

NATIONAL Assessment Centre Services [wef 1 Jan 05] MNA18073706

Date In: 6/6/18-18:00	Job description	Date & Time Completed	Done by
Ref No: NA/MS618010340/24	SAS e-filing		
Veh No: SLK95695	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 5/6/18-15:10	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: SLK203K 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:	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

N/A1803549	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			Est Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey)	\$30		
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR: Re-inspection	\$75		
	7) NI: Idac DA + SMRT Survey	\$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OD*			
Auditors' Comments :-	*N5: Courtesy Car / Tpl Allowance	\$5		
	*N6: Repair Co-ordination	\$10		
	*N7: Post Repair Inspection	\$25		
	*N8: DV / Collect Excess Coordination	\$5		
Pat 1:	TP (N11): TP (Non INC) against INC	\$20		
Pat 2 / 3:	9) N12: Idac Mobile	\$0		
	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	06/06/2018 18:00
Date Of Accident	05/06/2018 15:10
Exact Location Of Accident	MARINA EAST DRIVE TWDS EAST COAST PARK SERVICE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK9569S
Insured/Policyholder	
Name Of Registered Owner	CHUA HENG BOON TIMOTHY
NRIC No	S7137848I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98221104
Alternative Phone No	OFFICE-98221104

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8 TFSI MU
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P27156004DMA
Cover Note Number	

Driver

Name of Driver	EE RENG HUI
Passport No/FIN	G2022792W
Date Of Birth	09/12/1986
Occupation	INDOOR
Date Of Driving Pass	30/08/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97309925
Fax Number	
Contact Number	OFFICE-97309925
EMail Address	NOEMAIL

Address	NO 304 JALAN DESA TAMAN DESA KULAI KULAIJAYA
Postcode	81000
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	2
Passenger 1	NAME: : CHUA HENG BOON TIMOTHY GENDER: : MALE

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

REFER TO STATEMENT.

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	SGL203K
Vehicle Make/Model/Colour	GLA 180
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

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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 lodging 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:

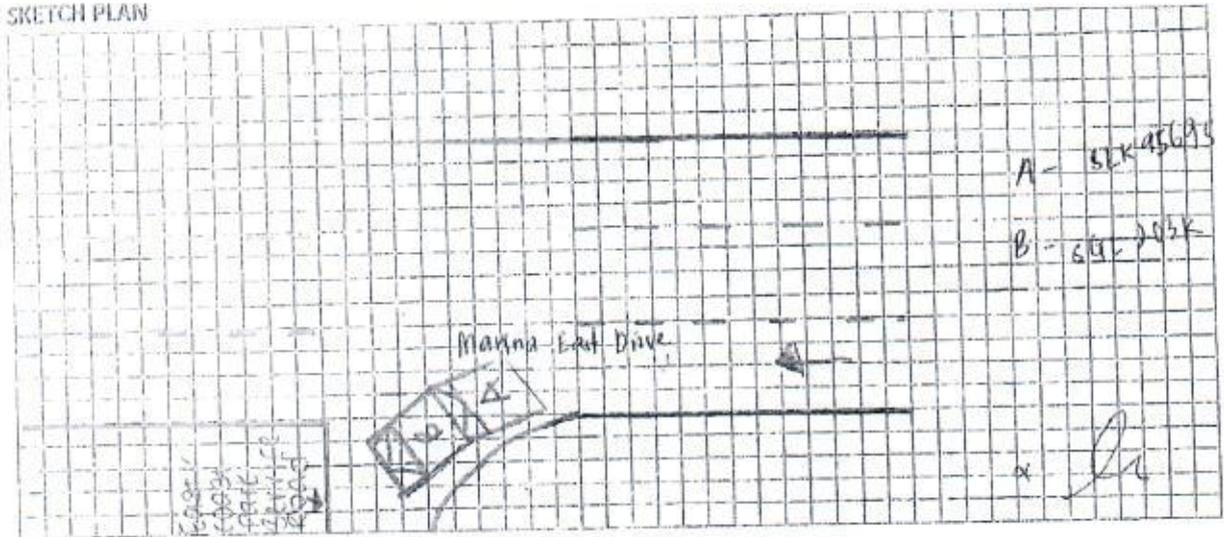


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Marina East Drive. While I was turning into East Coat Park Service Road, vehicle B stopped at the entrance for quite awhile. When I was waiting for vehicle to proceed forward, vehicle B suddenly reversed and collided onto the front portion of my vehicle.

x [Signature]

DECLARATION

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

Policyholder's Signature
Date & Time:

GIARMC *SketchPlanForm_V4

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	05.06.2018	(DD/MM/YY)
Time of accident	3.10 p.m.	(HH:MM)
Exact location of accident	Maha East Drive toward East Coast Park Service Road.	

DETAILS OF VEHICLE

Vehicle registration number	SLK 9569S		
Vehicle make and model	AUDI A4		
Type of vehicle	Saloon <input checked="" type="checkbox"/>	MPV <input type="checkbox"/>	CRV <input type="checkbox"/> Van <input type="checkbox"/>
	Lorry <input type="checkbox"/>	Bus <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Others: _____
Vehicle category	Private <input checked="" type="checkbox"/>	Commercial <input type="checkbox"/>	Motorcycle <input type="checkbox"/>
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/>

INSURANCE INFORMATION

Insurance company	MSIG		
Policy number			
Type of policy	Comprehensive <input checked="" type="checkbox"/>	Third party fire & theft <input type="checkbox"/>	TP only <input type="checkbox"/>

INSURED / POLICY HOLDER

Name	Chua Heng Boon.	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	S7137848I	
Contact	98221104	
Address	121 Tanjung Rhu Road #05-21 SINGAPORE 436914	

DRIVER

SAME AS INSURED ABOVE (SKIP TO D.O.B)

Name	Ee Reng Hui	Male <input type="checkbox"/> Female <input type="checkbox"/>
NRIC / Fin / Passport number	86120966-Soft.	
Contact	9730 9925	
Address	No 334, Jalan Desa Taman Desa Kulai 81000, Kulai Jaja Johor	
Email address	- timothyhb@dbb.com	
Date of birth	09.12.1986	
Occupation	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Driving date pass	30 Aug 2013	

GENERAL INFORMATION OF THE ACCIDENT

Was driver an employee of the insured's company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Accident captured by camera?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Weather condition	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____
Road surface	Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/>
No of passenger	2 (Inclusive of driver)

PASSENGER 1

Name	Lee Reng Hui
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 2

Name	Chua Heng Boon
Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 3

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 4

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 5

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

PASSENGER 6

Name	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

OTHER INFORMATION

Was anybody injured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was other vehicle damaged?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF POLICE ACTION

Reported to police?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which police station.
Police station name	

WITNESS 1

Name	
------	--

WITNESS 2

Name	
------	--

THIRD PARTY VEHICLE 1	
Vehicle registration number	SGL 203 K
Vehicle make model	GLA 180
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 2

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 3

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 4

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 5

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

INJURED PERSON 6

Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Was injured conveyed to hospital by ambulance?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SAB PENCENSIAN
MALAYSIA
 IDENTITY CARD

851209-66-5017




EE RENG HUI
 NO 304
 JALAN DESA
 TAMAN DESA KULAI
 81000 KULAJAYA
 JOHOR

WARGANEGARA
 LELAKI

REPUBLIC OF MALAYSIA
 DRIVING LICENSE

Licence No: **G 2022792W**



EE RENG HUI

Birth date: 09 Dec 1986
 Issue date: 30 Aug 2013
 Valid Till: 29 Aug 2018

002219277C




Ketua Pengarah
 Pendaftaran Negara

861209-66-5017-03-01

Touch
 nGO

50K
 chip

MAM 020910401

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIC

CLASS	VEHICLE CLASSIFICATION	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	30 Aug 2013
Class 3	Motor Cars <= 3500kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	30 Aug 2013

Licence No: G2022792W

NP 428A





WORK PERMIT

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

EMPLOYER: (SINGAPORE) PTE LTD



Name
EE RENG HUI

Work Permit No.
4 04049569

Sector:
SERVICE



4 04049569



K0142959

15-02-2018

VISIT PASS

Immigration Regulations

Name

EE RENG HUI

FIN

G2022792W

Date of Birth

09-12-1986

Sex

M

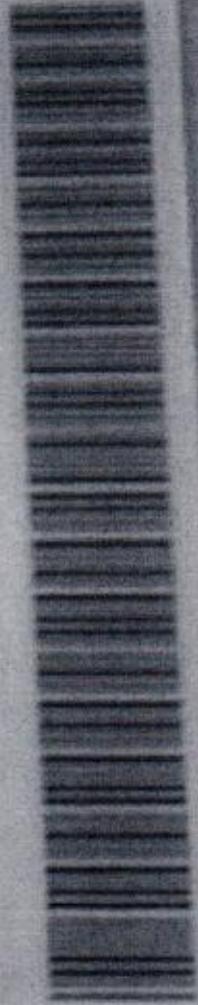
Nationality

MALAYSIAN

Download SGWorkPass
App to check status



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





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

COPY

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

DRIVESHIELD - PREMIER PLAN
Comprehensive

Certificate No. P 27156004 DMA

Excess : SGD1,000
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLK9569S

2. Name of Policyholder
Chua Heng Boon Timothy

3. Effective Date of the Commencement of Insurance for the purposes of the Act
06/08/2017

4. Date of Expiry of Insurance
05/08/2018

5. Persons or Classes of Persons entitled to drive*

Chua Heng Boon Timothy
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