine No. : EL15D465024  
Chassis No. : JF1GH3KS58G020289  
Capacity : 1,498 Cubic Capacity  
Cover Type : Comprehensive  
Sum Insured (SGD) : Market Value  
Period of Insurance : 28/07/2017 to 27/07/2018  
Excess (SGD) : 500  
Finance Company : Hong Leong Finance Limited

I/We hereby certify that this Covering note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.  
Authorised Insurers

Authorised Representative

Amy Lee  
Senior Vice President, Agencies

Date of Issue : 28/07/2017

This covering note is valid for 30 days from the date of issue.