

NATIONAL Assessment Centre Services (NACS) (01/1/2000)

NA18031706

Date In: 06/03/2018 17:24	Job description	Date & Time Completed	Done by
Ref No: NBS/MS918004329/Y	S&S e-illing		
Veh No: SKS 2709X	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 06/03/2018 14:00	Motor Claim Form		
OD / TP T Reporting Only	Minor VVO (within 24 hrs, TP 2hrs)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars	Yell No: SGT 69 M	INC () / Non-INC ()
Owner / Drivers:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: () % (Note: BSL Status (WO): NI 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 paper or reporter.
() Total Loss Case: To e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks:	INC hotline 5788 5015	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:

NA180/497	Invoice Preparation Checklist	Notes	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contract No:	2) DA: Damage Assessment (\$100)	INC (\$20)	
Assigned Person:	3) TP: Towing Fee (\$20/50)		
	4) PT: Follow-Through Survey (\$120)		
	5) FT: Follow-Through Survey (Resurvey) (\$70)		
	6) TR: Repair Inspection (\$12)		
	7) NI: Day 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 (\$12)		
	12) NI: DY / Collect Unacc Coordination (\$3)		
	13) NI: TP (Non-INC) against INC (\$30)		
	14) NI: 24hrs helpline (\$10)		
	Invoice dated	Not Crisp	
	Invoice total	Not Crisp	

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	06/03/2018 17:24
Date Of Accident	06/03/2018 14:00
Exact Location Of Accident	CTE (ALONG BUKIT TIMAH EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS2709X
Insured/Policyholder	
Name Of Registered Owner	ANG GEOK KEE
NRIC No	S2018294F
Email Address	JRONALDANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93628230
Alternative Phone No	OTHERS-86928182

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S300
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	B 27922070 QMX
Cover Note Number	

Driver

Name of Driver	ANG DE QUAN (HONG DEQUAN)
NRIC No	S8934372J
Date Of Birth	29/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2010
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86928182
Fax Number	
Contact Number	OTHERS-93628230
Email Address	JRONALDANG@GMAIL.COM

Address	16 JALAN SHAER
Postcode	769362
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	COLLISION - HEAD TO REAR
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	SGF69M
Vehicle Make/Model/Colour	BMW 640
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU CHUAN EIK
NRIC/Passport Number	S1138388B
Contact Number	91796969
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


SKETCH PLAN


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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.

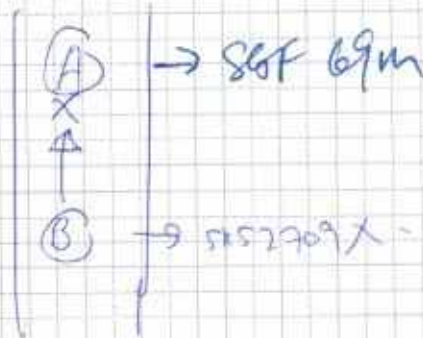

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

CTC (Awards Park Timor Exit)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- ① CLEAR DAY
- ② DRIVING ALONG CTC BT TIMOR EXIT
- ③ BMW 640 braked and I couldn't stop in time - B knocked onto impact upon rear bumper of A.

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:


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

ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 03 / 2018 (DD/MM/YYYY), TIME: 14:00 (HH:MM)

LOCATION: CTE (ALONG BUKIT TUMAH EXIT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SRS2709X
 b) INSURANCE COMPANY: MSC
 c) POLICY NUMBER: 82792-2090
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MERC S300
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVER
 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: ANG GEOR KEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 5208294P CONTACT: 93628230
 c) ADDRESS: 16 JALAN PHAKR S769382

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(1)

- DRIVER
 a) NAME: DE QUAN: ANG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 58934372J CONTACT: 86928182
 c) ADDRESS: 16 JALAN PHAKR

d) DATE OF BIRTH: 29 / 09 / 1979 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS 19/12/2010

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)
 6. WAS ANYBODY INJURED (YES / NO)
 7. REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
(including driver)
(01)

- a) VEHICLE NUMBER: SGF 69 M MODEL: BMW 640
 b) DRIVER'S NAME: LIU CHUAN EE
 c) NRIC/FIN/PASSPORT: 51132388B CONTACT: 91796969

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
(01)

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

email = IRONALDANG @ Gmail . com

fax =

video

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8934372J



Name

ANG DE QUAN
(HONG DEQUAN)

洪得荃

Race
CHINESE

Date of birth 29-09-1989 Sex M

Country of birth
SINGAPORE

S8934372J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8934372J

Name

ANG DE QUAN
(HONG DEQUAN)

Birth Date 29 Sep 1989

Issue Date 19 Feb 2010



3823550

NRIC No. S8934372J



Date of issue
14-10-2004

Address

16 JALAN SHAER
SINGAPORE 769362

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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg
with <= 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals <= 2500kg

19 Feb 2010

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
Comprehensive

Certificate No. B 27922070 QMX

Excess: SGD1,000

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SKS2709X
2. Name of Policyholder
Ang Geok Kee
3. Effective Date of the Commencement of Insurance for the purposes of the Act
24/06/2017
4. Date of Expiry of Insurance
28/04/2018
5. Persons or Classes of Persons entitled to drive*
 Ang Geok Kee
 Ang De Quan, Ang Ying Zhi Chrystal
 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