

NATIONAL Assessment Centre Services (011) 231-0001

Date In: 20/04/2018 16:28	Job Description	Date & Time Completed	Done by
Ref No: NBA/MSG 18007380/24	QAS drilling		
Veh No: GX 2375X	E-mail (with sheet, AIC sheet)		
D.O.A: 19/04/2018 20:10	1-Motor Claim Form		
OD: TP / Responding Only	1-Motor VVO (with 1100 sheet, VV sheet)		
TP Insure:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VHSD		

Preferred Wksp / INC Assign Wksp / OWI: _____ Toll _____ Fax: _____

TP Particulars: _____ Yell No: JNV 8990, INC () / Non-INC ()

Owner / Driver: _____ Toll _____

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: _____ Time: _____

Insured/Driver Liability: () % (Note: BSL, Slam (WO): NI: 0-20%, P: 21-79%, P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: (\$1,000 () / \$2,000 ()

General Remarks:

() Work-in-Guarantee / Customers Information strictly Confidential & strictly NO refer of repeller.

() Total Loss Case - to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: (NBA Ref: 678810016) Done by: _____

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: _____

Date/Time	Action

NA 1802518

Item/Particulars	Invoice Preparation Charge	Rate	Unit	Amount
1) Accidental Repair (300)				
2) DA (Damage Assessment) (3100)	INC (310)			
3) TP (Towing Fee)		\$40/1hr		
4) FT (Follow Through Survey)				
5) PT (Follow Through Survey (Recovery))				
6) TR (Trailer Inspection)				
7) NI (No DA + SMRT Survey)				
8) NTUC Additional Services				
9) Other				
10) NI (Courtesy Car / Tpl Allowance)				
11) NI (Repair Coordination)				
12) NI (Post Repair Inspection)				
13) NI (VVO / Collect Voucher Coordination)				
14) NI (TP (Non-INC) Repair INC)				
15) NI (Other Mobile)				

Checked by (Eng-In-Charge): _____

Invoice dated: _____

Prepared by: _____

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	20/04/2018 16:28
Date Of Accident	19/04/2018 20:10
Exact Location Of Accident	YIO CHU KANG TWDS THOMSON NEAR SUNRISE WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2375X
Insured/Policyholder	
Name Of Registered Owner	MASTER SYSTEMS MANAGEMENT PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98434021
Alternative Phone No	OFFICE-98434021

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITE ACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	D 28910340 TMV
Cover Note Number	

Driver

Name of Driver	TAY SU TING
NRIC No	S7727878H
Date Of Birth	30/09/1977
Occupation	INDOOR
Date Of Driving Pass	28/08/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98434021
Fax Number	
Contact Number	OTHERS-98434021
Email Address	NOEMAIL

Address	BLK 101 BEDOK RESERVOIR ROAD #08-468
Postcode	470101
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	
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180420/2085

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	JNV8990
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	

SKETCH PLAN

IMPORTANT NOTICE

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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



廣聯進商業管理私人有限公司
 MASTER SYSTEMS MANAGEMENT PTE LTD
 101 DEPU LANE 10
 MASTER SYSTEMS IMAGING CENTRE SPOKE 3/3/2018
 TEL: 6288 7011 FAX: 6283 3817

[Handwritten Signature]

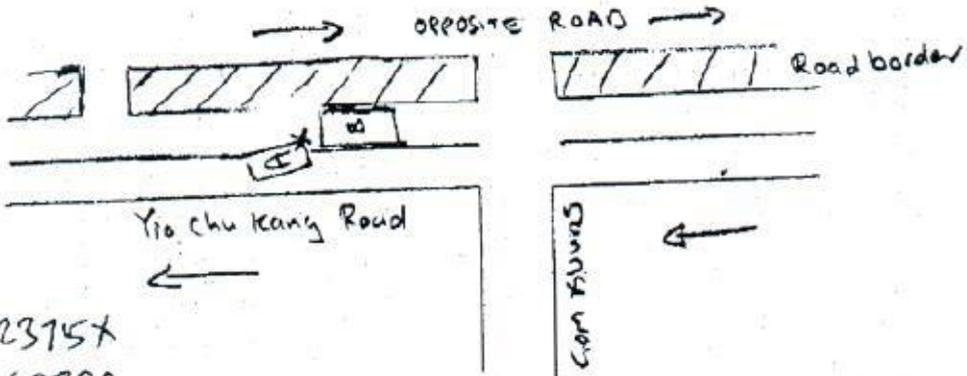
[Handwritten Signature]
20/4/2018

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



A - GX2375X
B - JNV 8990

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*pls refer to the Police Report -
T/20/80420/2085*

DE 萬聯通管理私人有限公司
 MASTER SYSTEMS MANAGEMENT S26, UB
 111 DEFC LANE 10
 MASTER SYSTEMS IMAGING CENTRE SPOKE SINGAPORE
 TEL: 6288 7011 FAX: 6263 3811

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.:

20/4/2018
[Signature]



**SINGAPORE
POLICE FORCE**



T/20180420/2085

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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180420/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2018 14:48	Vide Report No.:	Station Diary No.: 65
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Informant's Particulars

Name of Informant: TAY SU TING		Address: APT BLK 101 BEDOK RESERVOIR ROAD #08-468 SINGAPORE 470101	
ID Type / ID No.: NRIC NO / S7727878H		Contact No.:	Mobile: 98434021
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 40	Date of Birth: 30/09/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: RESEARCH ASSISTANT		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/04/2018 20:10	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD				
Yio Chu Kang Road towards Thomson, near Sunrise Way				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX2375X	Van	TOYOTA	Lite Ace	Silver	Slightly Damaged	0
JNV8990	Car	KIA	FORTE	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GX2375X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	D 28910340 TMV	11/03/2018	10/03/2019



**SINGAPORE
POLICE FORCE**



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Report No. T/20180420/2085

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
JNV8990	Kurnia Insurans	JVD5151986	04/04/2018	03/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	TAY SU TING		ID No.	S7727878H
Related Vehicle	GX2375X (Van)		Contact No.	98434021
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
Vehicle Owner				
Name	Saranraj A/L Arumugam		ID No.	891206235019
Related Vehicle	JNV8990 (Car)		Contact No.	82421089
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Melvin A/L Mariappan		ID No.	NIL
Related Vehicle	JNV8990 (Car)		Contact No.	93528219
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20180420/2085

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Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180420/2085

CONTINUATION OF REPORT

Brief Details.

On the 19th April 2018, at about 2010hrs, I was driving my vehicle, registration plate GX2375X. I exited from Sunrise Way onto Yio Chu Kang Road towards Thomson. After exiting, I then filtered to the second lane after I made a check on my right mirror and the car behind was a distance away and I filtered into the lane. After about 5 to 10 seconds I filtered into the lane, I felt an impact on the back of my vehicle. I then drove to the side of the road to make a check. The vehicle behind also followed. I made a check on my vehicle and discovered my rear right bumper had dented out of place and a dent on the rear door. I then spoke to the driver of the other vehicle, registration plate JNV8990, and he was from Malaysia. The damages to his vehicle is as the left side bonnet had come off and sticking out and left signal lights damaged. The owner of the Malaysian vehicle was also informed and came to scene. After speaking to the owner of the vehicle, we agreed to have our insurance company settle the matter. However as this was an accident between a foreign vehicle, hence I am reporting this accident.



**SINGAPORE
POLICE FORCE**



T/20180420/2085

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Report No. T/20180420/2085

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

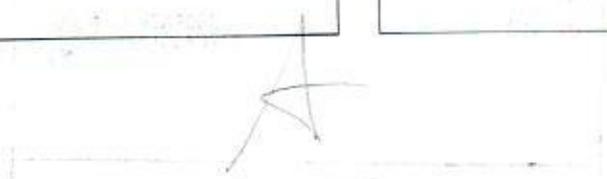
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: D / Sgt 2 NG YONG XIN, ALESTER	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	

Signature Of Informant:	
Date/Time:	20/04/2018 14:48
Classification Of Case:	

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7727878H



Name
TAY SU TING

郑素婷

Race
CHINESE
Date of birth 30-09-1977 Sex F
Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7727878H

Name
TAY SU TING

Birth Date: 30 Sep 1977

Issue Date: 08 Jul 2003



4285478

NRIC No. S7727878H



Date of issue
29-09-2008

APT BLK 101 BEDOK RESERVOIR ROAD #08-488
SINGAPORE 470101
NRIC No: S7727878H Date: 12/12/2015

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

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

PASS DATE

28 Aug 1996



NP 428A

Email: tay.suting@gmail.com ✓



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, 1969 (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.Z.300
Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - TP
Third Party

Certificate No. D 28910340 TMV

1. Index Mark and Registration Number of Vehicle

GX2375X

2. Name of Policyholder

Master Systems Management Pte Ltd

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

11/03/2018

4. Date of Expiry of Insurance

10/03/2019

5. Persons or Classes of Persons entitled to drive*

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 in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

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