

NATIONAL Assessment Centre Services			
Date In: 11/01/2019 13:53	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/MSG19000689/K4	E-mail (within 8hrs, A/C 2hrs)		
Veh No: SKK 8374 E	i-Motor Claim Form		
D.O.A: 10/01/2019 11:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	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: SLN2687P. 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%; F: 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

NA1900336		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)			
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)			
Cat. 1:		6) TR: Re-inspection \$75			
Cat. 2/3:		7) NI: Idno DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		ON:			
		*N5: Courtesy Car / Tpl Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (N'n INC) against INC \$20			
		9) N12: Idno 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	11/01/2019 13:53
Date Of Accident	10/01/2019 11:00
Exact Location Of Accident	BEDOK SOUTH AVE3 TWDS TANAH MERAH KECHILRD DIR TLJ
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8374E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG MUI YIAH EILEEN
NRIC No	S1538056Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96622951
Alternative Phone No	OTHERS-96622951

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 300
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	B 29086615 QMX
Cover Note Number	

### Driver

Name of Driver	NG MUI YIAH EILEEN
NRIC No	S1538056Z
Date Of Birth	04/10/1962
Occupation	INDOOR
Date Of Driving Pass	29/02/2000
Driving Experience	18 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96622951
Fax Number	
Contact Number	OTHERS-96622951
Email Address	NOEMAIL

Address	78 TANAH MERAH KECHIL AVENUE #01-01 OPTMA @ TANAH MERAH
Postcode	465538
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	CHAIN COLLISION
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	4
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)	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

PLS REFER TO THE ATTACHED 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	SLN2687P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHU GEK HONG
NRIC/Passport Number	
Contact Number	91092686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMD2146A
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Vehicle Make/Model/Colour

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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

GBD4366Z

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

NG MUI YIAH EILEEN

Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SKK8374E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode



## SKETCH PLAN

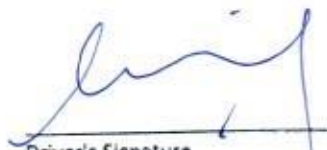
### IMPORTANT NOTICE

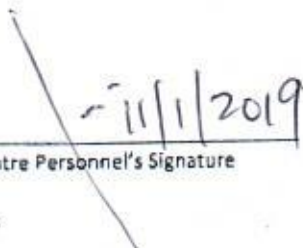
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

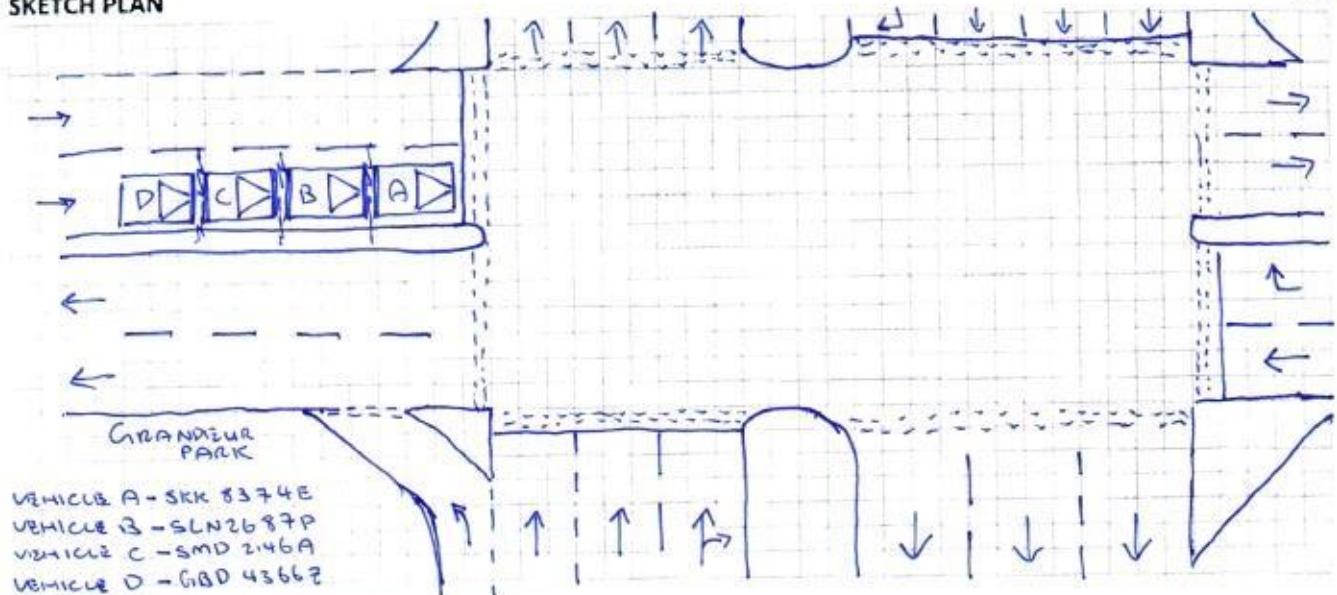
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



TRAFFIC LIGHT JUNCTION OF  
(GRAND SOUTH AVE 3 / NEW UPA CHANGI RD / TANAH MERAH  
KECHIL RD)

THE  
TANANBEA

SKETCH PLAN



VEHICLE A - SKK 8374 E  
VEHICLE B - SLN 2687 P  
VEHICLE C - SMD 2146 A  
VEHICLE D - GBD 4366 Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS STATIONARY STOPPED AT THE TRAFFIC LIGHT JUNCTION.  
IT HAPPENED WHEN I WAS MOVING OFF, I WAS ON THE RIGHT LANE.

WHILE I WAS PICKING UP SPEED, SUDDENLY I FELT A GREAT IMPACT FROM  
THE REAR OF MY VEHICLE. THE IMPACT CAUSES ME PUSHED FORWARD.


ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE  
WITH LICENCE PLATE NUMBER (SLN 2687 P) THAT COLLIDED TO THE  
REAR OF MY VEHICLE WHEN I WAS IN A STATIONARY POSITION.  
AND IT WAS CHAIN COLLISION INVOLVING OF 4 VEHICLES.


VEHICLE A - SKK 8374 E  
VEHICLE B - SLN 2687 P  
VEHICLE C - SMD 2146 A  
VEHICLE D - GBD 4366 Z

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.:



Vehicle No.	SKK 8374 E	Model / Make	MBAC B300
Date of Accident	10/01/2019		
Time of Accident	11 00	HRS	
Location of Accident	BEDOK SOUTH AVE 3 TOWARD TANAH MERAH KECIL RD DIRECTION (TRAFFIC LIGHT JUNCTION)		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	EILEEN NG MUI YIAH		
Telephone No.	H/P: 96622951	Home:	Office:
NRIC	S1538056Z		
Address	78 TANAH MERAH KECIL AVE HUI-01 OPTIMA@TANAH MERAH S(46538)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	B 29086615 QMX		
Name of Driver	As Above If No,		
NRIC	Any Passengers: NIL		
Date of birth	04 OCT 1962		
Occupation	Outdoor / Indoor		
Driving License Pass Date	29 FEB 2000		
Gender	Male / Female		
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No, If yes, Reg No.		
Relationship	Employee, If no, state OWNER		
Weather condition	Clear Raining Other		
Road Surface	Dry Wet Other		
Any Injuries	No, If Yes, Who?		
Name And Contact No.	EILEEN NG MUI YIAH, 96622951		
Name And Contact No.			
Police Report	No, If Yes, Where?		
Vehicle B No.	SLN 2687 P	Any Passengers:	
Name of Driver	CHU GEK HONG	Contact No.: 91092686	
Vehicle C No.	SMD 2146 A	Any Passengers:	
Vehicle D No.	GBD 4366 Z	Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	Witness Contact:		
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nfi.com.sg		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1538056Z



Name

EILEEN NG MUI YIAH

黄美霞

Race

CHINESE

Date of birth

04-10-1962

Sex

F

Country of birth

SINGAPORE

S1538056Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1538056Z

Name:

EILEEN NG MUI YIAH

Birth Date: 04 Oct 1962

Issue Date: 20 May 2004



001223304C



NRIC No. S1538056Z



Date of issue

12-06-2008

78 TANAH MERAH KECHIL AVENUE #01-01  
OPTIMA @ TANAH MERAH SINGAPORE 465538

S1538056Z

22/05/2013

4240921

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

PASS DATE

Class 3 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg

29 Feb 2008

Class 4 Heavy motor cars and motor tractors  $>$  2500 kg

28 May 2009

S1538056Z

S / No. 9000107318



Licence No. S1538056Z

NP 428A



Insurance (Singapore) Pte. Ltd.  
Raffles Place, # 21-01, SGX Centre 2, Singapore 068807  
Tel: +65 6827 7888, Fax: +65 6827 7800  
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**  
**Comprehensive**

Certificate No. B 29086615 QMX

Excess : SGD1,000  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SKK8374E

2. Name of Policyholder  
Ng Mui Yiah Eileen

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
28/06/2018

4. Date of Expiry of Insurance  
27/06/2019

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

Ng Mui Yiah Eileen

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.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
for Chief Executive Officer