

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA118034612

Date In: 13/2/18 - 13:43	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18004705/24	SAS e-filing		
Veh No: SKU 5586C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 10/2/18 - 16:50	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: SKU5303T	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 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:- (INC hotline: 6788 6616)	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 : _____

Date/Time	Actions

NA1801622	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) 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 / Tpt 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		
at 1:	9) N12: Idac Mobile 30		
at 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	13/03/2018 13:43
Date Of Accident	10/03/2018 16:50
Exact Location Of Accident	NUS CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5586C
Insured/Policyholder	
Name Of Registered Owner	ONG CHOK YEN, WILSON (WANG ZUOYAN, WILSON)
NRIC No	S7931141C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98502185
Alternative Phone No	OFFICE-98502185

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS IS300H CVT
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	A80443806QMY
Cover Note Number	

Driver

Name of Driver	ONG CHOK YEN, WILSON (WANG ZUOYAN, WILSON)
NRIC No	S7931141C
Date Of Birth	18/10/1979
Occupation	INDOOR
Date Of Driving Pass	02/04/1998
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98502185
Fax Number	
Contact Number	OFFICE-98502185
EEmail Address	NOEMAIL

Address	BLK 138 BISHAN STREET 12 #02-470
Postcode	570138
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	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?	
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)	0

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	SLK5303T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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

WING A - SUE 8996C

WING B - SUE 8303 T

The sketch plan shows a road layout on a grid. Wing A is a vertical rectangular area on the left. Wing B is a larger area on the right, containing a triangular area labeled 'A' and a rectangular area labeled 'B'. A horizontal road runs through the middle. Arrows indicate directions: a large arrow pointing left above the road, and several smaller arrows pointing in various directions within the road network.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY PARKED AT THE CAR PARK OF
MMS.

WHEN I CAME BACK TO MY VEHICLE AFTER MY LESSON, I
NOTICED THERE WAS A NOTE INDICATE THAT A VEHICLE
BRADEN (SUC 5303 T) HAD COLLIDED TO THE RIGHT FRONT
PORTION OF MY VEHICLE, WHEN HE WAS TURNING OUT FROM
THE PARKING LOT.

AND SO I PROCEED TO REPORT FOR INSURANCE CLAIM.

VEHICLE A - GR U 55866
VEHICLE B - SUC 5303 T

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

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

Vehicle No.	SKU 5586 C	Model / Make	LEXUS IS 300		
Date of Accident	10/03/18				
Time of Accident	1650	HRS			
Location of Accident	NUS CARPARK				
Exact purpose use during accident	PRIVATE USE / STATIONARY PARK IN PARKING LOT				
Name of Owner	ONG CHOK SEN, WILSON				
Telephone No.	H/P : 9850 2185	Home :	Office :		
NRIC	S7931141 C				
Address	BLK 138 BISHAN ST 12 #02-470 S(570139)				
Claim type	OD	THIRD PARTY	REPORTING ONLY		
Insurance Company	MSIG				
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft		
Policy No.	80643804				
Name of Driver	As Above If No,				
NRIC	S7931141 C	Any Passengers :			
Date of birth	18/10/1975				
Occupation	Outdoor / Indoor				
Driving License Pass Date	02 Apr 1998				
Gender	Male / Female				
Contact No.	H/P : 9850 2185	Home :	Office :		
Address					
Driver have any own vehicle	No,	If yes, Reg No.			
Relationship	Employee,	If no, state OWNER			
Weather condition	Clear	Raining	Other INSIDE SHIELDED CARPARK		
Road Surface	Dry	Wet	Other		
Any Injuries	No,	If Yes, Who?			
Name And Contact No.					
Name And Contact No.					
Police Report	No,	If Yes, Where?			
Vehicle B No.	SLK 5303 T	Any Passengers :			
Name of Driver		Contact No. :			
Vehicle C No.		Any Passengers :			
Vehicle D No.		Any Passengers :			
Vehicle E No.		Any Passengers :			
Vehicle F No.		Any Passengers :			
Vehicle G No.		Any Passengers :			
Witness Name		Witness Contact :			
Accident Portion	RIGHT FRONT PORTION				
Camera Recorder	Yes / No				
Email Address	wilong@singnet.com.sg				
PARTICULAR WORKSHOP	N-SI AUTOMOTIVE PTE LTD				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON	IAN				
FAX NO	6741 0510				
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg				



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7931141C



Name

ONG CHOK YEN, WILSON
(WANG ZUOYAN, WILSON)

王 祚 延

Race

CHINESE

Date of birth

18-10-1979

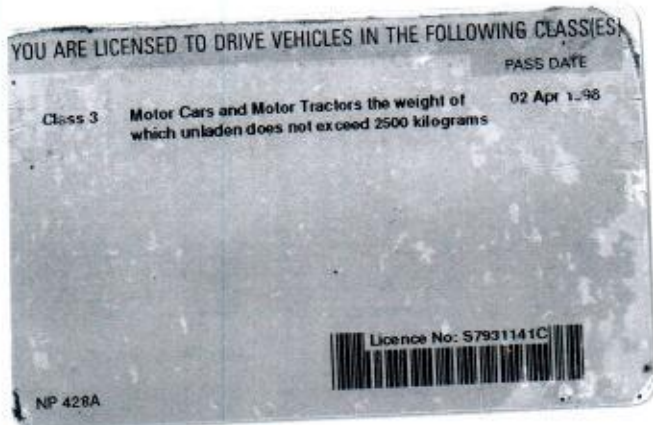
Country of birth

SINGAPORE

Sex

M

S7931141C



4611475

NRIC No. S7931141C



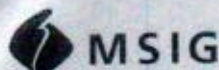
Date of issue

02-08-2010

APT BLK 138 BISHAN STREET 12 #02-470
SINGAPORE 570138

NRIC No: S7931141C

Date: 13/06/2014



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 PLUS
Comprehensive

Certificate No. A 80443806 QMY

Excess: SGD1,500
Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SKU5586C

2. Name of Policyholder

ONG CHOK YEN, WILSON (WANG ZUOYAN, WILSON)

3. Effective Date of the Commencement of Insurance for the purposes of the Act

26/09/2017

4. Date of Expiry of Insurance

27/09/2018

5. Persons or Classes of Persons entitled to drive*

ONG CHOK YEN, WILSON (WANG ZUOYAN, WILSON)

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).

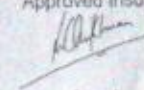
I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, or Acts passed in substitution thereof.


Signature / Date

Counter-Signatory:
Hui Hua Enterprise

HUI HUA ENTERPRISE
Reg. No. 53139918D
No. 1 Bukit Batok Crescent
#02-23 WCEGA Plaza
Singapore 658064
Tel: 64696611 Fax: 64698358

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.

XHHE5YP2017092615389803