

# NATIONAL Assessment Centre Services (wef 1 Jan'05) MNA118042847

Date In: 31/3/18 10:56	Job description	Date & Time Completed	Done by
Ref No: NA/MS618005899/24	SAS e-filing		
Veh No: SK557710	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/3/18-21:50	i-Motor Claim Form		
OD <u>TP</u> 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: SK9959U	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

NA1801998

## Invoice Preparation Checklist

Am't (\$)	Am't (\$)
Est Bill	Add Bill

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 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:-
- 9) N12: Idac Mobile 30

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

Invoice dated \_\_\_\_\_ Fee Charged \_\_\_\_\_

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:



## 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	31/03/2018 10:56
Date Of Accident	29/03/2018 21:50
Exact Location Of Accident	BKE TWDS KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS5771U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARINA COUNTRY CLUB PTE LTD
Co Reg No	200300027K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63856166

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28711631MCX
Cover Note Number	

### Driver

Name of Driver	TAN KIM YEOW
NRIC No	S1829318H
Date Of Birth	01/07/1967
Occupation	INDOOR
Date Of Driving Pass	16/05/1988
Driving Experience	29 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96181778
Fax Number	
Contact Number	OFFICE-96181778
EEmail Address	NOEMAIL

Address	BLK 639 CHOA CHU KANG STREET 64 #05-17
Postcode	680639
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	YES
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

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	SJL9459U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEI QIANG
NRIC/Passport Number	
Contact Number	92480397
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	TAN KIM YEOW
------	--------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKS5771U

YES

NO



## 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.



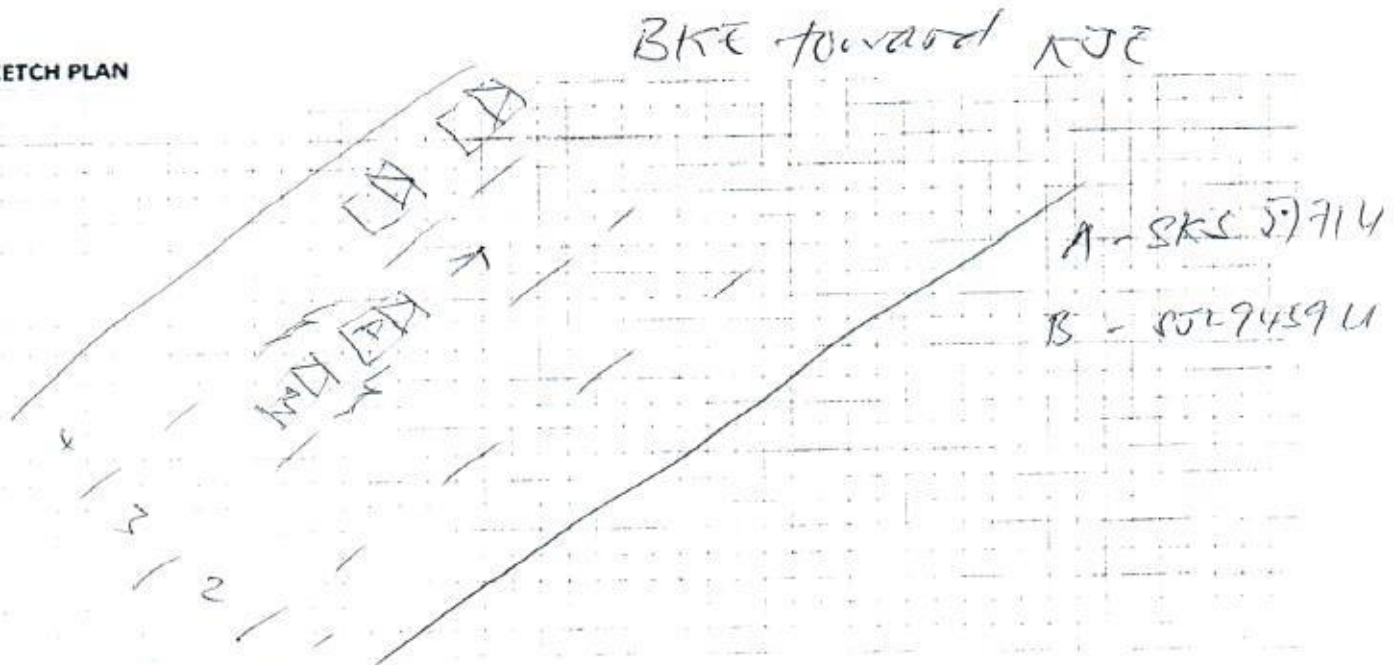
Policyholder's Signature  
Date & Time:

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

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



**SKETCH PLAN**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 29/3/2018 @ 9.50am, I was driving my car SKS 5771 U, Honda Vezel along BKE toward KJE after Mandai Exit.

Traffic was heavy at the moment and slow down come to a completed stop. I follow to stop. <sup>speed</sup>

Suddenly a vehicle come in fast from behind which no stop intine and hit onto my rear back bumper. The strong impact cause my car badly damage and my back body pain.

I alighted my vehicle and check that car number plate SJL 9459 U, was badly damage hit from portion.

A - SKS 5771 U

B - SJL 9459 U

**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.:



<b>Vehicle No.</b>	SK5577IU		<b>Model / Make</b>	Honda vezei
<b>Date of Accident</b>	29/03/2018			
<b>Time of Accident</b>	9.50pm HRS			
<b>Location of Accident</b>	BKE toward KJE			
<b>Exact purpose use during accident</b>	Pte Use			
<b>Name of Owner</b>	Marine Country Club Pte Ltd			
<b>Telephone No.</b>	H/P :	Home :	Office : 63856166	
<b>NRIC</b>	ROC : 200300027K			
<b>Address</b>	11, Northshore Drive Singapore 828670.			
<b>Claim type</b>	OD	<input checked="" type="radio"/> <b>THIRD PARTY</b> <input type="radio"/> <b>REPORTING ONLY</b>		
<b>Insurance Company</b>	MSIG			
<b>Type of Coverage</b>	<input checked="" type="radio"/> <b>Comprehensive</b>	<input type="radio"/> <b>Third Party</b>	<input type="radio"/> <b>Third Party / Fire / Theft</b>	
<b>Policy No.</b>	A2871631 MCX			
<b>Name of Driver</b>	As Above If No, Tan Kim Yeow			
<b>NRIC</b>	S 1829318H		<b>Any Passengers :</b> 0	
<b>Date of birth</b>	01-07-1967			
<b>Occupation</b>	Outdoor / <input checked="" type="radio"/> <b>Indoor</b>			
<b>Driving License Pass Date</b>	16 May 1988			
<b>Gender</b>	<input checked="" type="radio"/> <b>Male</b> / <input type="radio"/> <b>Female</b>			
<b>Contact No.</b>	H/P : 96181778	Home :	Office :	
<b>Address</b>	BLK 639, Choa Chu Kang 8164 #05-17 8'680639			
<b>Driver have any own vehicle</b>	<input checked="" type="radio"/> <b>No,</b> <input type="radio"/> <b>If yes, Reg No.</b>			
<b>Relationship</b>	<input checked="" type="radio"/> <b>Employee,</b> <input type="radio"/> <b>If no, state</b>			
<b>Weather condition</b>	<input checked="" type="radio"/> <b>Clear</b> <input type="radio"/> <b>Raining</b> <input type="radio"/> <b>Other</b>			
<b>Road Surface</b>	<input checked="" type="radio"/> <b>Dry</b> <input type="radio"/> <b>Wet</b> <input type="radio"/> <b>Other</b>			
<b>Any Injuries</b>	<input checked="" type="radio"/> <b>No,</b> <input type="radio"/> <b>If Yes, Who?</b> Tan Kim Yeow			
<b>Name And Contact No.</b>	96181778			
<b>Name And Contact No.</b>				
<b>Police Report</b>	<input checked="" type="radio"/> <b>No,</b> <input type="radio"/> <b>If Yes, Where?</b>			
<b>Vehicle B No.</b>	SJL 9459U		<b>Any Passengers :</b> 0	
<b>Name of Driver</b>	Lee Wei Giang		<b>Contact No. :</b> 92480297	
<b>Vehicle C No.</b>			<b>Any Passengers :</b>	
<b>Vehicle D No.</b>			<b>Any Passengers :</b>	
<b>Vehicle E no.</b>			<b>Any Passengers :</b>	
<b>Vehicle F No.</b>			<b>Any Passengers :</b>	
<b>Vehicle G No.</b>			<b>Any Passengers :</b>	
<b>Witness Name</b>			<b>Witness Contact :</b>	
<b>Accident Portion</b>	Rear Portion			
<b>Camera Recorder</b>	<input checked="" type="radio"/> <b>Yes/ No</b>			
<b>Email Address</b>	Jacky-tan @ marinecountryclub.com.sg			
<b>PARTICULAR WORKSHOP</b>	Twincar Automotive pte Ltd.			
<b>CONTACT NO.</b>	6842 0051 / 6744 0510			
<b>CONTACT PERSON</b>				
<b>FAX NO</b>	6741 0510			
<b>WORKSHOP EMAIL ADDRESS</b>	sales @ n51.com.sg			

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1829318H

Name  
TAN KIM YEOW

Race  
CHINESE

Date of Birth  
01-07-1967

Sex  
M

Country of Birth  
SINGAPORE



2299864



NRIC No. S1829318H



Blood Group  
B+

Date of Issue  
22-08-1994

APT BLK 839 CHUA KANG STREET 64 #05-17  
SINGAPORE 680639

NRIC No. S1829318H Date: 12-12-2006 (IR) No: 6653104



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S1829318H**  
Name: **TAN KIM YEOW**

Birth Date: **01 Jul 1967**  
Issue Date: **07 Jul 2004**




 001253544K

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

	PASS DATE
<b>Class 3</b> Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	<b>16 May 1988</b>

NP 42BA

 Licence No: S1829318H

**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.4  
Company Ownership

**MOTORMAX-COMMERCIAL**  
**Comprehensive**

Certificate No. A 28711631 MCX

Excess : SGD500  
Windscreen Excess : SGD100

**1. Index Mark and Registration Number of Vehicle**

SKS5771U

**2. Name of Policyholder**

Marina Country Club Pte Ltd

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

24/04/2017

**4. Date of Expiry of Insurance**

23/04/2018

**5. Persons or Classes of Persons entitled to drive\***

Any other person provided he is in the Policyholder's employ and 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