

# NATIONAL Assessment Centre Services (NAC) (Jan 2005)

Date In: 20/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18017117/13	SAS e-filing		
Veh No: 5ME78X	E-mail (within 8hrs; AIC 2hrs)		
D.O.A: 19/09/18 1705	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: SLR4462L	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

NA/805965	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st 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		
QC Checked by (Engr-In-Charge):	5) FT: 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:-		
	OD:		
	*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		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 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	20/09/2018 14:08
Date Of Accident	19/09/2018 17:05
Exact Location Of Accident	AMK AVE 6 TWDS YISHUN JUNC AMK AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME78X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A1 MOTORING PTE LTD
Co Reg No	201716779N
Email Address	AONEMOTORING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-87781811

### Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	MOTOR TRADE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A 29078367 MTR
Cover Note Number	

### Driver

Name of Driver	CHOONG LI TING
NRIC No	S7910083H
Date Of Birth	27/03/1979
Occupation	INDOOR
Date Of Driving Pass	09/04/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83233553
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	29A HILLVIEW AVENUE #03-06
Postcode	669562
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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)	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

PLS REFER TO THE ATTACHED 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	SLR4462L
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GX816D
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

CHOONG LI TING

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SME78X

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:

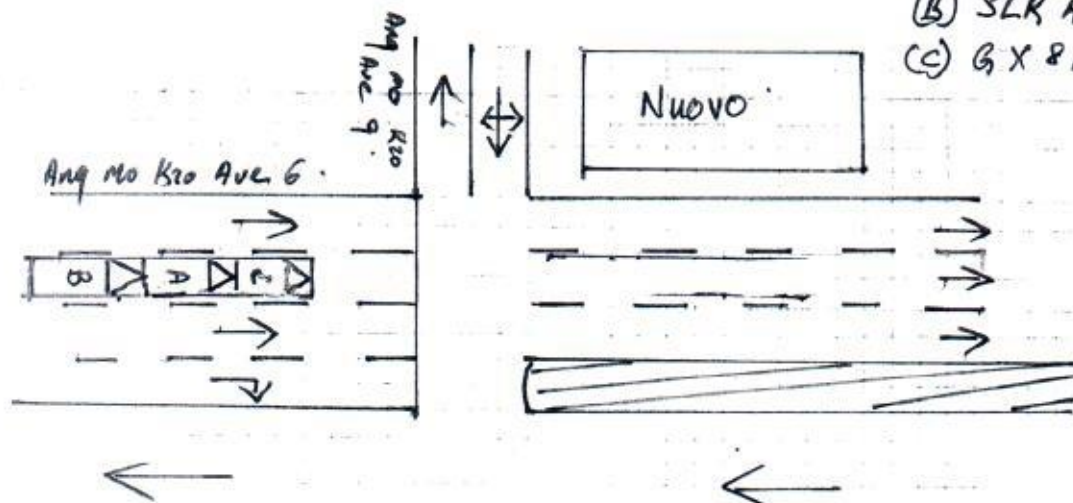
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

20/09/18

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

# SKETCH PLAN

- (A) SME 78X
- (B) SLR 4462L
- (C) GX 816 D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/09/18 at @ 1705 hrs, I stopped my vehicle (SME 78X) along Ang Mo Kio Ave 6 towards Yishun, junction Ang Mo Kio Ave 9, on the centre lane due to red light. When the traffic turn green and as I was about to move off, a vehicle (SLR 4462L) from behind collided onto the rear portion of my vehicle. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicle (GX 816D) in front of me.

## 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.:

<b>Vehicle No.</b>	SME 78 X	Model / Make	Arsche Cayenne.
Date of Accident	19/09/18		
Time of Accident	1705 HRS		
Location of Accident	Ang Mo Kio Ave 6 towards Yishun Junction		Ang Mo Kio Ave 9.
Exact purpose use during accident	Commercial Used.		
<b>Name of Owner</b>	AI Motoring Pte Ltd.		
Telephone No.	H/P: 8778 1811	Home:	Office:
NRIC	201716779 N.		
Address	48, Toh Guan Road East		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIG.		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	A 29078367	MTR.	
<b>Name of Driver</b>	As Above If No, Choong Li Ting.		
NRIC	S 7910083 H.	Any Passengers:	N.A.
Date of birth	27/03/1973.		
Occupation	Outdoor / Indoor		
Driving License Pass Date	09/04/2003.		
Gender	Male / Female		
Contact No.	H/P: 8323 3553	Home:	Office:
Address	BLK 29A, Hillview Ave (Hillview Height)		#03-06 (S) 669562.
Driver have any own vehicle	No.	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	Choong Li Ting	(H/P: 8323 3553).	
Name And Contact No.			
Police Report	No.	If Yes, Where?	
<b>Vehicle B No.</b>	SLR 4462 L.	Any Passengers:	N.A.
Name of Driver		Contact No.:	
<b>Vehicle C No.</b>	GX 816 D.	Any Passengers:	N.A.
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
Accident Portion	Front and Rear Portion.		
Camera Recorder	Yes	No.	
Email Address	aone.motoring@gmail.com.		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?		Yes	No.
<b>PARTICULAR WORKSHOP</b>	TwinCar.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Huixian.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7910083H



Name

CHOONG LI TING  
(ZHONG LITING)

钟丽婷

Race

CHINESE

Date of birth

27-03-1979

Sex

F

S7910083H

Country of birth

SINGAPORE



3859329

NRIC No. S7910083H



Date of issue

16-03-2006

29A HILLVIEW AVENUE #03-06  
SINGAPORE 669562

NRIC No: S7910083H

Date: 19/01/2010

No: 6405379

Photo

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S7910083H**  
Name:

**CHOONG LI TING**  
**(ZHONG LITING)**

Birth Date: **27 Mar 1979**

Issue Date: **16 Mar 2006**

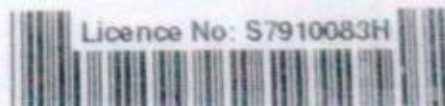


**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES),**

**PASS DATE**

**Class 3** Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg **09 Apr 2003**

NP 428A



*PharmCypa*

**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 (Demonstration Driving)  
 -Named Drivers

MOTOR TRADE INSURANCE  
 Third Party

Excess: SGD500 (TPPD)

Certificate No. A 29078367 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**  
 A1 Motoring Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
 12/04/2018
4. **Date of Expiry of Insurance**  
 11/04/2019
5. **Persons or Classes of Persons entitled to drive \***  
 (1) In respect of vehicles being used for purposes of demonstration -  
 Chua Hua Ghee (Cai Huayi), Tang Chee Soon (Deng Zhishun), Choong Li Ting (Zhong Liting)  
  
 Any other person provided he is driving with the Policyholder's permission and is accompanied by  
 Chua Hua Ghee (Cai Huayi), Tang Chee Soon (Deng Zhishun), Choong Li Ting (Zhong Liting)  
  
 (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 Ellist  
 Singapore 658066

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

  
 for Chief Executive Officer