

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 18167402

Date In: 31/12/18-10:35	Job description	Date & Time Completed	Done by
Ref No: NA/MJG 1802351/24	SAS e-filing		
Veh No: SVH 28473	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/12/18-17:00	i-Motor Claim Form		
OD: TP 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: 60D64576	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 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	QD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:			



## 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	31/12/2018 10:35
Date Of Accident	29/12/2018 17:00
Exact Location Of Accident	SLIP RD CTE (AYE) TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2847B
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#### Insured/Policyholder

Name Of Registered Owner	DIAN HUANG ENTERPRISE PTE LTD
Co Reg No	201015681D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67593611

#### Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
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	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80452921MCX
Cover Note Number	

#### Driver

Name of Driver	TOH POH JIAT
NRIC No	S1637241B
Date Of Birth	21/11/1964
Occupation	INDOOR
Date Of Driving Pass	14/08/2008
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97574647
Fax Number	
Contact Number	OFFICE-97574647
Email Address	NOEMAIL

Address	BLK 775 WOODLANDS CRESCENT #11-06
Postcode	730775
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) 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)	4
Passenger 1	NAME: : WANG LIFANG GENDER: : FEMALE
Passenger 2	NAME: : ZHUO YANLIN GENDER: : FEMALE
Passenger 3	NAME: : ZHUO YANTIN GENDER: : FEMALE

#### 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

REFER TO STATEMENT.

#### 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	GBD6457G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name TOH POH JIAT  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLH2847B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name WANG LIFANG  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLH2847B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name ZHUO YANLIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLH2847B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name ZHUO YANTIN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SLH2847B  
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.
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:

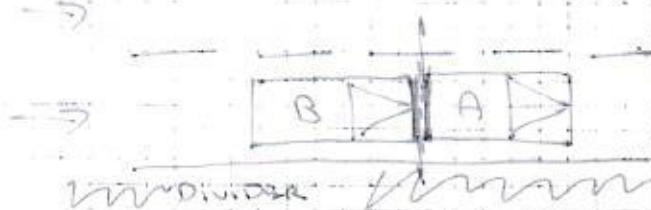
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

Vehicle A  
- SLH 2847B

Vehicle B  
- GBD 6457G



LANE (UPPER SERANWON ROAD)

LANE TOWARD (PIE CHANG)

(CTE TOWARD AVE DIRECTION)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ON THE RIGHT LANE OF THE SLIP ROAD INTO (UPPER SERANWON ROAD / PIE TOWARD CHANG).

WHILE TRAVELLING STRAIGHT, DUE TO THE HEAVY TRAFFIC, THIS VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE THEN AFTER, AND REALIZED IT WAS A VEHICLE WITH LICENCE PLATE NUMBER (GBD 6457G) THAT COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SLH 2847B

VEHICLE B - GBD 6457G

## 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.:



<b>Vehicle No.</b>	SLH 2847 B	<b>Model / Make</b>	NISSAN TEANA
<b>Date of Accident</b>	29/12/2018		
<b>Time of Accident</b>	1700	<b>HRS</b>	
<b>Location of Accident</b>	SLIP ROAD GOING INTO (UPPER SERANGOON RD / PIE TOWARDS CHANGI)		
<b>Exact purpose use during accident</b>	PRIVATE USE		
<b>Name of Owner</b>	DIAN HUANG ENTERPRISE PTE LTD		
<b>Telephone No.</b>	H/P :	Home :	Office : 67593611
<b>NRIC</b>	201015681 D		
<b>Address</b>	BLK 15 WOODLANDS LOOP #01-11 S(738322)		
<b>Claim type</b>	OD	THIRD PARTY	REPORTING ONLY
<b>Insurance Company</b>	MSIG		
<b>Type of Coverage</b>	Comprehensive	Third Party	Third Party / Fire / Theft
<b>Policy No.</b>	A 80452921 MCX		
<b>Name of Driver</b>	As Above If No, TOH POH JIAT		
<b>NRIC</b>	S 1637241 B	Any Passengers : 3 (WIFE AND 2 DAUGHTERS)	
<b>Date of birth</b>	21 NOV 1964		
<b>Occupation</b>	Outdoor	/	Indoor
<b>Driving License Pass Date</b>	14 AUG 2008		
<b>Gender</b>	Male / Female		
<b>Contact No.</b>	H/P : 97574647	Home :	Office :
<b>Address</b>	BLK 775 WOODLANDS CRESCENT #11-06 S(730775)		
<b>Driver have any own vehicle</b>	No	If yes, Reg No.	
<b>Relationship</b>	Employee,	If no, state	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No	If Yes, Who?	
<b>Name And Contact No.</b>	WIFE WANG LIFAN / TOH POH JIAT (81835666) (97574647)		
<b>Name And Contact No.</b>	DAUGHTER ZHUO YANLIN / ZHUO YANTIN		
<b>Police Report</b>	No	If Yes, Where?	
<b>Vehicle B No.</b>	GBD 6457 G	Any Passengers :	
<b>Name of Driver</b>		Contact No. :	
<b>Vehicle C No.</b>		Any Passengers :	
<b>Vehicle D No.</b>		Any Passengers :	
<b>Vehicle E no.</b>		Any Passengers :	
<b>Vehicle F No.</b>		Any Passengers :	
<b>Vehicle G No.</b>		Any Passengers :	
<b>Witness Name</b>		Witness Contact :	
<b>Accident Portion</b>	REAR		
<b>Camera Recorder</b>	Yes / No		
<b>Email Address</b>			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / No
<b>PARTICULAR WORKSHOP</b>	N-51 AUTOMOTIVE PTE LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	IAN		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP Email ADDRESS</b>	sales@n51.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1637241B



Name  
TOH POH JIAT

卓 宝 烈

Race  
CHINESE

Date of birth  
21-11-1964

Sex  
M

Country of birth  
SINGAPORE

S1637241B

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1637241B

Name

TOH POH JIAT

Birth Date: 21 Nov 1964

Issue Date: 14 Aug 2008



001638059B



NRIC No: S1637241B



Date of issue  
25-05-2011

BLK 775 WOODLANDS CRESCENT #11-08  
SINGAPORE 730775

No: S1637241B

Date: 17/08/2015

4732922

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

PASS DATE

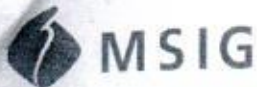
3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =<2500kg 14 Aug 2008

NP 428A



Licence No: S1637241B





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 M.X.4  
Company Ownership

MOTORMAX-COMMERCIAL  
Comprehensive

Certificate No. A 80452921 MCX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLH2847B

2. Name of Policyholder

DIAN HUANG ENTERPRISE PTE LTD

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

14/01/2018

4. Date of Expiry of Insurance

13/01/2019

5. Persons or Classes of Persons entitled to drive\*

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 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.



Tel : 6344 4479  
Fax : 6344 4055

Signature / Date

Counter-Signatory:

Riki Marketing 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.