

Date In: 07/11/2018 11:09	Job description	Date & Time Completed	Done by
Ref No: NBA/m8418022018/Y	SAS e-Milling		
Veh No: SKL 200M	E-mail (with 3hrs, AIC 3hrs)		
D.O.A: 06/12/2018 08:40	1-Motor Claim Form		
OD / TP <u>Reporting Only</u>	1-Motor W/O (with 100 3hrs, TP 3hrs)		
TP Insureh:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yeh No: SJP 344/M 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: ()

Remarks	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	Action

Item/Particulars	Invoice/Preparation Checks	Amount	Unit
Driver/Owner:	1) AR: Accident Reporting (300)		
Contact No:	2) DA: Damage Assessment (3100)	INC (\$40)	
Damaged Portion:	3) TP: Towing Fee	\$10/\$45	
C. Checked by (Engr-In-Charge):	4) PT: Follow Through Survey	\$10	
Vehicle's Comments:	5) PT: Follow Through Survey (Resurvey)	\$30	
	For claiming against INC Only (use of 10 Jan 2003)		
	6) TR: Re-inspection	\$15	
	7) NI: 1 day DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$5	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$15	
	12) NI: DY / Collect Excess Coordination	\$5	
	13) TP (NI) / TP (Non INC) against INC	\$70	
	14) NI: 1 day Mobile	\$10	

Invoice dated: _____ Fee Charged: _____

Invoice dated: _____ Fee Charged: _____

MA/808013

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 07/12/2018 11:09
Date Of Accident 06/12/2018 08:40
Exact Location Of Accident JLN BUKIT MERAH SLIP RD TURNING TO LOWER DELTA RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL2100M
Insured/Policyholder
Name Of Registered Owner NICOLE CHEUNG MUN TENG (ZHANG WENTING)
NRIC No S9026637C
Email Address NIXCHEUNG@GMAIL.COM
Mobile Phone No (LOCAL) +65-97610821
Alternative Phone No OTHERS-97610821

Vehicle Particulars

Manufacturer MINI
Model ONE-1.2 5 DOOR (A)
Exact Purpose for which vehicle was being used at time of accident DRIVING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle? NO
If No, Please state action to be taken REPORTING ONLY
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 29080507 QMY
Cover Note Number

Driver

Name of Driver NICOLE CHEUNG MUN TENG (ZHANG WENTING)
NRIC No S9026637C
Date Of Birth 15/07/1990
Occupation INDOOR
Date Of Driving Pass 16/05/2013
Driving Experience 5 YEARS AND 6 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-97610821
Fax Number
Contact Number OTHERS-97610821
EMail Address NIXCHEUNG@GMAIL.COM

Address	BLK 131C KIM TIAN ROAD #25-187
Postcode	163131
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	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	SJP3441M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PENG BOON BOON
NRIC/Passport Number	S7006573H
Contact Number	96867090
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

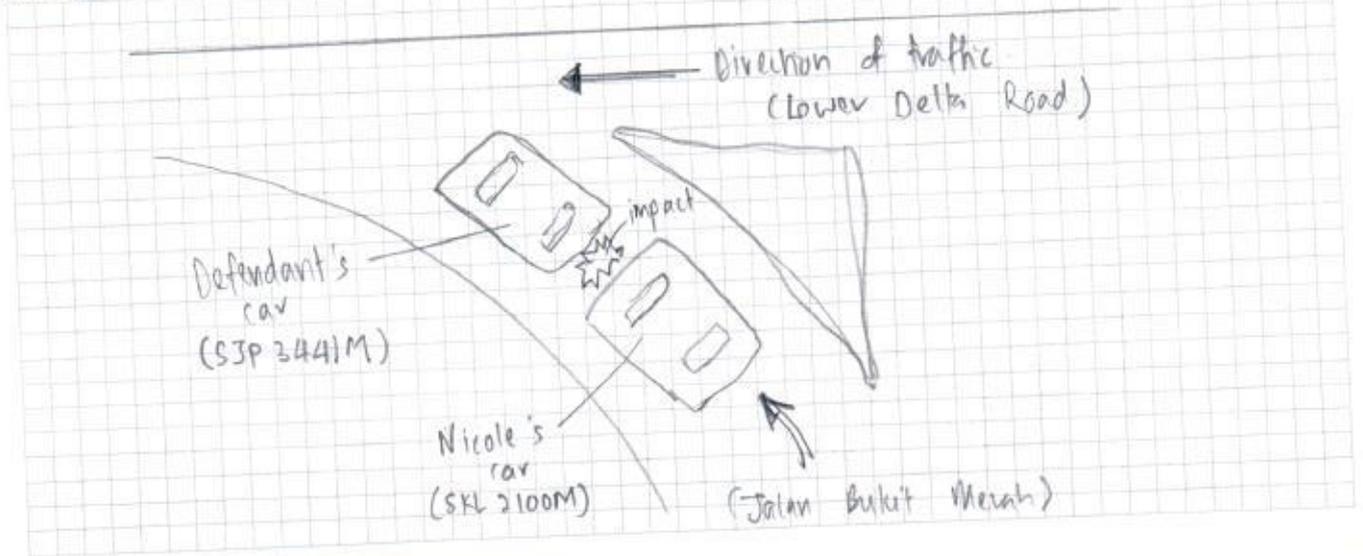
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


on behalf of Nicole
Policyholder's Signature *Cheung*
Date & Time: 7/12/18 0930hrs


on behalf of Nicole
Driver's Signature *Cheung*
(If driver is not the policyholder)
Date & Time: 7/12/18 0930hrs


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Nicole (the driver) had slowed down on the sliproad along Jalan Bukit Merah to turn onto Lower Delta Road. While looking for on-coming traffic, and travelling at a very slow speed, Nicole accidentally hit the rear of the car in front of her. It was raining that morning and the road was wet. Incident happened at 0840 hrs on 6 December 2018. At that point, there was no obvious injury to either parties involved.

DECLARATION

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

Kulau on behalf of Nicole
 Policyholder's Signature
 Date & Time: 7/12/18 0930hrs

Kulau on behalf of Nicole
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 7/12/18 0930hrs

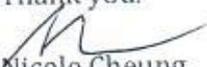
[Signature] 07/12/2018
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 NRIC/FIN No.:

Dear Sir/ Madam,

I, Nicole Cheung Mun Teng (S9026637C), authorize my husband, Kuhan Venugopal (S8563300G) to make an IDAC accident report on my behalf.

This is regarding my accident on 6th December 2018 at 08:40am, along the sliproad from Jalan Bukit Merah while turning left onto Lower Delta Road. There were no visible injuries on either party.

Thank you.


Nicole Cheung
6th December 2018

*gaw 07/12/2018
Reshi W@+103*

NOTICE OF REPORTING

This is to confirm that Miss Nicole Cheung Mun Teng, S9026637C, has reported to the Police a non-injury traffic accident which occurred along Jalan Bukit Merah Slip road turning into Lower Delta Road on 06/12/18 at 0840hrs involving the following vehicles:

Complainant's vehicle front knocked onto defendant rear portion.

Complainant's vehicle – SKL2100M, front number plate abit bent
Complainant detail
Miss Nicole Cheung Mun Teng, S9026637C, Hp: 97610821.

Defendant's vehicle – SJP3441M – rear bumper small dent at right rear.
Tan Peng Boon Boon, S7006573H Hp:96867090

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS Teo Nguan Heng

Date: 6/12/18 Time: 2009hrs

S/D Ref: 49

Police Post/Unit : Tiong Bahru NPP

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

TIONG BAHRU NPP
Bl128 Hill Top Road
Singapore 190128
Central Division


S9026637C




06/12/2018
Rel 4 10/12/18

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9026637C



Name

NICOLE CHEUNG MUN TENG
(ZHANG WENTING)

張 汶 婷

Race

CHINESE

Date of birth

15-07-1990

Sex

F

Country/Place of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9026637C

Name
NICOLE CHEUNG MUN TENG
(ZHANG WENTING)

Birth Date: 15 Jul 1990
Issue Date: 16 May 2013

002181348K

5294718



NRIC No. S9026637C



Date of issue

28-03-2014

APT BLK 131C KIM TIAN ROAD #25-187
SINGAPORE 163131

NRIC No. S9026637C

Date: 22/11/2018

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

EFFECTIVE DATE

16 May 2013

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

NP 428A



Licence No. S9026637C



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



Tan Brothers
Insurance Agencies Pte Ltd
 10 Anson Road #11-16 International Plaza, Singapore 079903
 Tel: 62201822 Fax: 62246806
 CO. REG. NO. 197500491N

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 29080507 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKL2100M

2. Name of Policyholder

Cheung Mun Teng Nicole (Zhang Wenting)

3. Effective Date of the Commencement of Insurance for the purposes of the Act

30/04/2018

4. Date of Expiry of Insurance

29/04/2019

5. Persons or Classes of Persons entitled to drive*

Cheung Mun Teng Nicole (Zhang Wenting)

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

TAN BROTHERS INSURANCE AGENCIES PTE LTD

..... for Chief Executive Officer

AUTHORISED SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (06 / 12 / 2018) (DD/MM/YYYY), TIME: (08 : 40) (HH:MM)

LOCATION: Along Jalan Bukit Merah slip road turning into Lower Delta Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 2100M
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A 29080507 QMY
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MINI ONE 5 DOOR
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) - NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: CHEUNG MUN TENG NICOLE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9026637C CONTACT: 9761 0821
c) ADDRESS: 131C KIM TIAN ROAD, #25-187, SINGAPORE 163131

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (15 / 07 / 1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 16 MAY 2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SELF

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) (THERE IS A NOTICE OF REPORTING)
IF YES, PLEASE STATE WHICH POLICE STATION: KIM TIAN ROAD NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
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: _____

* No of passenger
(Including driver)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

Email = NIX CHEUNG @ GMAIL . COM

VIDEO