

NATIONAL Assessment Centre Services. MAY 18 05 7672

Date In: 03/05/2018 12:02	Job description	Date & Time Completed	Done by
Ref No: XBA/may18008135/v	SAS e-filing		
Vehicle: SKA 7722 T	B-shall (within 3hrs, A/C claim)		
D.O.A: 02/05/2018 18:30	1-Motor Claim Form		
QC / TP Reporting Only	1-Motor W/O (within 100 km, 1st 1000)		
	1-Photo Uploaded		
TP Insured	Assessment/Survey Report		
	Ass's Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW:	Tell	Fax
TP Particulars	Yell No: SJU 1762 T	INC () / Non-INC ()
Owner / Driver:	Tell	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: () % (Note: B/L Stand (W/O): 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 Customer: Customer's information strictly Confidential & strictly NO release of repair.

() Total Loss Case: To e-mail Insurer URGENTLY.

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

Remarks:	INC: 501116 678 816015	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check/Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury:

Date/Time:

Location:

XIA602878 Signature: [Signature] Driver/Owner: Contact No: Assigned Person: Checked by (Engr-In-Charge): Comments: L1: L2/3:	Invoice Preparation Checklist	
	1) AR (Accident Reporting) (200)	
	2) DA (Damage Assessment) (\$100)	INC (50)
	3) TP (Towing Fee)	200/100
	4) PT (Follow Through Survey)	100
	5) PT (Follow Through Survey (Recovery))	200
	Totaling the above INC Only (W/O 100/200)	
	6) TR (Towing Fee)	100
	7) NI (No DA + SMRT Survey)	100
	8) NTUC Additional Fee (cash)	
Bill: *NI/Courtesy Car / Tpl Allowance 10 *NI/Repair Coordination Van 100 *NI/Post Repair Inspection 100 *NI/PT / Follow Through Coordination 10 *Z (NI) / TP (NI) INC / Central INC 100 *NI/Additional Fee 10		
Invoice total P11 Checkd Date: 03/05/2018		

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	03/05/2018 12:02
Date Of Accident	02/05/2018 18:30
Exact Location Of Accident	BRADDELL ROAD FILTER LANE BEFORE SP CLUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA7722T
Insured/Policyholder	
Name Of Registered Owner	LEE WEE HOWE
NRIC No	S9035521Z
Email Address	WHLEE.AL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90677943
Alternative Phone No	OTHERS-91072092

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	REPORTING ONLY
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 58965964 QMY
Cover Note Number	

Driver

Name of Driver	KHOO WEN XUAN
NRIC No	S9221643H
Date Of Birth	18/06/1992
Occupation	INDOOR
Date Of Driving Pass	03/11/2011
Driving Experience	6 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90677943
Fax Number	
Contact Number	OTHERS-91072092
Email Address	WHLEE.AL@GMAIL.COM

Address	BLK 329 CLEMENTI AVENUE 2 #05-240
Postcode	120329
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GIRLFRIEND
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	SLIGHT DRIZZLING
Road Surface	SLIGHTLY WET

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	SJU1762T
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEO CHEE FOONG, GLENN
NRIC/Passport Number	S8937621A
Contact Number	97599682
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1


SKETCH PLAN


IMPORTANT NOTICE


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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:

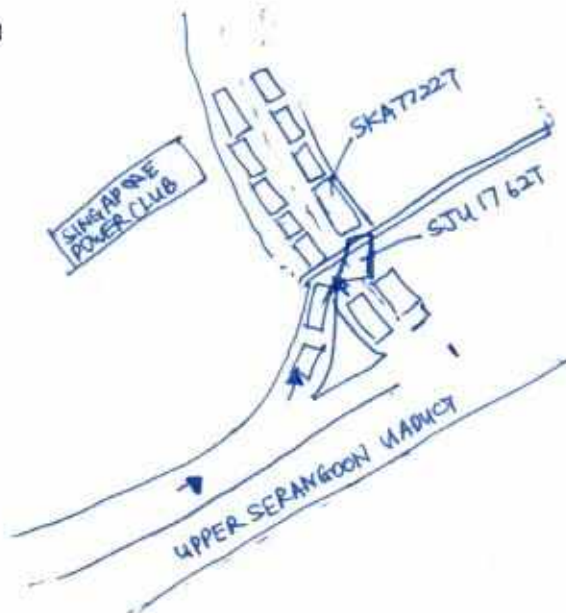
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


Driver's Signature
(If driver is not the policyholder)
Date & Time: **3 MAY 2018**
11:58AM


Reporting Centre Personnel's Signature
Name: **Resdi W H H B**
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The skies were very clear and ^{there} ~~it~~ was only a very slight drizzle. Visibility is good.

It was very jam at the time of the accident. I was on the right lane, travelling at less than 10km/h. Many cars were trying to squeeze into the 2 main lanes from the filter lane. Noticed a grey matte Kia behind me that came from the filter lane. The line was barely moving, only a little. Just as I was about to move forward slightly, I have yet to lift my feet off the brake pedal, I heard a bang on the back. I immediately turned on my hazard lights and got down. The driver of the matte grey Kia got off his vehicle as well and immediately apologised to me. After looking at the damages ^{to my back bumper}, he told me that it isn't a serious issue and told me that I could just get a car paint marker to paint over the damaged areas. I told him that I would get my boyfriend (insured policy holder) to come down. We agreed to settle the issue privately, with a signed written note of both parties. The next day when we went down to Komoco Motors to get an official quote for the repair works, we were told that it requires 2 working days. Proposed to 3rd party vehicle owner to pay for a day of car rental but he was very reluctant and went on to insinuate ~~the~~ that the accident happened because my car rolled back at the time of the accident, which is different from what he initially said.

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: 3 MAY 2018
11:58 AM

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

This accident happened on 02/05/2015
at address & time: Braddell Road, 6.45 PM

Between Driver A & B.

Driver A name & IC: Yeo, Chee Eong Eileen (S897624)


Driver A vehicle number: STV1762 T

Driver B name & IC: KHOO WEN YUAN (S9221643H)


Driver B vehicle number: SKA 7720 T.


Both Parties are not injured, no claims and reporting
shall be made. This will be settled privately and
privately by both parties. Bear the full cost of spraying by
Agent - house #131 Driver B (Rear Bumper Bump)

Driver A name and IC: Yeo Chee Eong Eileen (S897624)

Driver A signature: 

Driver B name and IC: KHOO WEN YUAN (S9221643H)

Driver B Signature: 

If any witness and IC: Lee Wee Fong S9433217
witness signature: 

WAGO

03/05/2015
Lee Wee Fong

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 05 / 2018) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: BRAODELL ROAD, FILTER LANE BEFORE SP CLUB

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKA 7722 T
b) INSURANCE COMPANY: MSLG
c) POLICY NUMBER: A58965964 GMY
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI ELANTRA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
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 WEE HOWE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9035521 Z CONTACT: 9067 7943
c) ADDRESS: 12 COTSWOLD CLOSE SINGAPORE 359611

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KHOO WEN XUAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9221643H CONTACT: 9107 2092
c) ADDRESS: 12 COTSWOLD CLOSE SINGAPORE 359611

*d) DATE OF BIRTH: (18 / 06 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03 NOV 2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRLFRIEND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) VERY LIGHT DRIZZLE, CLEAR SKIES
b) ROAD SURFACE: (DRY / WET / OTHERS) SLIGHTLY WET, RAINING A FEW HOURS PRIOR
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: SJU 1762T MODEL: KIA
b) DRIVER'S NAME: YEO CHEE FOONG, GLENN
c) NRIC/FIN/PASSPORT: S8937621A CONTACT: 9759 9682

9. THIRD PARTY VEHICLE

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

Email = whlee.al@gmail.com

Fax = -

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9221643H



Name

KHOO WEN XUAN

邱温璇

Race

CHINESE

Date of birth

18-06-1992

Sex

F

Country of birth

SINGAPORE

0020146238

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9221643H

Name

KHOO WEN XUAN

Birth Date: 18 Jun 1992

Issue Date: 03 Nov 2011



0020146238

406675



NRIC No. S9221643H



Date of issue

03-07-2007

Address

APT BLK 329 CLEMENTI AVENUE 2
#05-240
SINGAPORE 120329

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 03 Nov 20

NP 428A



Licence No: S9221643H

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 28965964 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKA7722T

2. Name of Policyholder
Lee Wee Howe

3. Effective Date of the Commencement of Insurance for the purposes of the Act
01/06/2017

4. Date of Expiry of Insurance
31/05/2018

5. Persons or Classes of Persons entitled to drive*

Lee Wee Howe

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