

NATIONAL Assessment Centre Services

Date-In: 07/04/2018 14:17	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18006434/K4	SAS e-filing		
Veh No: SLL67965	E-mail (within 3hrs, AIC 2hrs)		
DOA: 06/04/2018 14:40	i-Motor Claim Form		
OD: 1P Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FBG8403H	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 rater 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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA1802247	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)			
Contact No:	3) TF: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:-	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OP*			
	*N5: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N'n INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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 07/04/2018 14:17
 Date Of Accident 06/04/2018 14:40
 Exact Location Of Accident AYE TWDS CTE B4 CLEMENTI AVE 6
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL6796S

Insured/Policyholder

Name Of Registered Owner TOH KIAT HOE TOMMY
 NRIC No S1573457D
 Email Address TOMMYTOH2207@GMAIL.COM
 Mobile Phone No (LOCAL) +65-91456584
 Alternative Phone No OTHERS-91456584

Vehicle Particulars

Manufacturer NISSAN
 Model QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
 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 A 80454716 QMY
 Cover Note Number

Driver

Name of Driver TOH KIAT HOE TOMMY
 NRIC No S1573457D
 Date Of Birth 22/07/1963
 Occupation OUTDOOR
 Date Of Driving Pass 23/08/1985
 Driving Experience 32 YEARS AND 7 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91456584
 Fax Number
 Contact Number OTHERS-91456584
 Email Address TOMMYTOH2207@GMAIL.COM

Address	BLK 352 ANG MO KIO STREET 32
	#30-125
Postcode	560352
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 - 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	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180406/2140

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG8403H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

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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:

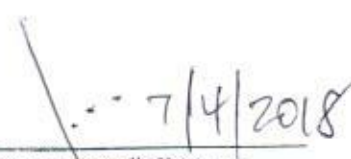
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

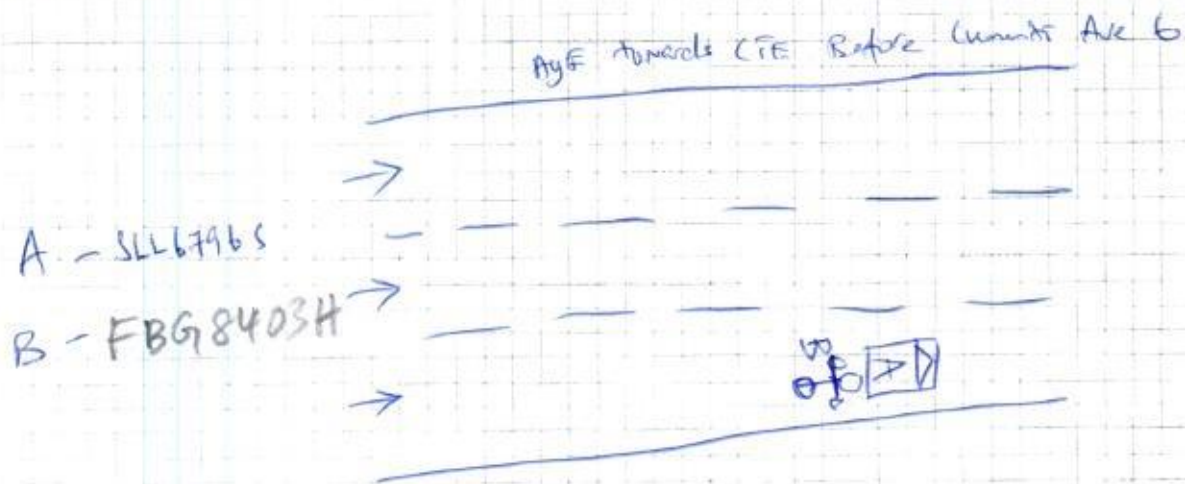
* 

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

 7/4/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no: T/20180406/2140

x [Signature]

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 7/4/2018

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



Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180406/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2018 18:21	Vide Report No.: D/20180406/0059	Station Diary No.: 26
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Informant's Particulars

Name of Informant: TOH KIAT HOE TOMMY			Address: APT BLK 352 ANG MO KIO STREET 32 #30-125 SINGAPORE 560352		
ID Type / ID No.: NRIC NO / S1573457D			Contact No.: Home/Office: Mobile: 91456584		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 22/07/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/04/2018 14:40	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY Towards MCE, 12.5km mark.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG8403H	Motorcycle				Seriously Damaged	1
SLL6796S	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL6796S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	A80454716QMY	07/03/2018	06/03/2019



**SINGAPORE
POLICE FORCE**



T/20180406/2140

2 of 3

Report No. T/20180406/2140

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TOH KIAT HOE TOMMY	ID No.	S1573457D
Related Vehicle	SLL6796S (Car)	Contact No.	91456584
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06/04/2018 at about 1440hrs, I was travelling in my vehicle (Black, Nissan Qashai, SLL6796S) along AYE towards MCE at 12.5km mark on lane one at about 75km/h.

The cars in front slowed down and came to a stop. I managed to brake in time and slowed down as well. One motorcycle (Grey, BMW, FBG8403H) then hit my vehicle from the rear and both the rider and pillion then fell and were lying on the road. I then called for ambulance and sheltered the pillion while waiting for ambulance arrival. The rider suffered some abrasions on his right arm and were able to stand up. The pillion was not able to stand up and were complaining of pain at her back hence we did not move her. I did not suffer any injury from the accident.

Ambulance and Traffic police came and I was informed to make a police report by the traffic police. I wish to inform that I handed the recording of my in car camera video to Traffic Police Sufiyan, T9113 at Traffic Police HQ.
That's all.


Vehicle No.	SLL 67965	Model / Make	Nissan Qashqai
Date of Accident	6/4/19		
Time of Accident	1440	HRS	
Location of Accident	Aye Avenue CTE Before Clement Ave G		
Exact purpose use during accident	Pre use		
Name of Owner	Toh Kiat Hoe Tommy		
Telephone No.	H/P : 91456584	Home :	Office :
NRIC	S1573457D		
Address	Blk 352 Ang Mo Kio Street 32 #30-125 S(560352)		
Claim type	OD (THIRD PARTY)	REPORTING ONLY	
Insurance Company	MSIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	A80454716QMY		
Name of Driver	As Above If No,		
NRIC	S1573457D	Any Passengers :	Nil
Date of birth	22-07-1963		
Occupation	Outdoor / Indoor		
Driving License Pass Date	23 Aug 1985		
Gender	Male / Female		
Contact No.	H/P : 91456584	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state		
Weather condition	Clear Raining Other		
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?		T/20180406/2140
Vehicle B No.	FBG 8403H	Any Passengers :	01
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	Real Situation		
Camera Recorder	Yes / No		
Email Address	tommytoh2207@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING /			
OFFERING ACCIDENT CLAIMS ASSISTANCE? Yes / No			
PARTICULAR WORKSHOP	NFI Automobile		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON			
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@nfi.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1573457D**
Name: **TOH KIAT HOE TOMMY**

Birth Date: **22 Jul 1963**
Issue Date: **15 Apr 2004**

001195870E



REPUBLIC OF SINGAPORE
IDENTITY CARD NO: **S1573457D**



Name: **TOH KIAT HOE TOMMY**

Race: **車界和**

RACE: **CHINESE**

Date of Birth: **22-07-1963**

Country of Birth: **SINGAPORE**

Sex: **M**

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

23 Aug 1985

NP 428A



Licence No: S1573457D



2588426

NRIC No: **S1573457D**



Blood Group: **O+** Date of Issue: **02-03-1995**

APT BLK 352 ANG MO KIO STREET 32 #30-125
SINGAPORE 560352

NRIC No: **S1573457D**

Date: **11-05-2006** No: **5378306**



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 80454716 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLL6796S

2. Name of Policyholder
TOH KIAT HOE TOMMY

3. Effective Date of the Commencement of Insurance for the purposes of the Act
07/03/2018

4. Date of Expiry of Insurance
06/03/2019

5. Persons or Classes of Persons entitled to drive*
TOH KIAT HOE TOMMY

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 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.



Tel : 6344 4479
Fax : 6344 4055

Signature / Date

Counter-Signatory:

Riki Marketing Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Lee
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.