

NATIONAL Assessment Centre Services

(Ref: 1 Jan 05) MHA 11813706

Date In: 15/10/18-14-24	Job description	Date & Time Completed	Done by
Ref No: NA 18018700/24	SAS e-filing		
Veh No: 167 51046	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/10/18 22:25	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:		
Owner / Driver: (INC () / Non-INC ()	
Policy No: (Tel:	
Confirmed by: (Period: (Cover Type: (
Insured/Driver Liability: (Date:	Time:
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)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		
Injury: ()		

Date/Time	Actions
25/10/18	Cancel Report due to customer is eriga insurance instead of MSLG.
	CI - 14/12/2016 till 12/12/2017 (MSLG).

26/10/18

NA 180579	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	In 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)		
at 1:	6) TR: Re-inspection \$75		
at 2/3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services: -		
	Q1)*		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NE: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NS: 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 willful 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	15/10/2018 14:24
Date Of Accident	12/10/2018 22:25
Exact Location Of Accident	LOYANG AVE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5104G
Insured/Policyholder	
Name Of Registered Owner	NG BEE CHEOK
NRIC No	S1451182B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81576338
Alternative Phone No	OFFICE-81576338

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA180 AMG
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	A28866157QMX
Cover Note Number	

Driver

Name of Driver	TAY BOON TAT, FRANCIS (ZHENG WENDA)
NRIC No	S8808957Z
Date Of Birth	26/02/1988
Occupation	INDOOR
Date Of Driving Pass	30/07/2007
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81576338
Fax Number	
Contact Number	OFFICE-81576338
Email Address	NOEMAIL

Address BLK 532 JURONG WEST STREET 52
#24-429
Postcode 640532
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
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 RAINING
Road Surface WET

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? 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) 3
Passenger 1
NAME: : YAM QING MEI, DEBBIE
GENDER: : FEMALE
Passenger 2
NAME: : LIM SIEW YEW MAHINDA
GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20181013/7003.

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 SHC6427C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

TAY BOON TAT, FRANCIS (ZHENG WENDA)

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLJ5104G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

YAM QING MEI, DEBBIE

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLJ5104G

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

LIM SIEW YEW MAHINDA

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SLJ5104G

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.


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.

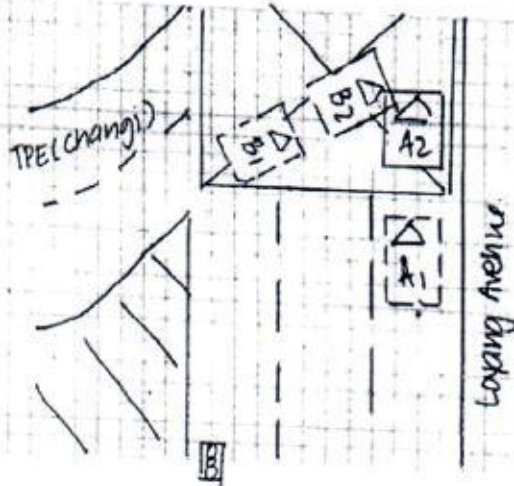
Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

Vehicle A: SLJ51046
Vehicle B: SHC6427C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle A, SLJ51046, was travelling straight along the stated vehw. vehicle B, SHC6427C, suddenly filtered into my lane and collided into my entire left portion. The great impact caused my vehicle to graze across the kerb on the right.

my passengers: Yam King mei, Debbie / SA1024186
Lim Siew Yew, Mahinda / SB525990C

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 10 / 2018 (DD/MM/YYYY), TIME: 22:23 (HH:MM)

LOCATION: Loyang Avenue towards Changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJ5104G
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A288661576MX
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes Benz CLA180 AMG
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Ng Bee Cheok (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1451102B CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tay Boon Tat Francis (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S90004578 CONTACT: 8157 6338
 c) ADDRESS: 532 Jurong West St 52 #24-429
S16405322

*d) DATE OF BIRTH: 26 / 12 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: child

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC6427C MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:
 d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
 (including driver)
 (03)
 1 male,
 1 female

No of passengers
 (including driver)
 (03) 1 male
 1 female

No of passengers
 (including driver)
 ()

email =

fax =



SINGAPORE POLICE FORCE



T/20181013/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20181013/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2018 01:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAY BOON TAT, FRANCIS			Address: APT BLK 532 JURONG WEST STREET 52 #24-429 SINGAPORE 640532		
ID Type / ID No.: NRIC NO / S8808957Z			Contact No.: Home/Office: Mobile: 81576338		
Nationality: SINGAPORE CITIZEN			Email: francis.tbt@hotmail.com		
Sex: Male	Age: 30	Date of Birth: 26/02/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Investigation Officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 12/10/2018 22:20	Type of Location: Straight Road
Location: LOYANG AVENUE				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6427C	Car				Slightly Damaged	3
SLJ5104G	Car	MERCEDES BENZ	CLA180		Seriously Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181013/7003

2 of 4

Report No. T/20181013/7003

CONTINUATION OF REPORT

Driver			
Name	TAY BOON TAT, FRANCIS		ID No. S88089572
Related Vehicle	SLJ5104G (Car)		Contact No. 81576338
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2018		Date Discharge 13/10/2018
No. of Days granted Medical Leave	05	Degree of Injury Serious	
Passenger			
Name	YAM QING MEI, DEBBIE		ID No. S9102418G
Related Vehicle	SLJ5104G (Car)		Contact No. 83995634
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2018		Date Discharge 13/10/2018
No. of Days granted Medical Leave	05	Degree of Injury Serious	
Passenger			
Name	LIM SIEW YEW MAHINDA		ID No. S8525990C
Related Vehicle	SLJ5104G (Car)		Contact No. 91727069
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	13/10/2018		Date Discharge 13/10/2018
No. of Days granted Medical Leave	05	Degree of Injury Serious	

Brief Details.

ON 12/10/2018 AT ABOUT 10:23PM, I WAS DRIVING MY VEHICLE - SLJ5104G AND TRAVELLING STRAIGHT ALONG LANE 1 OF LOYANG AVENUE TOWARDS CHANGI. SUDDENLY, VEHICLE NUMBER - SHC6427C, TURNED OUT FROM THE SLIP ROAD AND COLLIDED ONTO MY VEHICLE'S ENTIRE LEFT PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO GRAZE ONTO THE KERB ON THE RIGHT. MY PASSENGERS & I THEN SEEK MEDICAL ATTENTION AT MOUNT ALVERNIA HOSPITAL



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181013/7003

3 of 4

Report No. T/20181013/7003

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20181013/7003

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20181013/7003

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/10/2018 01:47

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8808957Z**

Name:

**TAY BOON TAT, FRANCIS
(ZHENG WENDA)**

Birth Date: **26 Feb 1988**

Issue Date: **30 Jul 2007**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8808957Z**



Name

**TAY BOON TAT, FRANCIS
(ZHENG WENDA)**

郑文达

Race

CHINESE

Date of Birth

26-02-1988

Sex

M

Country of Birth

SINGAPORE



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

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

30 Jul 2007

NP 428A .



Licence No: S8803957Z

3342936



NRIC No. S8808957Z




Blood Group **Date of issue**
- **20-03-2003**

Address

APT BLK 532 JURONG WEST STREET 52
#24-429
SINGAPORE 640532

NAME **COOKI.**

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, #21-01, SGX Centre 2, Singapore 068007
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. 169 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 28866157 QMX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SLJ5104G

2. Name of Policyholder
Ng Bee Cheek

3. Effective Date of the Commencement of Insurance for the purposes of the Act
14/12/2016

4. Date of Expiry of Insurance
13/12/2017

5. Persons or Classes of Persons entitled to drive*

Ng Bee Cheek

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 169) 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. 169).

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 169) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment or Acts passed in substitution thereof.

MSIG Insurance



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NOV.
JL.

TAX INVOICE

MSIG INSURANCE (SINGAPORE) PTE LTD
16 RAFFLES QUAY
#24-01 HONG LEONG BLDG
SINGAPORE 048581

INV No. NA1806579
INV Date 15/10/2018
Reference NA/MSG18018700/z4
Code MSG

REG / CS / PAY / F
24 OCT 2018

PROFESSIONAL SERVICE FEE

Vehicle No. SLJ 5104G

Insured Veh.

Claim No.

Policy No. A28866157QMX

Accident Date 12/10/2018

Inspection Date

Description	Total
Accident Reporting	30.00
Subtotal	30.00
GST (7%)	2.10
Grand Total	32.10

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'National Assessment Centre Services'

National Assessment Centre Services

HZT

LKK Paya Ubi

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Wednesday, 24 October 2018 3:21 PM
To: LKK Paya Ubi
Cc: QA (LKKAuto); Celine Fong (LKKAuto); Swee Peng (LKKAuto)
Subject: FW: Our ref: SLJ5104G DOA: 12/10/2018
Attachments: 24102018151127-0001.pdf

Dear Jackson

Please refer to below email from MSIG.

FYNA.

Thank you.
Chew Lian

Date of accident. - 12/10/18
C1 - 10/12/16 - 13/12/17.
Customer insurance change from
milh to etiga.
file
- h Already close

From: Jasmine Lok Kheng Kwei [mailto:jasmine_lok@sg.msig-asia.com]

Sent: Wednesday, 24 October, 2018 3:15 PM

To: account@lkkauto.com

Cc: Margaret Loh

Subject: Our ref: SLJ5104G DOA: 12/10/2018

① yesterday Winnie told me that
can be cancel; have to ask Mr. Lan
to sign the file.

Hi YuYu,

We refer to our conversation just now.

Please find enclosed reporting bill that vehicle SLJ5104G is not insured with MSIG and we are unable to make payment,

For your attention and pend for your reply.

Thank you.

Have a nice day ahead.

Jasmine Lok

Executive, Claims Services (Motor)

Direct line +65 6594 2550 | Direct fax +65 6225 7402 | jasmine_lok@sg.msig-asia.com

② Just now Winnie told me that
this file can't be cancel.

Have to ask workshop or
customer to pay reporting fees
as milh is not paying
not insured with milh



MSIG

MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220

9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | <http://www.msig.com.sg/> | Follow us on   

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www.avg.com