

# NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA18067655

Date In: 24/5/18-17:35	Job description	Date & Time Completed	Done by
Ref No: NA/MS618009503/24	SAS e-filing		
Veh No: SKW801D	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 24/5/18-13:45	i-Motor Claim Form		
OD / TP : Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Particulars:	Veh No: SKK4134X	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 refer of repairer.	
( ) Total Loss Case : to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

Remarks:- (INC hotline: 6788 6616)	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

NA1803274	Invoice Preparation Checklist		Ant (\$) Est. Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : Towing Fee \$40/\$45			
Damaged Portion:	4) FT : Follow-Through Survey \$120			
	5) iFT : Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):	OP*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11) : TP (Non INC) against INC \$20			
Dat. 1:	9) N12: Idac Mobile 30			
Dat. 2 / 3:	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	24/05/2018 15:35
Date Of Accident	24/05/2018 13:45
Exact Location Of Accident	JUNC BUKIT TIMAH RD & CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW801D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAMILTON AUTOHUB PTE LTD
Co Reg No	201303392D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62979001

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A29017885MTR
Cover Note Number	

### Driver

Name of Driver	CHONG BUI LEUNG
Passport No/FIN	G7829316R
Date Of Birth	26/02/1986
Occupation	INDOOR
Date Of Driving Pass	22/02/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88188977
Fax Number	
Contact Number	OFFICE-88188977
Email Address	NOEMAIL

Address	BLK 404 JURONG WEST STREET 42 #03-567
Postcode	640404
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	
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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG LANE 4 JUNC BUKIT TIMAH RD & CTE. SUDDENLY VEHICLE B BRAKE HIS VEHICLE AS THE TRAFFIC LIGHT WAS YELLOW. I COULDN'T BRAKE MY VEHICLE IN TIME AND HI TONTO VEHICLE B REAR PORTION.

#### 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	SLK4134X
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	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :



## 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.

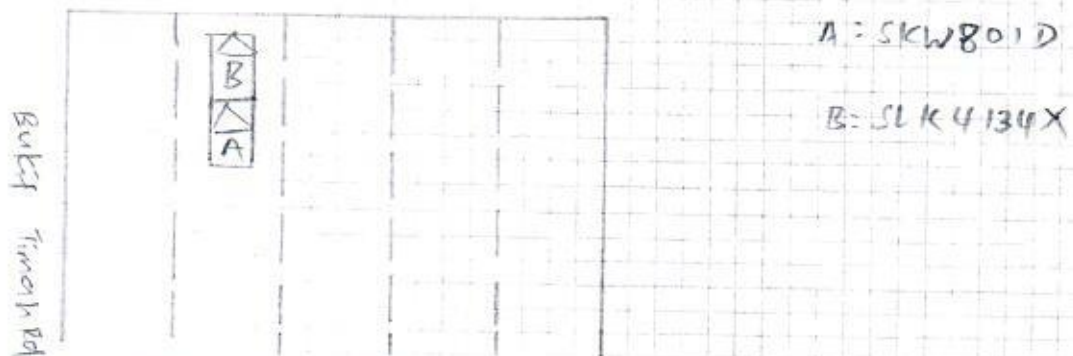


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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:

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

REPUBLIC OF SINGAPORE

FIN G7829316R



Name  
CHONG BUI LEUNG

Date of Birth  
26-02-1986

Sex  
M

Nationality  
MALAYSIAN

G7829316R

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G7829316R

CHONG BUI LEUNG

Birth Date: 26 Feb 1986

Issue Date: 22 Feb 2016

Valid Till 21/02/2021

002539775J

FA1712647

VISIT PASS

Immigration Regulations



FIN G7829316R

Date of Issue  
21-10-2018

Date of Expiry  
21-10-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg

EFFECTIVE DATE  
22 Feb 2016

NP 429A

Licence No: G7829316R



**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, 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.Z.26 MOTOR TRADE INSURANCE  
 Motor Trade (Demonstration Driving) Third Party  
 -Named Drivers Excess: SGD7,500 (TPPD)

Certificate No. A 29017885 MTR

1. **Index Mark and Registration Number of Vehicle**  
 Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.
2. **Name of Policyholder**  
 Hamilton Autohub Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
 08/03/2018
4. **Date of Expiry of Insurance**  
 09/09/2018
5. **Persons or Classes of Persons entitled to drive \***  
 (1) In respect of vehicles being used for purposes of demonstration -  
 Quek Chunyuan Robin, Koh Soon Seng (Xu Shuncheng), Tan Boon Kee, Wong Tee Soon, Sanjay Kumar Rai, Tan Siew Hwee, Chai Qian Boon, Ang Kia Sian, Tan Wei Bin, Chong Bui Leung, Tan Ker Hui Kelvin (Chen Kehui), Darren Tan Jian Kai, Yap Yong Liang Eugene, Yew Zesong, Tee Chai Huat  
 Any other person provided he is driving with the Policyholder's permission and is accompanied by  
 Quek Chunyuan Robin, Koh Soon Seng (Xu Shuncheng), Tan Boon Kee, Wong Tee Soon, Sanjay Kumar Rai, Tan Siew Hwee, Chai Qian Boon, Ang Kia Sian, Tan Wei Bin, Chong Bui Leung, Tan Ker Hui Kelvin (Chen Kehui), Darren Tan Jian Kai, Yap Yong Liang Eugene, Yew Zesong, Tee Chai Huat  
 (2) In respect of vehicles being used for other Motor Trade purposes:-  
 \*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 Motor Trade purposes.  
 The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.  
 N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.  
 \*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.

**CASA MERAKI PTE. LTD.**

UEN: 201700071H  
 25 Bukit Batok Crescent  
 #03-01 The Elitist  
 Singapore 658066

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

  
 for Chief Executive Officer



Authorised Drivers	DOB	Driving Exp
Quek Chunyuan Robin	23/05/1987	19/03/2008
Koh Soon Seng (Xu Shuncheng)	13/10/1984	30/03/2006
Tan Boon Kee	08/04/1976	22/04/1996
Wong Tee Soon	04/10/1976	25/03/2003
Sanjay Kumar Rai	08/06/1976	18/08/1995
Tan Siew Hwee	30/10/1975	16/04/1996
Chai Qian Boon	03/06/1992	16/10/2014
Ang Kia Sian	01/04/1975	18/12/1997
Tan Wei Bin	26/04/1990	14/03/2010
Chong Bui Leung	26/02/1986	22/02/2006
Tan Ker Hui Kelvin (Chen Kehui)	01/10/1987	19/12/2007
Darren Tan Jian Kai	03/12/1991	06/11/2014
Yap Yong Liang Eugene	27/06/1990	04/11/2010
Yew Zesong	05/10/1981	19/09/2000
Tee Chai Huat	11/04/1985	20/09/2005

## EXCESS

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Third Party Property Damage Claims - SGD500/- each and every claim  
Third Party Property Damage Claims - SGD1,500/- each and every claim applicable for Chai Qian Boon, Darren Tan Jian Kai  
Third Party Property Damage Claims - SGD7,500/- each and every claim applicable for Yap Yong Liang Eugene

ENDORSEMENT NO. 006

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WITH EFFECT FROM 08/03/2018  
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DELETION

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Gan Loo Chien

Subject otherwise to the terms exceptions and conditions of this Policy.