

NATIONAL Assessment Centre Services. (Unit 1) (1/1/00)

NA18156662

Date In: 04/11/2018 11:00
Ref No: NBA/MSG/602/773/4
Veh No: SGT 3201 H
D.O.A: 17/11/2018 14:00

OD / TP / Reporting Only

TP Insured:

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars: Vch No: SGT 83347 INC () / Non-INC ()

Owner / Driver (

Tel:

Policy No: ()

Period: ()

Cover Type: ()

Confirmed by: (

Date:

Time:

Insured/Driver Liability: () % (Note: BSL 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 repeller.

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

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

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Date/Time	Action

NA1807921

Human Resources

Driver/Owner:

Contact No:

Assigned Portion:

C. Checked by (Engr-In-Charge):

Comments:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$100 (\$1)	
4) FT: Follow-Through Survey	\$100	
5) RT: Follow-Through Survey (Resurvey)	\$10	
6) TR: Re-inspection	\$15	
7) NI: 1st DA + SMRT Survey	\$160	
8) NTUC Additional Services		
9) NI: 1st DA + SMRT Survey		
10) NI: 1st DA + SMRT Survey		
11) NI: 1st DA + SMRT Survey		
12) NI: 1st DA + SMRT Survey		
13) NI: 1st DA + SMRT Survey		
14) NI: 1st DA + SMRT Survey		
15) NI: 1st DA + SMRT Survey		
16) NI: 1st DA + SMRT Survey		
17) NI: 1st DA + SMRT Survey		
18) NI: 1st DA + SMRT Survey		
19) NI: 1st DA + SMRT Survey		
20) NI: 1st DA + SMRT Survey		

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	04/12/2018 11:00
Date Of Accident	17/11/2018 14:00
Exact Location Of Accident	ALONG EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH3201H
Insured/Policyholder	
Name Of Registered Owner	LOKE PUI WAI CYNTHIA
NRIC No	S7346627Z
Email Address	LOKEPUIWAI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98154677
Alternative Phone No	OTHERS-98154677

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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?	YES
If No, Please state action to be taken	
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 29098021 QMY
Cover Note Number	

Driver

Name of Driver	LOKE PUI WAI CYNTHIA
NRIC No	S7346627Z
Date Of Birth	20/12/1973
Occupation	INDOOR
Date Of Driving Pass	06/12/1996
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98154677
Fax Number	
Contact Number	OTHERS-98154677
Email Address	LOKEPUIWAI@HOTMAIL.COM

Address	26 JALAN RENDANG
Postcode	428357
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	SIDE SWIPE
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)	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	SGH8334J
Vehicle Make/Model/Colour	TOYOTA RAV 4
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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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:

3 Dec 2018

3:57pm

Driver's Signature

(If driver is not the policyholder)

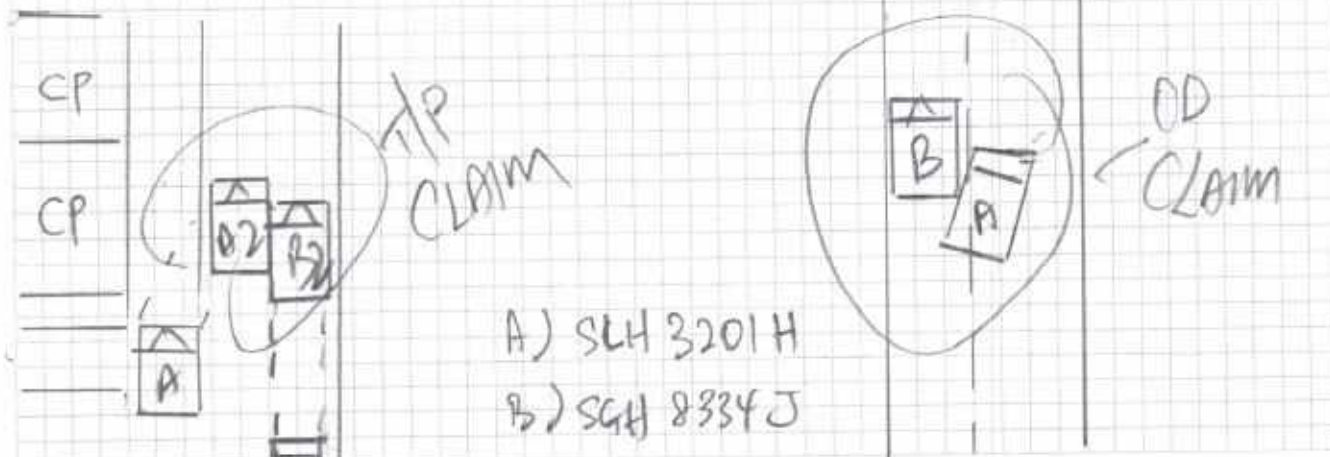
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

ALONG EAST COAST ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17 Nov 2018, car A was travelling along East Coast Road. As there are vehicles parked at the side.

Car A signal to filter to the right after checking blind spot. Car A saw car B accelerating and stopped for Car B to pass. Car B hence knocked into Car A mirror.

So both cars stopped along the road. Car B was very aggressive and refused to settle with me. Instead claimed that Car A caused extensive damage to his ^{left side} mirror which I believe it's an old damage. So I did not asked him to settle as I thought that it was minor. So no driver licence or information was exchanged.

Accident (2) happened as Car A was moving out behind car B. Car A accidental brushed against the rear right of car B. Both stopped to exchange details. This time Car B was even more aggressive, refused to settle, and show his driver licence. Car B insisted that I show him my driver license but refused to show me his license. Car A told Car B to lay down his license on the chair since Car B did not want me to touch it. Car B started taking pictures of Car A owner for no reason. So car A told him to stop taking

DECLARATION

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

Policyholder's Signature

Date & Time:

3 Dec 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Page ①

09/12/2018

Ref. [Signature]

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

photos which is irrelevant to the accident. So Car A tried to stop him from taking pictures. Car B owner then used his hands and feet to push Car A back and started shouting aggressively. Car A knew that she was in danger from Car B aggressive behaviour. So Car A told him to calm down but he refused to and insisted that car A show the license. So Car A asked car B to lay down license on chair so that Car A. do not touch his license. So when car A try to lift the license to take picture, car B snatched it back and warned Car A not to touch it. After that, car B stormed off and said he will report police. Nothing was settled.

DECLARATION

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

Policyholder's Signature

Date & Time: 3 Dec 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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08/12/2018

Rafael Lim

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

Your Ref
Our Ref

SLH3201H
577091 (Please quote our reference when replying)

27 Nov 2018

URGENT

LOKE PUI WAI CYNTHIA
26 JALAN RENDANG
SINGAPORE 428357

Dear Sir/Madam

Accident involving SLH3201H and SGH8334J along ALG EAST COAST RD IN BTWN JOO CHIAT RD & STILL RD

Policy No : 29098021QMY
Date of Accident : 17 Nov 2018

We have received a property damage claim from workshop acting on behalf of the owner of SGH8334J. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Jowyn Tay Mei Ling
Executive Officer
Claims Services (Motor)

Tel : 6643 1307
Fax : +65 6827 7800
Email : Jowyn_tay@sg.msig-asia.com

cc One-Stop Insurance Agency
163 Geylang Road
#02-03
Grandplus
Singapore 389240

A Member of MS & AD INSURANCE GROUP

ACCIDENT STATEMENT

ACCIDENT DATE: 17/11/2018 (DD/MM/YYYY). TIME: 14:00 (HH:MM)

LOCATION: East Coast Road / Ne

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLH3201H
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A29098021
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA Estima
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use
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: Gyrfina Loke (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S73466272 CONTACT: 98154672
c) ADDRESS: 26 Jalan Pandan
S(428257.)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: 12/12/1973 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 6 Dec 1996

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

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: SGH 8334J MODEL: Toyota Rav 4
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: _____

Email = Loke Pui Wai @ Hotmail . com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7346627Z



Name
LOKE PUI WAI CYNTHIA

陆佩慧

Race
CHINESE

Date of birth
20-12-1973

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S7346627Z

Name
LOKE PUI WAI CYNTHIA

Birth Date
20 Dec 1973

Issue Date
28 Nov 2003



3487732

NRIC No. S7346627Z



Date of issue
15-01-2004

26 JALAN RENDANG
SINGAPORE 428357
NRIC No: S7346627Z

Date: 22/12/2011

No: 8897967

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
06 Dec 1996

NP 428A





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 PLUS
Comprehensive

Certificate No. A 29098021 QMY

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLH3201H

2. Name of Policyholder
Loke Pui Wai Cynthia

3. Effective Date of the Commencement of Insurance for the purposes of the Act
28/10/2018

4. Date of Expiry of Insurance
27/10/2019

5. Persons or Classes of Persons entitled to drive*

Loke Pui Wai Cynthia

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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