

NATIONAL Assessment Centre Services

Post # 120003

MNA 118126280

Date In	29/19/18 09:27	Job description	Date & Time Completed	Done by
Ref No	MNA MSG18-17698/64	SAS e-filing		
Veh No	SKP 5759T	E-mail (within 5hrs, AP 2hrs)		
D.O.A	28/19/18 13:20	i-Motor Claim Form		
Chk	118 Reporting Only	i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
IP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
IP Particulars:	Veh No: YP2167J	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:	(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

Claimant's Particulars :-	MNA 1806195	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	30.00	
Contact No:		2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:		3) TP: 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		
Ref 1:		For claiming against INC Only (wef 10 Jan 2005)		
Ref 2/3:		6) TR: Re-inspection \$75		
		7) NI: Idno DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		QD*		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$3		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idno 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	29/09/2018 09:27
Date Of Accident	28/09/2018 13:20
Exact Location Of Accident	TPE TWDS ECP B4 PIE TUAS EXIT 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5359T
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	TNG SAY HAN
NRIC No	S7727077I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94891261
Alternative Phone No	OFFICE-94891261

Vehicle Particulars

Manufacturer	BMW
Model	320I EFFICIENTDYNAMICS A/T 2WD NAV HID
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	B 27778018 SMP
Cover Note Number	-

Driver

Name of Driver	TNG SAY HAN
NRIC No	S7727077I
Date Of Birth	19/09/1977
Occupation	INDOOR
Date Of Driving Pass	24/09/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94891261
Fax Number	
Contact Number	OFFICE-94891261
Email Address	NOEMAIL

Address	BLK 660B JURONG WEST ST 64 #16-376
Postcode	642660
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG DRIVING TEST CENTRE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	YP2167J
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	TNG SAY HAN
------	-------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

SKP5359T

YES

YES

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:

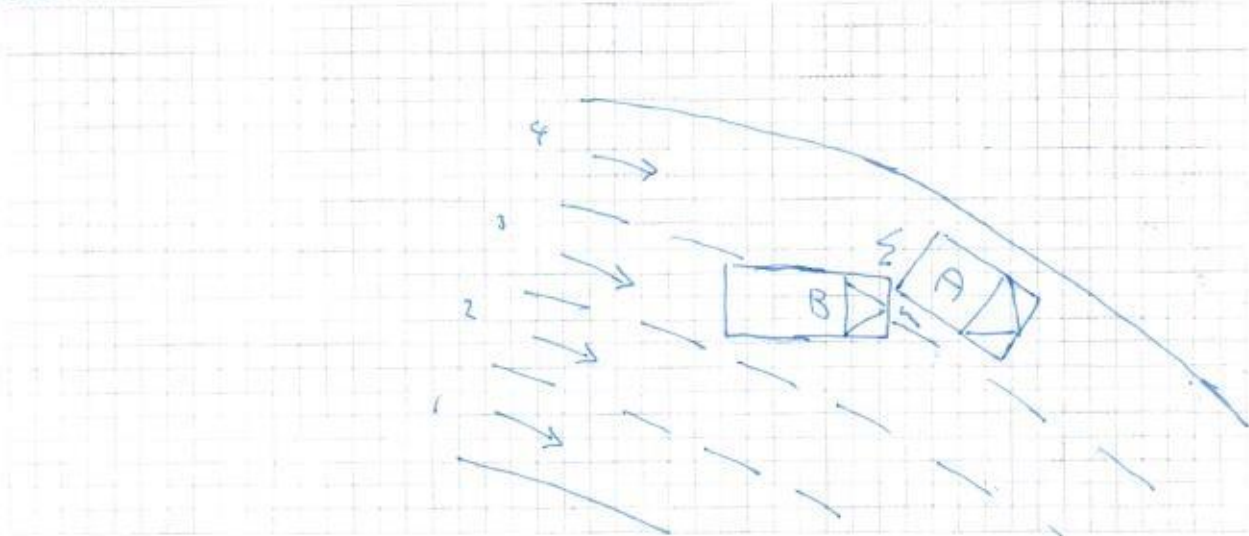
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG THE TOWARDS ECP BEFORE PIE (THAS) EXIT 1. I WAS ON THE EXTREME LEFT LANE.
WHILE TRAVELLING STRAIGHT ON THE LEFT 4 th LANE, WHILE SUDDENLY I FELT A GREAT IMPACT. AFTER THE IMPACT, I FELT VERY UNWELL AND STAYED INSIDE THE VEHICLE FOR A LITTLE WHILE, WHEN I FELT SLIGHTLY BETTER I STEPPED OUT OF THE VEHICLE INTEND TO EXCHANGE PARTICULAR WITH THE OTHER PARTY DRIVER, BUT WHEN I STEPPED OUT, I SUDDENLY FAINED, AND I WAS THEN BEING CONVEY BY A AMBULANCE TO THE NEARBY HOSPITAL.
VEHICLE A - SKP 5359T
VEHICLE B - YP 2167J

DECLARATION

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

<p>*</p> 	<p>*</p> 	
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:

Vehicle No.	SKP 5359T	Model / Make	BMW 320i
Date of Accident	28/09/18		
Time of Accident	1320	HRS	
Location of Accident	TPE Towards ECP	Before	PRE (TUGS) EXIT 1
Exact purpose use during accident	PRIVATE USE		
Name of Owner	TNG SAG HAN		
Telephone No.	H/P: 9489 1261	Home :	Office :
NRIC	S 7727077I		
Address	BLK 660B JURONG WEST ST 64 #16-376 S(642660)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	B 27778018 SMP		
Name of Driver	As Above If No,		
NRIC		Any Passengers :	NIL
Date of birth	19/09/1977		
Occupation	Outdoor / Indoor		
Driving License Pass Date	24 SEP 1999		
Gender	Male / Female		
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state	OWNER	
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	MR TNG SAG HAN, 9489 1261		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	UP2167J	Any Passengers :	1
Name of Driver		Contact No. :	6362 0078
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		Witness Contact :	
Accident Portion	REAR RIGHT		
Camera Recorder	Yes / No		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
PARTICULAR WORKSHOP	TUNCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales@n5i.com.sg		



**SINGAPORE
POLICE FORCE**



T/20180928/2164

1 of 3

Report No. T/20180928/2164

Police Station Of Origin:
Jurong Driving Test Centre
4th Chin Bee Road #01-08 SINGAPORE
611698
Tel No: 62613236

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2018 19:32	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: TNG SAY HAN			Address: APT BLK 660B JURONG WEST STREET 64 #16-376 SINGAPORE 642660		
ID Type / ID No.: NRIC NO / S77270771			Contact No.: Home/Office: Mobile: 94891261		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 19/09/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: AEROSPACE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/09/2018 13:20	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY TWDS ECP BEF PIE TUAS EXIT 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKP5359T	Car				Seriously Damaged	0
YP2167J	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Jurong Driving Test Centre
4th Chin Bee Road #01-08 SINGAPORE
611698
Tel No: 62613236

Report No. T/20180928/2164

CONTINUATION OF REPORT

Driver				
Name	TNG SAY HAN		ID No.	S7727077I
Related Vehicle	NIL		Contact No.	94891261
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL	
Name	NG ZHONG LAM		ID No.	G2676627W
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

ON THE MENTIONED DATE & LOCATION @ ABOUT 1320HRS,

I WAS TRAVELLING STRAIGHT ON THE 4TH LANE ,WHILE SUDDENLY I FELT AN IMPACT ON THE REAR RIGHT SIDE .AFTER THE IMPACT I FELT VERY UNWELL AND STAYED INSIDE THE VEHICLE .WHEN I FELT SLIGHTLY BETTER I STEPPED OUT OF THE VEHICLE INTEND TO EXCHANGE PARTICULAR WITH THE DRIVER,BUT THE DRIVER DELAYED TO GIVE PARTICULARS AND HE SAID HE WILL WAIT FOR HIS MANGER TO COME TO THE ACCIDENT PLACE.MEANWHILE WHILE WAITING,I SUDDENLY FAINTED AND I WAS THEN CONVEYED BY AMBULANCE TO THE HOSPITAL.

THATS ALL



**SINGAPORE
POLICE FORCE**



T/20180928/2164

3 of 3

Report No. T/20180928/2164

Police Station Of Origin:
Jurong Driving Test Centre
4th Chin Bee Road #01-08 SINGAPORE
611698
Tel No: 62613236

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable



Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
28/09/2018 19:32

Classification Of Case:


Signature: 

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S77270771



Name

TNG SAY HAN
(TANG SHIHAN)

唐世汉

Race

CHINESE

Date of birth

19-09-1977

Sex

M

Country of birth

SINGAPORE

L 77270771

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S77270771

Name

TNG SAY HAN
(TANG SHIHAN)

Birth Date 19 Sep 1977

Issue Date 17 Apr 2003



000398871E



NRIC No. S77270771



Date of issue

21-09-2007

Address

APT BLK 860B JURONG WEST STREET 64
#16-376
SINGAPORE 642660

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

Class 3

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

PASS DATE

24 Sep 1999

NP 428A



Licence No: S77270771

MSIG

Your alternative contact:

**Sime Darby Insurance
Brokers (Singapore) Pte Ltd**
Tel: 6222 2244
Mon to Fri (excluding PH)
(8.30 am - 5.45 pm)

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.X.1
Individual Ownership

SIME MOTOR PRIVATE
Comprehensive

Certificate No. B 27778018 SMP

Excess: SGD500

1. Index Mark and Registration Number of Vehicle
9KP5359T

2. Name of Policyholder
Tng Say Han

3. Effective Date of the Commencement of Insurance for the purposes of the Act
19/09/2018

4. Date of Expiry of Insurance
18/09/2019

5. Persons or Classes of Persons entitled to drive*

Tng Say Han

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 PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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