

NATIONAL Assessment Centre Services (with 1 added)

NA/4805307

Date In: 28/04/2018 11:25
 Ref No: NA/MSG/0007457/V
 Veh No: SLT 7817S
 D.O.A: 23/04/2018 08:15

TP / Reporting Only

TP Insured:

Job description	Date & Time Completed	Done by
SAS e-billing		
E-mail (with sheet, A10210)		
Motor Claim Form		
Motor W/O (with sheet, A10210)		
Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp (INC Assign Wksp / OWs)

TP Particulars	Yell No: SJR 3115X	INC () / Non-INC ()	Tell	Fax
Owner / Driver ()			Tell	
Policy No ()	Periods ()	Cover Type ()		
Confirmed by ()	Date	Time		
Insured/Driver Liability ()	% (Note: Bil Stmt (WO): NI 0.20%, PI 21.79%, FI 30.100%)			
Year of Registration ()	Warranty: YES () / NO ()			
Excess (\$)	Loading: \$1,000 () / \$2,000 ()			

General Remarks: () Work-in Customer: Customer's 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	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Survey Photo (Repair Cost > \$3000) ()		

Injury:

Date/Time	Action

NA/802123

Particulars	Invoice Preparation Charge	Inc Bill
Driver/Division	1) AR: Accident Reporting (\$300)	
Contract No:	2) DA: Damage Assessment (\$100) INC (40)	
Assigned Person	3) TP: Towing Fee \$40/112	
	4) PT: Follow Through Survey 110	
	5) PT: Follow Through Survey (Repair) 110	
	Establishment cost INC Only (W/10 Jan 2018)	
	6) TR: Bill Inspection 110	
	7) NI: DA + SMRT Survey 110	
	8) NTUC Additional Survey 110	
	9) Bill	
	10) NI: Courtesy Car / Tpl Allowance 11	
	11) NI: Repair Coordination 110	
	12) NI: Post Repair Inspection 110	
	13) NI: ID / Callout / Repair Coordination 11	
	14) NI: ID / TP IN/INC / Repair INC 110	
	15) NI: Bill 11	
	Invoice Total	
	Net Charge	
	Net Charge	

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	23/04/2018 11:25
Date Of Accident	23/04/2018 08:15
Exact Location Of Accident	SLIP ROAD FROM CLEMENTI ROAD ENTERING AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7817S
Insured/Policyholder	
Name Of Registered Owner	AU YUEN KENG
NRIC No	S1599172J
Email Address	YUENKENG AU@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92345066
Alternative Phone No	OTHERS-92345066
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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 29050447 QMY
Cover Note Number	
Driver	
Name of Driver	AU YUEN KENG
NRIC No	S1599172J
Date Of Birth	20/12/1963
Occupation	INDOOR
Date Of Driving Pass	08/12/1983
Driving Experience	34 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92345066
Fax Number	
Contact Number	OTHERS-92345066
Email Address	YUENKENG AU@GMAIL.COM

Address	2 ESSEX ROAD #06-06
Postcode	309330
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	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)	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

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	SJR3175X
Vehicle Make/Model/Colour	HONDA CIVIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DERRICK LOY ZHI JUN
NRIC/Passport Number	S8202698C
Contact Number	96339165
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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:

23 Apr 2018
9:30am

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

28 Apr 2018
9:30am

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

23/04/2018
Reshita Wathani

SKETCH PLAN

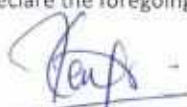


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Exiting clarenti road & turning into AYE ~~right~~ ^{left} mirror &
 I looked into the mirror &
 also looked right, there was no car
 coming so I stepped onto the accelerator
 but the car in front stopped suddenly &
 so I hit his car ~~in~~ in the back.

DECLARATION

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


 Policyholder's Signature
 Date & Time:

28 Apr 2018
 9:30am


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

28 Apr 2018
 9:30 am


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

28/08/2018
 11/11/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 23/04/18 (DD/MM/YYYY), TIME: 8:15 (HH:MM)

LOCATION: Clement Road entering AYE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 7817 S
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A29050447
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MERC C200
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving to work
 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: AU YUEN KENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1599172J CONTACT: 92345066
 c) ADDRESS: 2 ESSEX ROAD #06-06 S 309330

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AU YUEN KENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1599172J CONTACT: 92345066
 c) ADDRESS: 2 ESSEX ROAD #06-06 S 309330

* d) DATE OF BIRTH: 20/12/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJR 3175 X MODEL: Honda Civic
 b) DRIVER'S NAME: Derrick Loy Zhi Jun
 c) NRIC/FIN/PASSPORT: 38202698E CONTACT: 9633 9165

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

email = yuenkengau@gmail.com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1599172J



AU YUEN KENG

區婉球

CHINESE

Date of Birth

Sex

S1599172J

20-12-1963

F

Country of Birth

SINGAPORE



Q830120

NRIC No. S1599172J



Blood Group: Date of issue

B+

24-03-1993

2 ESSEX ROAD #08-08
SINGAPORE 308330
S1599172J

15/02/2014

D

PUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S1599172J**

Name:

AU YUEN KENG

Birth Date: **20 Dec 1963**

Issue Date: **07 Oct 2003**

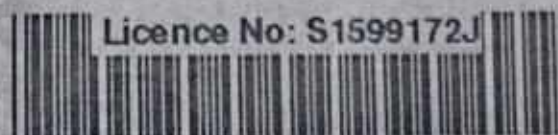


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

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

08 Dec 1983



Licence No: S1599172J

NP 428A



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.1
Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 29050447 QMY

Excess : SGD1,000
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLT7817S

2. Name of Policyholder
Au Yuen Keng

3. Effective Date of the Commencement of Insurance for the purposes of the Act
10/11/2017

4. Date of Expiry of Insurance
09/11/2018

5. Persons or Classes of Persons entitled to drive*

Au Yuen Keng
Ng Kiang Chong

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.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer