

NATIONAL Assessment Centre Services

(wef: 1 Jan 2005)

PNMA 48132250

Date In: 11/10/2008 17:24	Job description	Date & Time Completed	Done by
Ref No: NBA/MS960185081V	SAS e-filing		
Veh No: SKV 9921 L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 11/10/2008 07:40	i-Motor Claim Form		
OD: (P) 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: EN63K

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 206514

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2 / 3:

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

1st Bill

Add Bill

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
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		
TP (N11): TP (N-in 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 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. 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	11/10/2018 17:24
Date Of Accident	11/10/2018 07:40
Exact Location Of Accident	SLIP ROAD FROM CLEMENTI ROAD TO AYE (CIYT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV9921L
Insured/Policyholder	
Name Of Registered Owner	ESTATE OF HO WING HUANG VINCENT
NRIC No	S1464651E
Email Address	CHUAKIMBERLY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96701212
Alternative Phone No	OTHERS-96701212
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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 28626325 AVW
Cover Note Number	
Driver	
Name of Driver	CHUA SIO KIM
NRIC No	S1705402C
Date Of Birth	05/01/1965
Occupation	INDOOR
Date Of Driving Pass	29/03/1996
Driving Experience	22 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96701212
Fax Number	
Contact Number	OTHERS-96701212
EMail Address	CHUAKIMBERLY@GMAIL.COM

Address	BLK 503 JELAPANG ROAD #15-372
Postcode	670503
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	2
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)	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

PLEASE REFER TO SKETCH PLAN

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	EN63K
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LUM KEE SENG
NRIC/Passport Number	S2560113J
Contact Number	97588915
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO:

ACCIDENT DATE:

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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

State of

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 11/00/2018

Reporting Centre Personnel's Signature

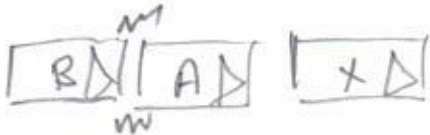
Name:

NRIC/FIN No.:

[Signature]

SKETCH PLAN

(A) SKV9921L
(B) EN63K



Slip road from Clement Rd to AYE (city)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On mentioned date and time, I was travelling along the said road. When the front vehicle stop, I stop accordingly. Moments later veh B rear ended my vehicle.

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY () OWN WORKSHOP ()

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.:

NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED

ACCIDENT STATEMENT

DATE OF REPORT: ACCIDENT DATE & TIME: 11/10/18 @ 0740 hrs
ACCIDENT LOCATION: Clementi Rd slip Road to AYE (city).
COUNTRY: SINGAPORE OR MALAYSIA

VEHICLE DETAILS/POLICYHOLDER DETAILS

VEHICLE NO: SKV 9921L POLICY NUMBER: P6085524200
POLICYHOLDER NAME: State of Ho Wing Huang HP/OFFICE: 96701212
NRIC NO: S1464657E Vincent. COVERAGE:
EMAIL:
INSURANCE: NTUC DIRECT ASIA AXA MSIC HL FWD BUDGET

VEHICLE PARTICULARS

MODEL: Volkswagen Jetta
VEHICLE CATEGORY: PRIVATE OR COMMERCIAL
PURPOSE DURING ACCIDENT: personal
CLAIM: OWN DAMAGE REPORTING ONLY THIRD PARTY

DRIVER DETAILS

NAME: Chua Sio Kim
NRIC NO: S17054021C
DATE OF BIRTH: 5/1/65
OCCUPATION: INDOOR OR OUTDOOR
PASSED DATE: 29/3/1996
GENDER: FEMALE OR MALE
HP NUMBER: 96701212
ADDRESS (COMPULSARY): Blk 503 #15-372
POSTCODE 670503 Belapang Rd
EMAIL: chuaakimberley@gmail.com
R/S WITH POLICYHOLDER: Spouse
WEATHER CONDITION: DRY / CLEAR / WET / RAIN
INJURY: None
POLICE REPORT: No
VIDEO FOOTAGE OR VOICE RECORD: No
OFFER BY OTHER WORKSHOP: No
NO OF VEHICLE INVOLVED: 1
WITNESS: IF YES - NAME & HP:
NO PPL IN CAR: 1
PASSENGER NAME (NAME AND GENDER):

THIRD PARTY'S DETAILS

VEHICLE NO: EA63K
NAME: Lum chee Seng
NRIC NO: S2560113J
HP NUMBER: 97588915
INSURANCE:
ADDRESS:
MODEL:
VEH CATEGORY: Saloon
Bmw

- 1)
- 2)
- 3)

REPUBLIC OF SINGAPORE DRIVING LICENCE

General Number: **S1705402C**

Name: **CHUA SIO KIM**

Birth Date: **05 Jan 1965**

Issue Date: **09 Apr 2003**

000363233F



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1705402C**

Name: **CHUA SIO KIM**

蔡 小 金

Race: **CHINESE**

Date of Birth: **05-01-1965**

Sex: **F**

Country of Birth: **SINGAPORE**




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: **29 Mar 1996**

Licence No: **S1705402C**

NP 428A

1222790

S1705402C

Blood Group: **O+**

Date of issue: **26-08-1993**

APT BLK 503 JELAPANG ROAD #15-372
SINGAPORE 670503

S1705402C

13/01/2014 (R)






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 N.X.1
Individual Ownership

VW DRIVEEASY
Comprehensive

Certificate No. A 28626325 AVW

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKV9921L
2. Name of Policyholder
Estate of Ho Wing Huang Vincent
3. Effective Date of the Commencement of Insurance for the purposes of the Act
13/10/2017
4. Date of Expiry of Insurance
12/10/2018
5. Persons or Classes of Persons entitled to drive*
Chua Sio Kim

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 VOLKSWAGEN CENTRE SINGAPORE.

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.



Signature / Date

Counter-Signatory:

Winner Consultancy 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.