NATIONAL Assessment Centre Se	ivices (mer saves)			
Date In: 04/10/2018 10:33 10	description	Date &Time Completed	Done l	jy.
REINU NBA/MSG18017980/K4 S	AS e-filing			Se inc
Veli No SJR 4785 E	-mail (within 8hrs, AIC 2hrs)			
	-Motor Claim Form -		MAESSE SE	
OD TPY Reporting Only	-Motor W/O (Within: OD 2hr Photo Uploaded	z TP 4hrs)		(4) 4 (1) 40 (4) (1) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
IP insurer	ssessment/Survey Report	to Owner/When		
Preferred Wksp / INC Assign Wksp / QW; (	33 Cheport by Lake Hante		ix:	)
TP Particulars: Veh No: GR	276B . INC(			
Owner / Driver: (	JE (ND . HOL	Tel:	)	Comment of the
Policy No: ( ) Period: (	)	Cover Type: (	)	
Confirmed by : (	Date:	Time:	)	* * *****
	Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-10	00%]	
Year of Registration: ( ) Warra	nty: YES ( )/NO (	)		
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )			
( ) Walk-In Customer: Customer's information ( ) Total Loss Case : to e-mail Insurer UR	-	trictly NO refer of repairer.		
Drive-In ( ) / Towed-In ( ); Invoice: YE	S( )/NO( );7	Towing Co; (		)
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) / Courte 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000]	sy Car ( ) ( ) ( )	Date&Time Completed	Done	
Injury:  Date/Time Actions				
NA180 63	79 Invoice Pr	eparation Checklist	Anit (\$)	Ant (\$)
NA 180 63	39 Invoice Pr	eparation Checklist	Ant (\$)	Amt (\$)
Claimant's Particulars :-	1) AR : Accide 2) DA : Dameg	nt Reporting (\$30); e Assessment (\$100); INC (\$8	lit Bill	
Claimant's Particulars :-	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow-	nt Reporting (\$30); e Assessment (\$100); INC (\$8 Fee \$40 Through Survey	1st Bill 0) //\$45 \$120	
Cluimant's Particulars:- Oriver/Owner:	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow-	nt Reporting (\$30); e Assessment (\$100); INC (\$8 Fee \$40	1st Bill (0) 0/545 \$120 \$30	
Claimant's Particulars :- Driver/Owner: Contact No:	1) AR : Accide 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae DA	nt Reporting (\$30); e Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005)	1st Bill (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:	1) AR: Accide 2) DA: Damag 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp 7) N1: Idae D/ 8) NTUC Addi OI)* *N5: Courte	nt Reporting (\$30); e Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wel 10 Jan 2005) section A + SMRT Survey	1st Bill	
Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):	1) AR : Accide 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD* *N5: Courte *N6: Repair *N7: Post Re-	nt Reporting (\$30); e Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005 ection A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination epair Inspection	Tat Bill	
Claimant's Particulars:-  Driver/Owner:  Contact No:  Damaged Portion:  QC Checked by (Engr-In-Charge):  Auditors' Comments:-	1) AR : Accides 2) DA : Damag 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idae D/ 8) NTUC Addi OD'* *N5: Courte *N6: Repair *N7: Post Re *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC (\$8 Fee \$40 Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 2005) section A + SMRT Survey tional Services:- sy Car / Tpt Allowance Co-ordination spair Inspection officet Excess Coordination TP (Non INC) against INC	1st Bill	

1 7 21

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 witholding 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

	ACCIDENT STATEMENT	
Date Of Report	04/10/2018 10:33	
Date Of Accident	03/10/2018 10:35	
Exact Location Of Accident	MERIDIAN JUNIOR COLLEGE ( SCHOOL CAR POUCH )	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR478S	
Insured/Policyholder		
Name Of Registered Owner	TOH HSUEH LI ( ZHOU XUELI )	
NRIC No	S8116898I	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93847533	
Alternative Phone No	OTHERS-93847533	
Vehicle Particulars		
Manufacturer	HONDA	
Model	5	
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	P 28870458 DMV	
Cover Note Number		
Driver		
Name of Driver	ZHUO XUETING	
NRIC No	S8824455I	
Date Of Birth	08/07/1988	
Occupation	OUTDOOR	
Date Of Driving Pass	30/11/2010	
Driving Experience	7 YEARS AND 10 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-93847533	
Fax Number		
Contact Number	OTHERS-93847533	

NOEMAIL

Address

BLK 633C SENJA ROAD

#29-143

Postcode

673633

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SIBLING

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

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)

2

Passenger 1

NAME:

: NIL

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:

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

BUT NOT RECORDED

Vehicle Registration Number

GBD276B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

YONG CHEE WAH

NRIC/Passport Number

S6836876F

Contact Number

97368349

Address

Postcode

Insurance Company Name

Nature Of Damage

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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:
  - 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 .:

SDR498S GBD276B  A ST B  reverse	

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vechicle A drive into a school (Meridian Junior College) at 10-35 am on 03 October 2018 to sign some documents and vechicle A
on 03 October 2018 to sign some documents and verticle A
were told by the sercurity to park the vehical along the car pouch. Therefore I stopped the reto vehicle behind rediide
car pouch. Therefore I stopped the web vehicle behind rediide
B (GBD 276B) and prepare to alight that's when the
Vehide B start reversing, I tried honking the vehicle to stop
B (GBD 276B) and prepare to alight that's when the Vehide B start reversing, I tried honking the vehicle to stop but he failed. The driver admitted that it was his mistake.
and asked me to claim against his insurance. There are
also many witnesses around at the point of accident.

## 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.:

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8824455





ZHUO XUETING



CHINESE

Oate of birth 08-07-1988 Country of birth



3393386

NRIC No. S88244551



05-09-2003

APT BLK 633C SENJA ROAD #29-143 SINGAPORE 673633

NRIC No. \$88244551

Date: 08/11/2016 (R)





Licence Number \$88244551

ZHUO XUETING

Birth Date: 08 Jul 1988 Issue Date: 30 Nov 2010

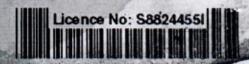


YOU ARE LICENSED TO DRIVE VEHICLES IN THE TOLLOWING CLASS(ES)

EFFECTIVE DA

Motor Cars=< 3000kg with =<7 passengers, exclusive 30 Nov 20 10 of the driver; and other motor vehicles =< 2500kg

NP 428A





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

## S8116898 I

## Certificate of " nee

ROAD TRANS

THE MOTOR VEHICLES (THIRD-PA THE MOTOR VEHICLES (THIRD-PARTY P

THE MOTOR VEHICLES (THIRD-PART OR ANY AMEN

MAL/YSIA) ., 1959 (FEDERATION OF MALAYSIA) (FION) ACT (CAP. 189 OF THE REVISED EDITION) JAPORÉ)

.ION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) ASSED IN SUBSTITUTION THEREOF.

Form M.X.1 Individual Ownership SHIELD - VALUE PLAN Comprehensive

P 28870458 DMV Certificate No.

Excess: SGD1,000

Windscreen Excess: SGD100

 Index Mark and Registration Number of Vehicle SJR478S

2. Name of Policyholder

Toh Hsueh Li (Zhou Xueli)

Effective Date of the Commencement of Insurance for the purposes of the Act 26/12/2017

4. Date of Expiry of Insurance 25/12/2018

5. Persons or Classes of Persons entitled to drive\*

Toh Hsueh Li (Zhou Xueli) 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