

NATIONAL Assessment Centre Services [wef 1st Jan 2005]

| | | | |
|------------------------------------|---|-----------------------|---------|
| Date In: 23/08/18 | Job description | Date & Time Completed | Done by |
| Ref No: NA/INC18015309/13 | SAS e-filing | | |
| Veh No: SLF1875L | E-mail (w/thin 8hrs, AIC 2hrs) | | |
| D.O.A: 21/08/18 2005 | i-Motor Claim Form | | |
| OD: (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> | | |

Preferred Wksp / INC Assign Wksp / QW: (**TWINAR**) Tel: Fax:)

| | | |
|--|-------------------------|-----------------------|
| TP Particulars: | Veh No: 5J15466K | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------|----------|
| NA1805294 | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | Est Bill | Add Bill |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | | |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Auditors' Comments:- | For claiming against INC Only (wef 10 Jan 2005) | | | |
| at: 1/ | 6) TR: Re-inspection \$75 | | | |
| at: 2/3 | 7) N1: Idao DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | OD* | | | |
| | *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: Idao 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 | 23/08/2018 15:12 |
| Date Of Accident | 21/08/2018 20:25 |
| Exact Location Of Accident | YISHUN AVE 5 INFRT OF BLK 101 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLF1875L |
| Insured/Policyholder | |
| Name Of Registered Owner | NGOH SI YIN SHAAN |
| NRIC No | S8414915B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-88189108 |
| Alternative Phone No | OTHERS-88189108 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | AUDI |
| Model | A3 |
| 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 | A 80454633 QMX |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | WONG YONG TAT,LIONEL |
| NRIC No | S7811388Z |
| Date Of Birth | 22/04/1978 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/03/1999 |
| Driving Experience | 19 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94799479 |
| Fax Number | |
| Contact Number | |
| EMail Address | LIONEL2204@GMAIL.COM |

| | |
|---|----------------------------|
| Address | 962 DUNEARN ROAD #07-28 |
| Postcode | 589487 |
| 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 | |
| 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) | 2 |
| Passenger 1 | NAME: : NGOH SI YIN SHAAN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

| | |
|---|---------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | WITH WORKSHOP |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------|
| Vehicle Registration Number | SJJ5466K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHOR WAI HONG |
| NRIC/Passport Number | |
| Contact Number | 97634558 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|----------------------|
| Name | WONG YONG TAT,LIONEL |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SLF1875L |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 2

| | |
|---|-------------------|
| Name | NGOH SI YIN SHAAN |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SLF1875L |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

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:

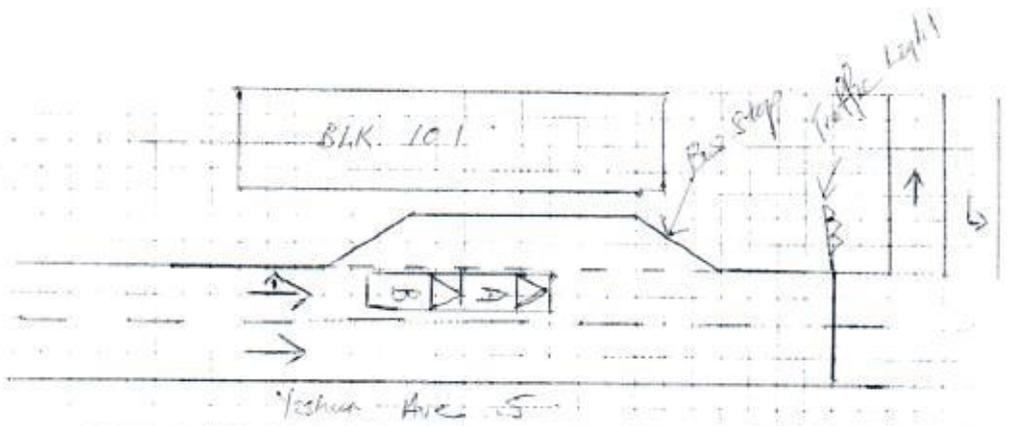


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 23/08/18

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

SKETCH PLAN



- (A) SLF 1875 L
- (B) SJJ 5466 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/08/18 at @ 2025 hrs, I was travelling in my vehicle (SLF 1875 L) along Yeshua Ave S in front of BLK 101 on the left lane. I slow down and stopped due to red light ahead suddenly, a vehicle (SJJ 5466 K) from behind collided into the rear portion of my vehicle.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 23/08/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

| | |
|-----------------------------------|---|
| Vehicle No. | SLF 1875 L. Model / Make Audi A3 |
| Date of Accident | 21 / 08 / 18. |
| Time of Accident | 2025 HRS |
| Location of Accident | Yeshun Ave S in front of BLK 101. |
| Exact purpose use during accident | Private Used. |
| Name of Owner | Ngoh Si Yin, Shaan. |
| Telephone No. | H/P: 8818 9108 Home: Office: |
| NRIC | S 8414915B. |
| Address | 962, Dunearn Road #07-28 (S) 589487. |
| Claim type | OD <u>THIRD PARTY</u> REPORTING ONLY |
| Insurance Company | MSIG. |
| Type of Coverage | <u>Comprehensive</u> Third Party Third Party / Fire / Theft |
| Policy No. | A 80454633 Qmx. |
| Name of Driver | As Above If No, Wong Yong Tat, Lionel. |
| NRIC | S 7811388Z Any Passengers: 01 (F). |
| Date of birth | 22/04/1976. |
| Occupation | Outdoor / <u>Indoor.</u> |
| Driving License Pass Date | 17/03/1999. |
| Gender | <u>Male.</u> / Female |
| Contact No. | H/P: 9479 9479 Home: Office: |
| Address | 962, Dunearn Road #07-28 (S) 589487. |
| Driver have any own vehicle | <u>No.</u> <u>If yes, Reg No.</u> |
| Relationship | Employee, If no, state <u>Husband.</u> |
| Weather condition | <u>Clear</u> Raining Other |
| Road Surface | <u>Dry.</u> Wet Other |
| Any Injuries | No, <u>If Yes, Who?</u> |
| Name And Contact No. | Ngoh Si Yin, Shaan (H/P: 8818 9108). |
| Name And Contact No. | Wong Yong Tat, Lionel (H/P: 9479 9479) |
| Police Report | <u>No.</u> If Yes, Where? |
| Vehicle B No. | SJJ 5466 K. Any Passengers: N-A. |
| Name of Driver | Cher Wai Hong. Contact No.: 9763 4558. |
| Vehicle C No. | Any Passengers: |
| Vehicle D No. | Any Passengers: |
| Vehicle E no. | Any Passengers: |
| Vehicle F No. | Any Passengers: |
| Vehicle G No. | Any Passengers: |
| Witness Name | N.A. Witness Contact: |
| Accident Portion | Rear Portion. |
| Camera Recorder | <u>Yes</u> / No |
| Email Address | lionel2204@gmail.com. |
| PARTICULAR WORKSHOP | Twincar. |
| CONTACT NO. | 6842 0051 / 6744 0510 |
| CONTACT PERSON | HuiXin. |
| FAX NO | 6741 0510 |

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7811388Z**
 Name: **WONG YONG TAT, LIONEL**

Birth Date: **22 Apr 1978**
 Issue Date: **17 Sep 2003**

000843233A




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7811388Z**

Name: **WONG YONG TAT LIONEL**
 黄泳达

Race: **CHINESE**
 Date of birth: **22-04-1978** Sex: **M**
 Country of birth: **SINGAPORE**





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

| Class | Description | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 16 Nov 1998 |
| Class 3 | Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | 17 Mar 1999 |

NP 428A

Licence No: S7811388Z



4025277

NRIC No: **S7811388Z**

Date of issue: **04-04-2007**

962 DUNEARN ROAD #07-28
 SINGAPORE 589487
 NRIC No: **S7811388Z** Date: **13/10/2016**







18-10592
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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

ORIGINAL

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

MOTOR MAX
Comprehensive

Certificate No. A 80454633 QMX

Excess : SGD700
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLF1875L

2. Name of Policyholder

NGOH SI YIN SHAAN

3. Effective Date of the Commencement of Insurance for the purposes of the Act

05/03/2018

4. Date of Expiry of Insurance

04/03/2019

5. Persons or Classes of Persons entitled to drive*

NGOH SI YIN SHAAN
WONG YONG TAT

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 MUST BE CARRIED OUT 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.



Tel : 6344 4479
Fax : 6344 4055
Signature / Date

Counter-Signatory:
Riki Marketing Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.