

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118024786

Date In: 20/1/18-18:44	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18003256/24	SAS e-filing		
Veh No: 56884516	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 19/1/18-15:30	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-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:	Veh No: 56884516	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%; F: 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 repairer.

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

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

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

NA1801057	Invoice Preparation Checklist	Ant (\$) [in Bill]	Ant (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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 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	20/02/2018 18:44
Date Of Accident	19/02/2018 15:30
Exact Location Of Accident	MALAYSIA CUSTOMS TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ8451G
Insured/Policyholder	
Name Of Registered Owner	LEO ANN BOON
NRIC No	S8404597G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97325835
Alternative Phone No	OFFICE-97325835

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E A
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	A80451947QMX
Cover Note Number	

Driver

Name of Driver	LEO ANN BOON, LOUIS (LIANG ANWEN, LOUIS)
NRIC No	S8404597G
Date Of Birth	15/02/1984
Occupation	INDOOR
Date Of Driving Pass	17/02/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97325835
Fax Number	
Contact Number	OFFICE-97325835
EMail Address	NOEMAIL

Address	BLK 782D WOODLANDS CRESCENT #11-345
Postcode	734782
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 - CHANGE/CROSS LANE
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?	
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)	2
Passenger 1	NAME: : ANG YUN LENG 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

REFER TO 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	SLR8575T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE YAN GUAN
NRIC/Passport Number	S1594121I
Contact Number	97987242
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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

Reporting Centre Personnel's Signature

Name:

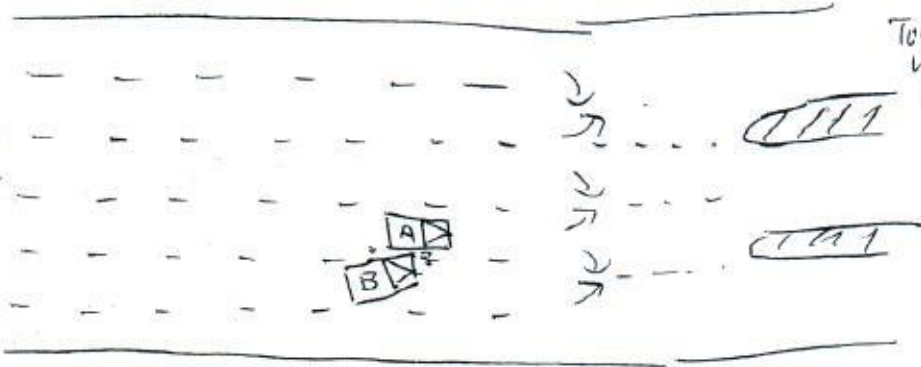
NRIC/Fin No.

Malaysia Customs towards Singapore.

Towards
Malaysia
CUSTOMS (Singapore)
Immigr

Veh A : SGQ 84516

Veh B : SLR 8575T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the third lane from the right of a 6-lane towards Malaysia immigration towards Singapore. Somewhere before entering the immigration lanes, I was stationary and waiting for vehicles ahead to move when I suddenly felt an impact from the right hand portion of my vehicle. After the accident, I awoke to see that vehicle B had collided into the rear right hand portion of my vehicle when he changed lane from the lane on my right into my lane. Hence I was involved in an accident of 2 vehicles.

Veh A : SGQ 84516

Veh B : SLR 8575T.

DECLARATION

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

X foris

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.

Vehicle No. SGQ 8451G. Make / Model: Toyota Vios.

Date of Accident 19 Feb 2018.
Time of Accident 1530 hrs.
Location of Accident Malaysia custom towards Singapore.
Purpose of Use On the way back to Singapore.

Name of Owner Leo Ann Boon.
NRIC / Business UEN: S8404597G.
Contact No: HP: 97325835 Home: _____
Claim Type: Own Damage Third Party Reporting Only
Private Hire: Uber / Grab Nil.
Insurance Company: MSIG.
Type Of Coverage: Comprehensive Third Party TPFT
Policy No: A 80451947 QMX.

Name Of Driver: (as above) No. Of Passenger: 01
NRIC: S8404597G Male: - Female: 01
Date Of Birth: 15-02-1984. Ang Yun Leng (Pregnant).
License Pass Date: 17-02-2006.
Gender: Male Female
Occupation: Service Engineer.
Contact No.: HP: 97325835. Home: _____
Address: Blk 782D Woodlands crescent # 11-345 S(734782).

Driver Own Vehicle: Yes.
Relationship: Employee / Relative / Friend
Weather Condition: Day Night Raining
Road Surface: Dry Wet
Any Injuries: _____
Contact No.: _____
Police Report: _____

Vehicle B No.:	<u>SLR 8575T.</u>	No. Of Passenger:	_____
Driver / NRIC	<u>Lee Yan Guan (S1594121)</u>	Male:	_____ Female: _____
Driver Contact:	<u>9798 7242.</u>		
Vehicle C:	_____	No. Of Passenger:	_____
Driver / NRIC	_____	Male:	_____ Female: _____
Driver Contact:	_____		
Vehicle D:	_____	No. Of Passenger:	_____
Driver / NRIC	_____	Male:	_____ Female: _____
Driver Contact:	_____		
Vehicle E:	_____	No. Of Passenger:	_____
Driver / NRIC	_____	Male:	_____ Female: _____
Driver Contact:	_____		

Particulars of Workshop: Motor Intel Automo Pte. Ltd.
Tel no: 6281 0087 Fax No: 6281 0187
Person In Charge: Wilson Ong (HP : 8838 3318)
Address: Bartley Biz Centre, 13 Kaki Bukit Rd 4, #01-20 S(417807)
Email: sales@mia.com.sg

5290686



NRIC No. S8404597G



Date of issue

05-04-2014

Address

APT BLK 782D WOODLANDS CRESCENT
#11-345
SINGAPORE 734782



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8404597G

Name

LEO ANN BOON, LOUIS
(LIANG ANWEN, LOUIS)

梁安文

Race

CHINESE

Date of birth

15-02-1984

Sex

M

Country/Place of birth

SINGAPORE





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
Comprehensive

Certificate No. A 80451947 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SGQ8451G

2. Name of Policyholder
Leo Ann Boon

3. Effective Date of the Commencement of Insurance for the purposes of the Act
25/01/2018

4. Date of Expiry of Insurance
24/01/2019

5. Persons or Classes of Persons entitled to drive*

Leo Ann Boon

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.

Quotigo Pte. Ltd.
Senior Operations Manager
60 Paya Lebar Road
Paya Lebar, Singapore 409051

Signature / Date
Counter-Signatory
Quotigo Pte. Ltd.
Email: seane@quotigo.com
Mobile: 85881388
Website: www.quotigo.com

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.

XQUOTSCXH2017122014407328