

NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MAA418153149

Date In: 26/11/2008 16:02	Job description	Date & Time Completed	Done by
Ref No: N/A/MSG/180213194	SAS e-filing		
Vch No: STJ 8929	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 25/11/2008 10:30	I-Motor Claim Form		
OT: TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Vch No: SB 6552G	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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time: _____

NA1807735	Invoice Preparation Checklist
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	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) NI: Idao DA + SMRT Survey \$160
_____	8) NTUC Additional Services:
_____	OT:
_____	*N5: Courtesy Car / Tpt Allowance \$5
_____	*N6: Repair Co-ordination \$10
_____	*N7: Post Repair Inspection \$25
_____	*N8: DV / Collect Excess Coordination \$5
_____	TP (Nil) / TP (Non INC) against INC \$20
_____	9) NI: Idao 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	26/11/2018 16:02
Date Of Accident	25/11/2018 10:30
Exact Location Of Accident	NUSS GUILD HOUSE @ KENT RIDGE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ892G
Insured/Policyholder	
Name Of Registered Owner	SO BEE SOON
NRIC No	S1604866F
Email Address	CHUAYONGHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98275988
Alternative Phone No	OTHERS-98189660

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	THIRD PARTY
Fleet Policy	NO
Policy Number	B 28972182 TMP
Cover Note Number	

Driver

Name of Driver	CHUA YONG HENG
NRIC No	S1230401C
Date Of Birth	24/03/1957
Occupation	INDOOR
Date Of Driving Pass	25/07/1984
Driving Experience	34 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98189660
Fax Number	
Contact Number	OTHERS-98275988
Email Address	CHUAYONGHENG@GMAIL.COM

Address	53A PASIR PANJANG HILL
Postcode	118869
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?	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)	0

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 Witness 1

Name	MUN CHOON KUAT
Phone Number	98175257
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB6552G
Vehicle Make/Model/Colour	BMW WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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: 26/11/2018

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

SKETCH PLAN

(see photo)
car was parked.

UNKNOWN CAR WAS PARKED.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sunday 25 Nov 2018 at about 10:30 am I parked my car at NISS Guild House @ Kent Ridge Drive.

When leaving the Guild House I saw my car rear bumper was knocked and then a note from a witness that it was knocked by a white BMW.

There is a witness and she is willing to assist in investigation.

Witness: Mr Mun Choon Kiat

tel: 98175257

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: 26/11/2018

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

(WITNESS LETTER)

HI, ~~to~~

My name is MUN and I saw a white BMW
crashed on your rear bumper and drove off shortly
afterwards.

Only managed to take a photo of the car and
~~it~~ could send to you if you require.

Contact me at 9817 5257 and I
will send you the photo.

MUN

 26/1/2018
Rishi Kataria

ACCIDENT STATEMENT

between 10:30am and 6pm

ACCIDENT DATE: 25/11/2018 (DD/MM/YYYY). TIME: () (HH:MM)

LOCATION: KLSS Gurus House @ Kari Road Drive

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGJ892G
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: B28972182 TMP
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Uva
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: car was parked
 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: So Bee Soon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1604866F CONTACT: 98275944
 c) ADDRESS: 53A Pasir Panjang Hill

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chua Yong Heng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1230401C CONTACT: 98189660
 c) ADDRESS: 53A Pasir Panjang Hill

*d) DATE OF BIRTH: 24/03/1957 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) retired

f) DATE OF DRIVING PASS: 25/1/1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Husband

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: SLB6552G MODEL: BMW white
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

10. (banned)

WITNESS: Lim Chuan Kuan
98175257

email = chuayongheng@gmail.com

VIDEO

*No of passenger
 (including driver)
 (9)

*No of passenger
 (including driver)
 ()

*No of passenger
 (including driver)
 ()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1230401C



Name

CHUA YONG HENG

蔡永興

Race

CHINESE

Date of Birth

24-03-1957

Country of Birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1230401C

Name

CHUA YONG HENG

Birth Date: 24 Mar 1957

Issue Date: 07 May 2003



1245564

NRIC No: S1230401C



Blood Group

O+

Date of Issue

04-09-1993

Address

53A PASIR PANJANG HILL
SINGAPORE 0511

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3

Motor Cars and Motor Tractors the weight of which (laden) does not exceed 1500 kilograms

ISSUE DATE

25 Jul 1994



NP478A



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

Alternative contact:

Sime Darby Insurance
Brokers (Singapore) Pte Ltd
Tel 6322 2244
Mon to Fri (excluding PH)
9.30 am - 5.45 pm

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

PRIVATE MOTOR CAR - TP
Third Party

Certificate No. B 28972182 TMP

1. Index Mark and Registration Number of Vehicle
SGJ892G

2. Name of Policyholder
So Bee Soon

3. Effective Date of the Commencement of Insurance for the purposes of the Act
29/06/2018

4. Date of Expiry of Insurance
28/06/2019

5. Persons or Classes of Persons entitled to drive*

So Bee Soon

Chua Yong Hong, Chua Xianyi

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.

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