

# NATIONAL Assessment Centre Services

MAH48035162

Date In: 14/03/2018 14:39  
Ref No: NBA/M86/80049074  
Veh No: SKL 4339 D  
D.O.A: 10/03/2018 15:25  
OD: TP / Reporting Only

Job description  
BAS e-illing  
E-mail (within 2hrs, AIC only)  
E-mailer Claim Form  
E-mailer W/O (within 24 hrs, TP only)  
E-mailer Uploaded  
Assessment/Survey Report  
Ass't Report by Fax/Hand to Owner/VVWSP

TP Insured:

Preferred Wksp / INC Assign Wksp / QW1:

TP Particulars: Yell No: SJP 5500 M INC ( ) / Non-INC ( )  
Owner / Drivers ( )  
Policy No: ( ) Period: ( ) Cover Type: ( )  
Confirmed by: ( ) Date: ( ) Time: ( )  
Insured/Driver Liability: ( ) % (Note: B/L Stand (WO): NI 0-20%, PI 21-79%, PI 80-100%)  
Year of Registration: ( ) Warranty: YES ( ) / NO ( )  
Excess: ( ) Loading: \$1,000 ( ) / \$2,000 ( )

General Remarks: ( )  
( ) Work-In Questionnaire: Customer's information strictly Confidential & strictly NO refer of repeller.  
( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.  
Drive-In ( ) / Towed-In ( ) Invoice: YES ( ) / NO ( ) Towing Co: ( )

Removal: ( )  
1) Apply for Transport Allowance ( ) / Courtesy Car ( )  
2) QC Check / Post Repair Inspection ( )  
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )

Injury: ( )  
Priority Time Action: ( )

Customer Particulars	Invoice Breakdown/Charges	Amount	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Assigned Pardon:	3) TP: Towing Fee	\$10/\$12	
	4) PT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$20	
	Excess/Insurance apply INC Only (Ref 10 Jan 2018)		
	6) TR: Reproduction	\$23	
	7) NI: 144 DA + SMART Survey	\$160	
	8) NTUC Additional Survey		
	9) NI: 144 DA + SMART Survey	\$160	
	10) NTUC Additional Survey		
	11) NI: 144 DA + SMART Survey	\$160	
	12) NTUC Additional Survey		
	13) NI: 144 DA + SMART Survey	\$160	
	14) NTUC Additional Survey		
	15) NI: 144 DA + SMART Survey	\$160	
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	99) NI: 144 DA + SMART Survey	\$160	
	100) NTUC Additional Survey		



## 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	14/03/2018 14:39
Date Of Accident	10/03/2018 15:25
Exact Location Of Accident	AT BUGIS JUNCTION BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL4339D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH TECK YONG (LUO DERONG)
NRIC No	S8008960J
Email Address	GLENNLOH.PHILIPS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85880388
Alternative Phone No	OTHERS-85880388

### Vehicle Particulars

Manufacturer	AUDI
Model	A6-2.0 TFSI MU (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	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	
Cover Note Number	57000168

### Driver

Name of Driver	LOH TECK YONG (LUO DERONG)
NRIC No	S8008960J
Date Of Birth	28/03/1980
Occupation	INDOOR
Date Of Driving Pass	20/04/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85880388
Fax Number	
Contact Number	OTHERS-85880388
Email Address	GLENNLOH.PHILIPS@GMAIL.COM

Address	BLK 312A SUMANG LINK #09-185
Postcode	821312
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?	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)	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

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	SJP5500M
Vehicle Make/Model/Colour	TOYOTA ESTIMA
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:

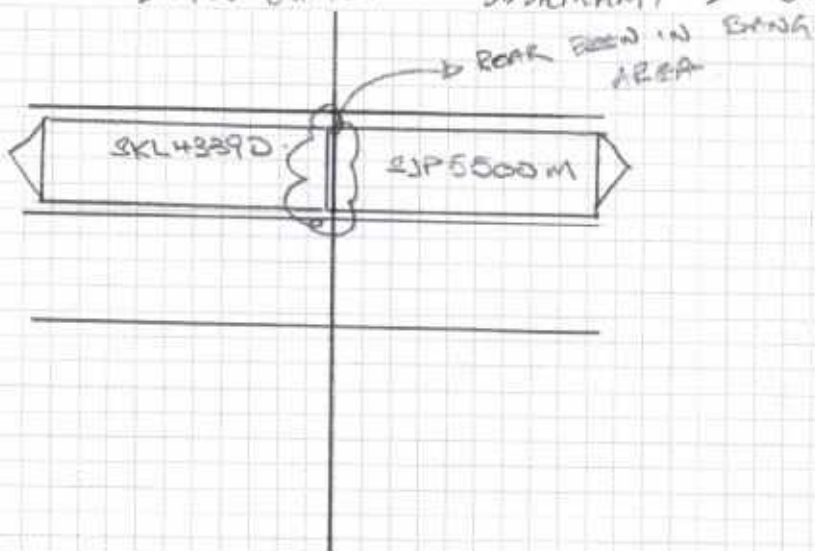


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

BUGIS JUNCTION BDRKMKAI? 2 CARPARK



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 10 MARCH 2018 at about 12 plus noon, when I finish parking my car at B3 carpark lot of Bugis Junction. At that time there is no car be parking behind me.

At about 15:16 same date, I found that vehicle no. 2JP5500M car rear is touching my car rear. the driver at that time is not at the vehicle.

I move my car forward to check for damage, and found that scratches is on the bumper.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

14/3/18 1300hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 14/03/2018  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

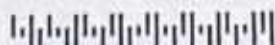
10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 0803180203N057014476

08 Mar 2018

LOH TECK YONG (LUO DERONG)  
APT BLK 312A SUMANG LINK  
#09-185  
SINGAPORE 821312

000441



Dear Sir/Madam

**NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SKL4339D WITH VEHICLE REGISTRATION NO. SJX388L**

You may be pleased to know that your application of 08 Mar 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No.	: SJX388L (Previously SKL4339D)
Vehicle Make	: AUDI
Vehicle Model	: A6 2.0 TFSI MU (NAVIGATION)
Chassis No.	: WAUZZZ4G4EN021272
Engine No./ Motor No.	: CDN359795 / -

# ACCIDENT STATEMENT

ACCIDENT DATE: (10/03/2018) (DD/MM/YYYY), TIME: (15:26) (HH:MM)

LOCATION: BUGIS JUNCTION B3 CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 43390  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: 57000168  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: AUDI A6 3.0 TFSI (AW)  
 f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE  
 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: LEE TECK YONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 9908960T CONTACT: 9580388  
 c) ADDRESS: 22A SUNDAY HAWAII RD  
2 (KUALA)

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

# No of passengers  
 (including driver)  
(0)

- DRIVER  
 a) NAME: LEE ABANG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

- \* d) DATE OF BIRTH: (24/03/1980) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS 30 APR 2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: QUEST  
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) INDOOR CARPARK condition  
 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

# No of passengers  
 (including driver)  
( )

- a) VEHICLE NUMBER: RJP 6500 M MODEL: TOYOTA ESTIMA  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

# No of passengers  
 (including driver)  
( )

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = glennloh.philips@gmail.com

Fax =

Video



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8008960J



Name

LOH TECK YONG  
(LUO DERONG)

罗德荣

Race  
CHINESE

Date of birth  
28-03-1980

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8008960J

Name

LOH TECK YONG (LUO  
DERONG)

Birth Date: 28 Mar 1980

Issue Date: 06 Mar 2003



4560899

NRIC No. S8008960J



Date of issue  
23-12-2010

APT BLK 312A SUMANG LINK #09-185  
SINGAPORE 821312

NRIC No: S8008960J

Date: 19/05/2015

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 1B	Motorcycles <= 200 CC	22 Oct 1999
Class 2A	Motorcycles between 201 CC and 400 CC	15 Jan 2002
Class 2	Motorcycles > 400 CC	07 Aug 2003
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	20 Apr 2007

S8008960J

S / No. 9000067221







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. 57000168**

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.** : 156393  
**Name of Insured** : LOH TECK YONG (LUO DERONG)  
**Make and Description of Vehicle** : AUDI A6 2.0 TFSI MU (NAVIGATION)  
**Vehicle Registration No.** : SKL4339D  
**Year of Manufacture** : 2013  
**Engine No.** : CDN359795  
**Chassis No.** : WAUZZZ4G4EN021272  
**Capacity** : 1,984 Cubic Capacity  
**Cover Type** : Comprehensive  
**Sum Insured (SGD)** : Market Value  
**Period of Insurance** : 24/02/2018 to 10/05/2019  
**Excess (SGD)** : 1,500  
**Finance Company** : KENSO LEASING PTE LTD

I/We hereby certify that this Cover 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

  
Universe Motoring

**MSIG Insurance (Singapore) Pte. Ltd.**  
Authorised Insurers

  
Amy Ler  
Senior Vice President, Agencies

**Date of Issue :** 22/02/2018

This Cover Note is valid for 30 days from the date of issue.