

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

NA11812382

Date In: 1/10/18-18:45	Job description	Date & Time Completed	Done by
Ref No: NA/MSH/18013280/24	SAS e-filing		
Veh No: JUC12862	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/4/18-15:10	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: JUC1235M	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

NA1806253	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);	1st Bill	Add Bill
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		
Auditors' Comments :-	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:-		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 01/10/2018 18:15
 Date Of Accident 30/09/2018 15:10
 Exact Location Of Accident DEDAP PLACE
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK1286K
Insured/Policyholder
 Name Of Registered Owner SEO SOON HUNG
 NRIC No S1766653C
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-97322117
 Alternative Phone No OFFICE-97322117

Vehicle Particulars

Manufacturer TOYOTA
 Model COROLLA AXIO 1.5X CVT ABS D/AIRBAG 2WD
 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 A28873851QMX
 Cover Note Number

Driver

Name of Driver SEO SOON HUNG
 NRIC No S1766653C
 Date Of Birth 15/07/1966
 Occupation INDOOR
 Date Of Driving Pass 18/03/1989
 Driving Experience 29 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97322117
 Fax Number
 Contact Number OFFICE-97322117
 EMail Address NOEMAIL

Address	BLK 205C COMPASSVALE LANE #08-35
Postcode	543205
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181001/2094.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK2235M
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)


SKETCH PLAN

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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.
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: 01.10.2018

Driver's Signature

(If driver is not the policyholder)

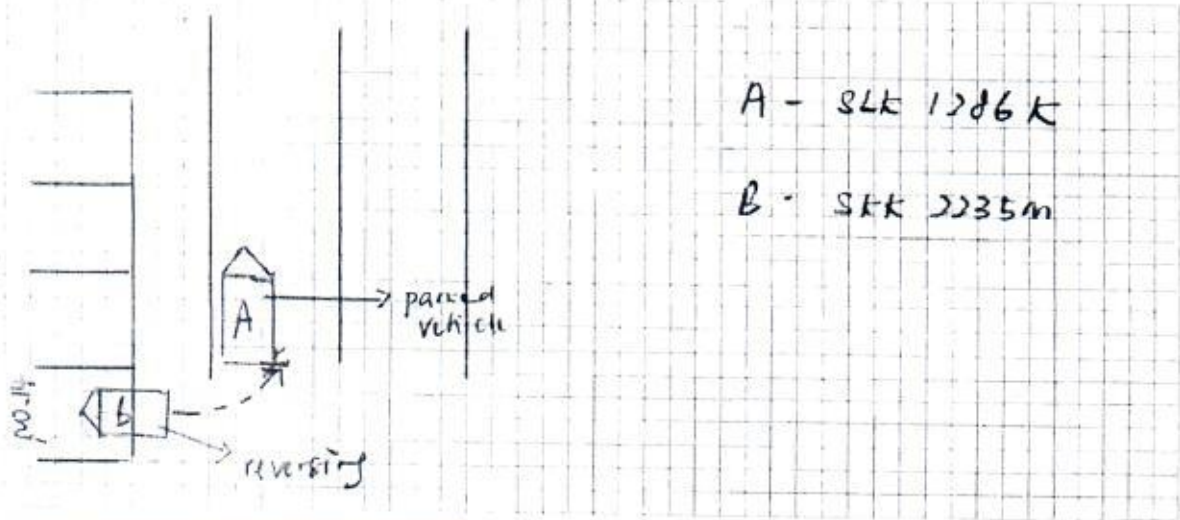
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Attached police report no. T/20181001/2094

DECLARATION

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

Policyholder's Signature

Date & Time: 01.10.2018

Driver's Signature

(If driver is not the policyholder)

Date & Time;

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Report Information

Accident Date	20.07.2018	Accident Time	15:10
Location Of Accident	Dedap place		
Vehicle Registration No :			

INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name	Seo Soon Hung		
NRIC No/ ROC No	S1766653C		
Mobile Phone No	97322117	Email Address	jamesseosoonhung@gmail.com

VEHICLE INFORMATION

Manufacturer/ Model	Toyota Axio		
Exact Purpose for which vehicle was being used at time of accident	<input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> HIRER USE	Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Own Damage <input checked="" type="checkbox"/> Third Party Reporting Only
	<input checked="" type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> TAXI <input type="checkbox"/> BUS <input type="checkbox"/> MOTOR TRADE	<input type="checkbox"/> TANKER <input type="checkbox"/> PRIVATE HIRER <input type="checkbox"/> GOVERNMENT
Vehicle Category			

INSURANCE COMPANY (OWN VEHICLE)

Insurance Company	M&G Ins. (S) pte ltd	Fleet Policy	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Policy Number	A25873551 aux	Type Of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party Fire or Theft
Cover Note Number			

DRIVER IDENTIFICATION

Driver Name	Seo Soon Hung	Driver NRIC	S1766653C
Date Of Birth	15.07.1966	Occupation	<input checked="" type="checkbox"/> Indoor / <input type="checkbox"/> Outdoor
Driving Date Pass	18.03.1989	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Mobile Phone No	97322117	Email Address	
Address	BTK 205C Lompasivale lane # 45 - 35		Postcode 543205
Relationship	Employee <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Hirer <input type="checkbox"/> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/>		

GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident			
Weather Condition	Clear / Raining / Others: <input checked="" type="checkbox"/> Clear	Road Surface	Dry / Wet / Others: <input checked="" type="checkbox"/> Dry

OTHER INFORMATION

Injured	<input checked="" type="radio"/> No / <input type="radio"/> Yes	Was there any other vehicle or property damaged?	<input checked="" type="radio"/> No / <input type="radio"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="radio"/> No / <input type="radio"/> Yes	Was any foreign vehicle involved in this accident?	<input checked="" type="radio"/> No / <input type="radio"/> Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	<input checked="" type="radio"/> No / <input type="radio"/> Yes		
Number of Passengers (Including Driver)	0		
Passenger Details	Male / Female - 1.		
	Male / Female - 2.		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	<input checked="" type="radio"/> No / <input type="radio"/> Yes		

DETAILS OF OTHER VEHICLE 1

Vehicle Registration No	SKK 2235 M		
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 2

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF OTHER VEHICLE 3

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

DETAILS OF WITNESS

Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			



**SINGAPORE
POLICE FORCE**



T/20181001/2094

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20181001/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2018 14:59		Vide Report No.:		Station Diary No.: 26	
Informant's Particulars					
Name of Informant: SEO SOON HUNG			Address: APT BLK 205C COMPASSVALE LANE #08-35 SINGAPORE 543205		
ID Type / ID No.: NRIC NO / S1766653C			Contact No.: Home/Office: 97322117 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 15/07/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Legal clerk			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/09/2018 15:10	Type of Location:
Location: Along Road 1 DEDAP PLACE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK2235M	Car					0
SLK1286K	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181001/2094

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20181001/2094

CONTINUATION OF REPORT

MacPherson NPP
Block 54 Pipit Road
#01-82/84 Singapore 370054
Tel: 1800-7449999

Brief Details.

It Drove off to Serayu -

On the 30 September 2018 at about 1510 hrs, I parked my car SLK1286K along Dedap Place to pick up my daughter. At 1515 hrs, I returned to my vehicle and discovered the rear bumper of my car was damaged. Upon retrieving my in vehicle camera footage, I discovered a car SKK 2235M had reversed and knocked into the rear bumper of my vehicle, then a male driver came out of the said car to check the damage to his car. He did not inform me nor leave any note. That is all.



**SINGAPORE
POLICE FORCE**



T/20181001/2094

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3


Report No. T/20181001/2094

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:
G / 
Staff Sgt MOHAMMAD HAFEEZ ASHRAF BIN
HARON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Signature Of Informant:



Date/Time:
01/10/2018 14:59

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP168


SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1766653C



Name
SEO SOON HUNG
謝 孙 汉
Race
CHINESE
Date of Birth
15-07-1966
Country of Birth
SINGAPORE

Sex
M

S1766653C

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1766653C
Name
SEO SOON HUNG
Birth Date: 15 Jul 1966
Issue Date: 06 Mar 2003

000274259G

0302171




NRIC No. S1766653C
Blood Group
A+
Date of issue
04-04-1992


APT BLK 205C COMPASSVALE LANE #08-35
SINGAPORE 543205
NRIC No: S1766653C Date: 26-08-2000 No: 3509755

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	23 Jun 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Mar 1988

NP 428A

Licence No: S1766653C



**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.X.1
 Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 28873851 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLK1286K

2. Name of Policyholder

Seo Soon Hung

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

05/01/2018

4. Date of Expiry of Insurance

04/01/2019

5. Persons or Classes of Persons entitled to drive*

Seo Soon Hung

Seo Geok Kim

Seo Yong Chern

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.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer