

**NATIONAL Assessment Centre Services** (wef: 1 Jan 2015) **MA180489416**

Date In: 11/07/2018 14:10	Job description	Date & Time Completed	Done by
Ref No: NIA/MSG/180126224	SAS e-filing		
Veh No: SKJ 5370R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/07/2018 06:20	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: SBS 33944 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%, F: 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

**MA18048972**

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) Int Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N:n INC) against INC \$20		
	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	11/07/2018 14:10
Date Of Accident	11/07/2018 06:20
Exact Location Of Accident	COMMONWEALTH AVENUE WEST JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5370R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO CHOON SOON
NRIC No	S7117901Z
Email Address	LEONGSEN@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97427842
Alternative Phone No	OTHERS-98530330

### Vehicle Particulars

Manufacturer	AUDI
Model	QS
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	8VPCP1790030
Cover Note Number	

### Driver

Name of Driver	TOH CHOON HUAY
NRIC No	S7020326Z
Date Of Birth	24/06/1970
Occupation	INDOOR
Date Of Driving Pass	01/06/1995
Driving Experience	23 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98530330
Fax Number	
Contact Number	OTHERS-97427842
Email Address	LEONGSEN@SINGNET.COM.SG

Address	39 FABER HEIGHTS
Postcode	129176
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
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	SBS3394U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	CHAN WEI LOON
NRIC/Passport Number	S8441868D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TOH CHOO HUAY
Approximate Age	

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

SKJ5370R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

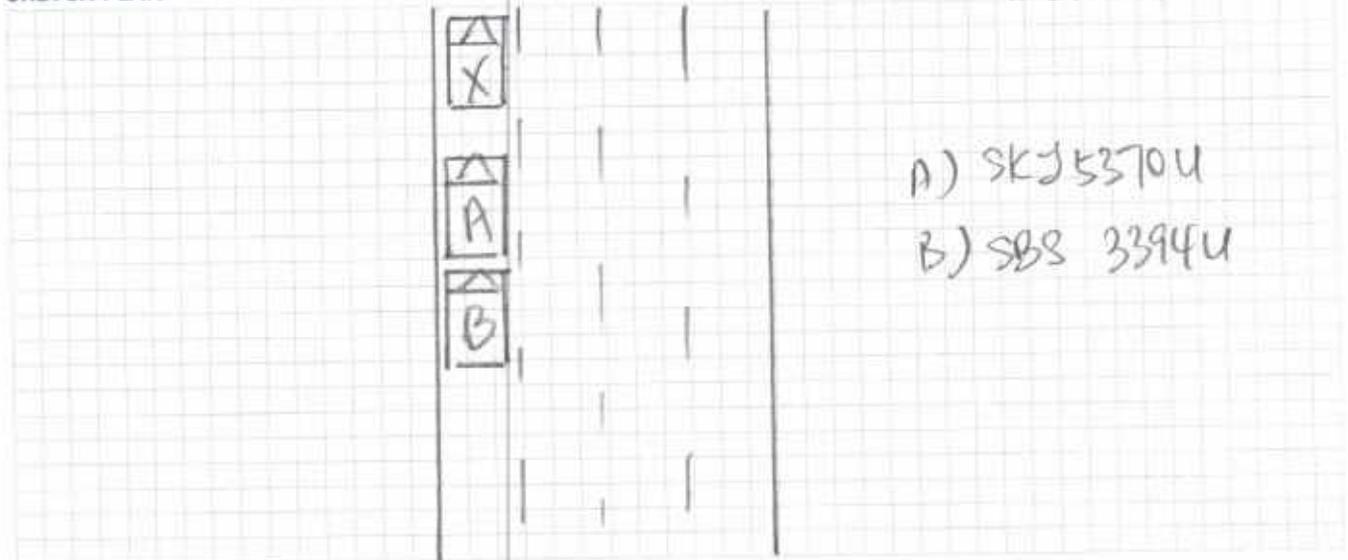
NO

Address

Postcode

SKETCH PLAN

COMMONWEALTH AVENUE WEST Junction



A) SKJ 5370U  
 B) SBS 3394U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/7/2018 @ 0630 hrs, at Junction of Commonwealth Ave West. I stopped at traffic light behind a private bus. When traffic light turned green before I move my vehicle, I heard a loud 'bang', a Lowry Transit bus service IPS (SBS 3394U) hit my car from the rear.

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: 12:30pm  
 11/7/18

11/07/2018  
 Reporting Centre Personnel's Signature

Name: Rasheda  
 NRIC/FIN No:

## 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: 11/3/18

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rabi a...  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 11 / 07 / 2018 (DD/MM/YYYY), TIME: 06:20 (HH:MM)

LOCATION: Commonwealth Ave West Junction

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 5370R  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Audi RS Audi  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: own use  
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: Teo Choon Soon (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S71179012 CONTACT: 97427842  
c) ADDRESS: 39 Faber Heights S(129176)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Toh Choon Huay (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S70203262 CONTACT: 98530330  
c) ADDRESS: 39 Faber Heights

\*d) DATE OF BIRTH: 22 / 06 / 1970 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1/6/1995

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

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: SBS 3394U MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: Chan Wei Loon  
c) NRIC/FIN/PASSPORT: S8441868 D CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\*No of passengers  
(including driver)  
(1)

\*No of passenger  
(including driver)  
( )

\*No of passengers  
(including driver)  
( )

Email =

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7020326Z



Name  
TOH CHOON HUAY  
卓春花  
Race  
CHINESE  
Date of Birth: 22-06-1970 Sex: F  
Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence No: S7020326Z

Name  
TOH CHOON HUAY

Birth Date: 22 Jun 1970  
Issue Date: 12 May 2003

000473776J



NRIC No: S7020326Z



Blood Group: B+ Date of Issue: 15-07-1994

39 FABER HEIGHTS  
SINGAPORE 129176  
NRIC No: S7020326Z

Date: 25-11-2005 No: 5289334

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

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

PPSC DATE: 01 Jun 1998

NP 426A

Licence No: S7020326Z



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
www.msig.com.sg

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

04 Apr 2018

A0074-001  
CERTIFICATE No.

MOTORMAX PLUS  
: 8VPCP1790030

- 1. Index Mark and Registration Number of Vehicle : SKJ5370R
- 2. Chassis Number of Vehicle : WAUZZZ8R6DA056218
- 3. Name of Policyholder : TEO CHOON SOON
- 4. Effective date of the Commencement of Insurance for the purposes of the Act : 16 Apr 2018 00:01AM
- 5. Date of Expiry of Insurance : 15 Apr 2019
- 6. Persons or Classes of Persons entitled to drive\*
  - (a) The Policyholder.
  - (b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**7. Limitations as to Use\***

Use only for social, domestic & pleasure purposes and for the Policyholder's business.  
The Policy does not cover use for hire or reward, tuition, driving test, 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 Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).



*[Signature]*

Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

*[Signature]*

Approved Insurer

**IMPORTANT NOTICE**

This Certificate is not transferable to a new owner of the vehicle.  
If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation.  
This Certificate must be returned if the Insurance is suspended during its currency.  
If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.X.1 (001)

DMAP17S5006471

(For the Issuance of Motor Certificate of Insurance only)