

NATIONAL Assessment Centre Services [Unit 1 20100] **NAVB060891**

Date In: **10/05/2016** 12:15
 Ref No: **NBA/m866008678/Y**
 Vch No: **SJN 2252 J**
 D.O.A: **09/05/2016** 11:35
 OD: **Reporting Only**
 TP Insured:
 Job description: **SAB e-illing**
 Date & Time Completed:
 Done by:
 E-mail (with this, if possible)
 E-Motor Claim Form
 E-Motor W/O (within 30 days of issue)
 E-Photo Uploaded
 Assessment/Survey Report
 Audit Report by Fax/Hand to Owner/VWU

Preferred Wksp / INC Assign Wksp / OWI:
 TP Participant: **SUH 2383 Y** INC () / Non-INC ()
 Owner/Driver:
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: Bil. Sumi (WO): NI 0-20%, PI 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 repair.
 () Total Loss Case: e-mail Insurer URGENTLY.
 Drive-in () / Towed-in () Invoice YBS () / NO () Towing Co: ()

Remarks: **WV 6788 6016** **DAMAGED ON THE ROAD** **Dodge**
 1) Apply for Transition Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:
 Other Tolls:
 ()
 ()
 ()

Item	Invoice Preparation Charge	Mod Bill
1) AR Accident Reporting (\$30)		
2) DA Damage Assessment (\$100)	INC (\$4)	
3) TP Towing Fee	250/110	
4) PT Follow Through Survey	110	
5) PT Follow Through Survey (Repairer)	210	
6) TR Bill Approval	250	
7) NI 144 DA + SMRT Survey	110	
8) NTUC Additional Fee (\$20)		
9) NI Courtesy Car / Tpl Allowance	110	
10) NI Repair/Inspection	110	
11) NI Post Repair Inspection	110	
12) NI BY / Collect User's Registration	210	
13) NI 144 DA + SMRT Survey	110	
14) NI 144 DA + SMRT Survey	110	
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NAVB03 016

Customer/Owner:
 Address:
 Contact No:
 Checked by (Bug-In-Charge):
 Invoice total: **11000**
 Net Charge: **11000**

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 willful 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	10/05/2018 12:15 ✓
Date Of Accident	09/05/2018 11:35 ✓
Exact Location Of Accident	TURNING RIGHT AT JUNCTION OF STEVENS RD/DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2252J ✓
Insured/Policyholder	
Name Of Registered Owner	LEE WEE KIAT ✓
NRIC No	S1607051C
Email Address	MALINIWEEKIAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97883735
Alternative Phone No	OTHERS-97883735

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	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 27247437 QMY ✓
Cover Note Number	

Driver

Name of Driver	LEE WEE KIAT ✓
NRIC No	S1607051C ✓
Date Of Birth	31/12/1963
Occupation	INDOOR
Date Of Driving Pass	19/01/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97883735
Fax Number	
Contact Number	OTHERS-97883735
Email Address	MALINIWEEKIAT@GMAIL.COM

Address 34 NAMLY CRESCENT
Postcode 267549
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 -
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) 2
Passenger 1 NAME: : MOTHER
GENDER: : FEMALE

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 AND ATTACHMENT

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 SLH2383Y
Vehicle Make/Model/Colour HONDA VEZEL
Details Of Properties
Vehicle Category PRIVATE CAR
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

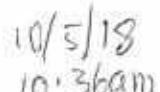
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.



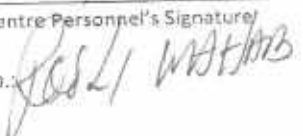
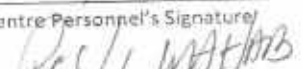
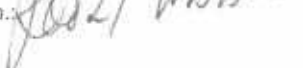
Policyholder's Signature
Date & Time:



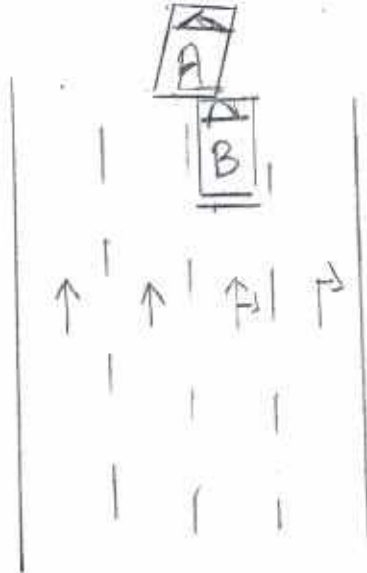
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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


Name: 
NRIC/FIN No. 

SKETCH PLAN



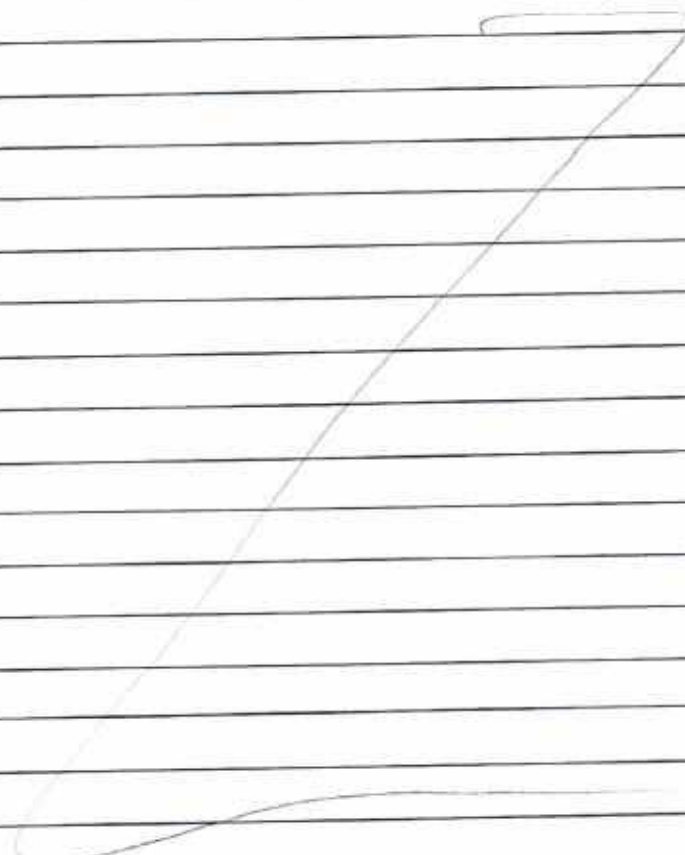
TURNING RIGHT ON INTERSECTION
OF STEVENS RD / BUNKERS ROAD

A) SJN 2252J

B) 32H 2383Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT



DECLARATION

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

Lee Wookweat 10/5/18
10.36am

Policyholder's Signature
Date & Time:

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

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

My car : SJN2252J

Other car that hit my car : SLH 2383Y

Date and time of accident : 9 May 2018 at 11.34am

Place of accident : Turning right on Intersection of Stevens Rd and Dunearn Rd.

I was following the car in front of me to complete the right turn into Dunearn Road when the driver suddenly stopped. I then stopped moving to avoid hitting him. The next thing I knew was that the car SLH2383Y came behind and hit the rear end of my car.

The driver asked for my IC and address which I refused to give. I requested that he reports to his insurer and I would do the same. He did not seem to like the proposal and said that "I bully him". I told him that he should not worry because the insurers should know what to do.

After a while a police officer came and I gave the officer my IC as requested and told him I would be happy to allow the respective insurers to decide and deal with the case.

 10/05/2018

Lee Wee Kid



see 10/05/2018



SLH
2383Y

10/05/2018

ACCIDENT STATEMENT

ACCIDENT DATE: 09, 05, 2018 (DD/MM/YYYY), TIME: 11:34 (HH:MM)

LOCATION: TURNING RIGHT ON INTERSECTION OF SAVANNA RD / DIMAKARA ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 2252J
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: A 27247437 QMY
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA COROLLA ALMS
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: MR MRA KAT (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 97853735
- c) ADDRESS: _____

mother

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: _____

*No of passengers
(including driver)
(2)*

*d) DATE OF BIRTH: (____/____/____) (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: OWNER

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

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

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: SLH 2383Y MODEL: HONDA VEZAL

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passengers
(including driver)*

*No of passengers
(including driver)*

email = maliniweekend@gmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1607051C



Name



LEE WEE KIAT

Race

CHINESE

Date of Birth

31-12-1963

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1607051C

Name

LEE WEE KIAT

Birth Date 31 Dec 1963

Issue Date 16 Dec 2002



1816732



NRIC No. S1607051C



Height Group Date of Issue

A+ 23-03-1994

34 NAMLY CRESCENT
SINGAPORE 267549

NRIC No: S1607051C

Date: 24-05-2000 (R) No: 3806798

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

19 Jan 1967



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

MOTOR MAX PLUS

RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Date of Issue
A 27247437 OMY	09/02/2018 to 08/02/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Lee Wee Kiat / 34 Namly Crescent Singapore 267549		11/01/2018
		Account Number
		122022D
Premium	GST	Total
SGD1,013.05	SGD70.91	SGD1,083.96

RISK NUMBER 1

MOTORMAX PLUS

OCCUPATION

Manager

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SJN2252J	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Corolla Altis 1.6 Auto	INCL. COE/PARF	YES
ENGINE NUMBER	3ZZE4830071	OFF-PEAK CAR	NO
CHASSIS NUMBER	MR0532EE106128972	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2008	GOOD DRIVER'S DISCOUNT	SGD53.32
CAPACITY	1598 C.C.	NCD PROTECTOR	NOT COVERED
SEATING CAPACITY	5 (INCL. DRIVER)	EXCESS	SGD1,500
WINDSCREEN	UNLIMITED	ANNUAL PREMIUM	SGD1,013.05

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Lee Wee Kiat

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE