

# NATIONAL Assessment Centre Services

Ref: Jan 03

MAA 48701726

Date In: 06/08/2018 18:54	Job description	Date & Time Completed	Done by
Ref No: NAB 018014316/Y	SAS e-filing		
Veh No: SDD 1762M	E-mail (within 8hrs, ABC 2hrs)		
D.O.A: 05/08/2018 10:30	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: GBC 4973B	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

<p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:-</p> <p>Pat. 1:</p> <p>Pat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idas DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idas Mobile 30</p>		<p>Unit (\$)</p> <p>Est Bill</p>	<p>Unit (\$)</p> <p>Add Bill</p>
	<p>Fee Charged</p>			
	<p>Invoice dated</p>			
	<p>Invoice dated</p>			
	<p>Fee Charged</p>			

## 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	06/08/2018 18:54
Date Of Accident	05/08/2018 10:30
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1762M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHOO CHIN PENG IVAN
NRIC No	S7003610Z
Email Address	TINGPC92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96871321
Alternative Phone No	OTHERS-97764728

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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	S 29076070 SMF
Cover Note Number	

### Driver

Name of Driver	TING PEK CHENG
NRIC No	S7170724E
Date Of Birth	19/04/1971
Occupation	INDOOR
Date Of Driving Pass	03/05/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96871321
Fax Number	
Contact Number	OTHERS-97764728
Email Address	TINGPC92@GMAIL.COM



Address	92 NEMESU AVENUE
Postcode	576324
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	RAINING
Road Surface	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	GBC4973B
Vehicle Make/Model/Colour	CADDY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAI JIE WEI
NRIC/Passport Number	S9203451H
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.
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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**.
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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:

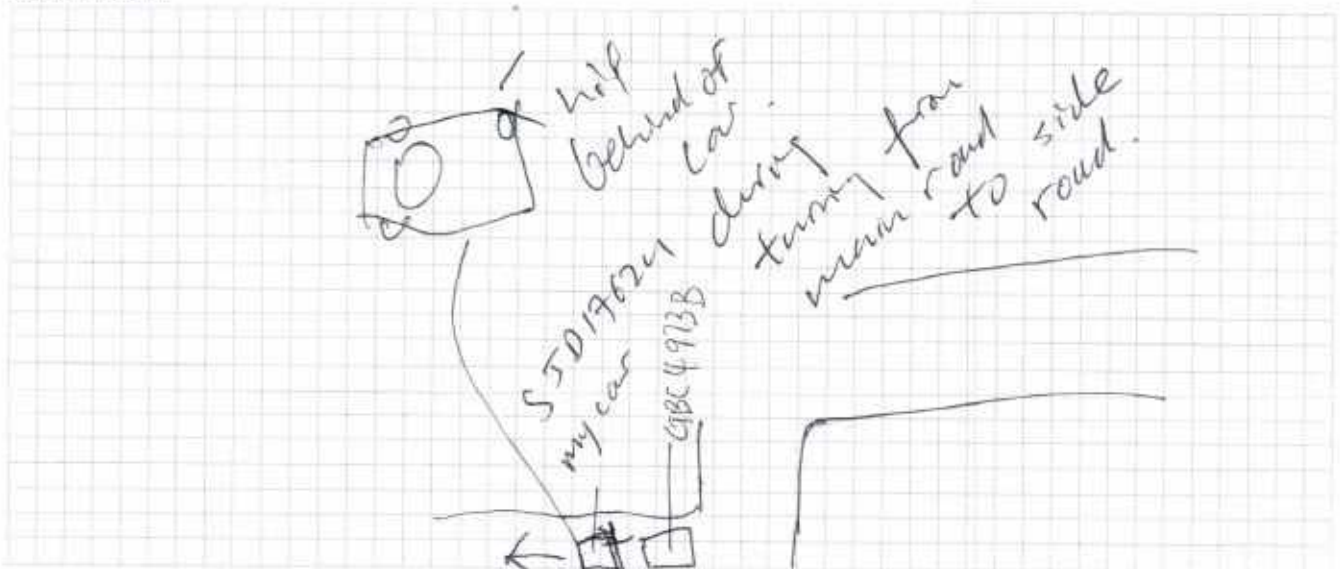
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

5<sup>th</sup> Aug 2019, 10:30 am while I was turning ~~to~~ into side road from main road, the vehicle no. GBC4973B hit on my Right back edge of my car, the speed during the accident was estimated to be about 280 km/h.

## 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 05/08/2018 (DD/MM/YYYY), TIME: 10:30 <sup>AM</sup> (HH:MM)

LOCATION: Bukit Timah Road.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJD 1762 M  
 b) INSURANCE COMPANY: MSIA  
 c) POLICY NUMBER: PN9076070 SMF  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Honda Vision  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Ivan Ichoo Chin Peng (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7036102 CONTACT: 96871321  
 c) ADDRESS: 92 Nenesu Ave

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

### DRIVER

- a) NAME: Ting Pek Cher (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7107205 CONTACT: 97764728  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 12/04/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3 Mar 2004

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

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: GBC 4973 B MODEL: Caddy  
 b) DRIVER'S NAME: Chai Jie Wei  
 c) NRIC/FIN/PASSPORT: S9203951 H CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

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

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = tingpc92@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7170724E



Name

TING PEK CHENG

陳必清

Race

CHINESE

Date of birth

19-04-1971

Sex

F

Country of birth

MALAYSIA

S7170724E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7170724E

Name

TING PEK CHENG

Birth Date: 19 Apr 1971

Issue Date: 03 Mar 2004



001149725J

3721498



NRIC No. S7170724E



Date of issue

01-06-2005

92 NEMESU AVENUE  
SINGAPORE 578324  
NRIC No: S7170724E

Date: 11/07/2009

No: 6251216

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

VALID DATE

Class 3

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

03 Mar 2004



Licence No: S7170724E

NP 428A

Insurance (Singapore) Pte. Ltd.  
 100 Raffles Place, 21st Floor, SGX Centre 2, Singapore 068807  
 Tel: 65 6827 7888 Fax: 65 6827 7800  
 Reg. No. 200412212G GST Reg. No. 20-0412212G

**ULTIMATE CAR PROTECTOR-PREMIER**
**THE SCHEDULE**

Policy Number	Period of Insurance	Place of Issue
S 29076070 SMF	23/03/2018 to 22/03/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Khoo Chin Peng Ivan B2 Nemesu Avenue Singapore 596324		23/03/2018
		Account Number
		599055
Premium	GST	Total Due
SGD916.10	SGD64.13	SGD980.23

**RISK NUMBER 1**
**ULTIMATE CAR-PROTECTOR-PREMIER**
**OCCUPATION**

Manager

**SCOPE OF COVER** Comprehensive

**INTEREST INSURED**

REGISTRATION NO. SJD1762M  
 MAKE/MODEL Honda Stream 1.8L A  
 ENGINE NUMBER R18A12802287  
 CHASSIS NUMBER JHMRN68408S202279  
 YEAR OF MFG 2007  
 CAPACITY 1799 C.C.  
 SEATING CAPACITY 7 (INCL. DRIVER)  
 WINDSCREEN UNLIMITED

SUM INSURED  
 INCL. COE/PARF YES  
 OFF-PEAK CAR NO  
 NO CLAIM DISCOUNT 50.00% (or F/D)  
 NCD PROTECTOR COVERED  
 EXCESS SGD500  
 ANNUAL PREMIUM SGD916.10

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

**AUTHORISED DRIVERS**

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

**LIMITATION AS TO USE**



**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MNA418101726 Vehicle Registration No: SJD 1762M  
Name (as shown in NRIC): TING PEK CHENG NRIC/FIN/Passport No: S7170724E  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96871321  
Email Address: \_\_\_\_\_  
Date of Accident: 05/08/2018 Time of Accident: 10:30  
Place of Accident: HOUGH BAKER TUNOT ROAD  
Insurance Company: MGL

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Gender of the driver should be female

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Keshi Nataraj  
NRIC/FIN No.:  
Date: 07/08/2018