

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MHA19006301

Date In: 14/1/19-17:11	Job description	Date & Time Completed	Done by
Ref No: NA1 MHA1900856/24	SAS e-filing		
Veh No: JHW1064E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 12/1/19-19:30	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: SDP243J	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:	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	Ant (\$) In Bill	Ant (\$) 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 : Idau 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: Idau Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments :-			
Dat. 1:			
Dat. 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	14/01/2019 17:11
Date Of Accident	12/01/2019 19:30
Exact Location Of Accident	BEDOK RESERVOIR RD IN FRONT HDB BLK 631
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGW1064E
Insured/Policyholder	
Name Of Registered Owner	TOH WEE BOON
NRIC No	S7906450E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97941553
Alternative Phone No	OFFICE-97941553
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
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	A80423654QMY
Cover Note Number	
Driver	
Name of Driver	TOH WEE BOON (ZHUO WEIWEN)
NRIC No	S7906450E
Date Of Birth	02/03/1979
Occupation	INDOOR
Date Of Driving Pass	30/04/1999
Driving Experience	19 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97941553
Fax Number	
Contact Number	OFFICE-97941553
Email Address	NOEMAIL

Address	BLK 613 BEDOK RESERVOIR RPAD #09-1176
Postcode	470613
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 - CHANGE/CROSS LANE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3
Passenger 1	NAME: : MAGDALENE YONG GENDER: : FEMALE
Passenger 2	NAME: : SEAN TOH GENDER: : MALE

#### 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	SDP243J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO BOON CHEE
NRIC/Passport Number	S1191825E
Contact Number	98649539
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1



### SKETCH PLAN

**IMPORTANT NOTICE**

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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:

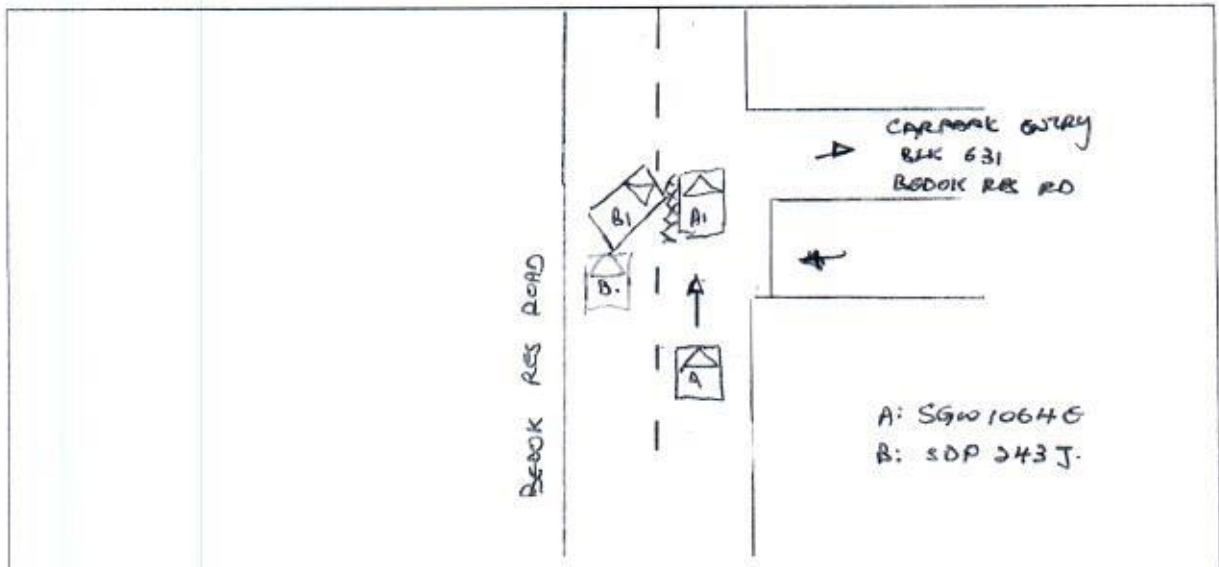
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NBIC/EIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING THE RIGHT MOST LANE OF 2 LANE ALONG BEDOK RES ROAD, AS I WAS TRAVELLING STRAIGHT, ONE m/car SDP243J WHO WAS TRAVELLING ON THE LEFT MOST LANE, suddenly make a right turn, WITHOUT ANY FORM OF SIGNAL, ENCRONED INTO MY PATH AND THUS COLLIDED WITH MY VEHICLE. THE SAID VEHICLE (B) WANTED TO TURN INTO THE CARPARK OF BLK 631 BEDOK RES ROAD.

AFTER THE IMPACT, WE BOTH STOP OUR VEHICLE AT THE ROAD SIDE TO EXCHANGE PARTICULARS. I WOULD LIKE TO STATE THAT AFTER THE ACCIDENT, I SLOWLY DROVE MY VEHICLE BACK TO MY CARPARK AS THERE WAS DAMAGED ON THE LEFT SIDE OF MY VEHICLE AND FRONT PORTION WOBBLES. I WOULD LIKE TO STATE THAT I DID NOT DROP MY VEHICLE AFTER THE ACCIDENT

## 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: SGW 1064EMAKE & MODEL: MAZDA 3.

DATE OF ACCIDENT	<u>12 / 01 / 2019</u>
TIME OF ACCIDENT	<u>7.30 AM/PM</u>
LOCATION OF ACCIDENT	<u>BECK RES ROAD IN FRONT OF BLK 631</u>
EXACT PURPOSE USE DURING ACCIDENT	<u>ON THE WAY HOME.</u>
<b>NAME OF OWNER</b>	<u>TOH LEE BOON.</u>
TEL NO	<u>9794 1553.</u>
NRIC	<u>S7906450E</u>
CLAIM TYPE	<u>OD / <u>THIRD PARTY</u> / REPORTING ONLY</u>
INSURANCE CO	<u>MSIG.</u>
TYPE OF COVERAGE	<u>Comprehensive // Third Party / Third Party Fire &amp; Theft</u>
POLICY NO.	<u>A 80423654 QMY.</u>
<b>NAME OF DRIVER</b>	<u>/ As Above / If No:</u>
NRIC	<u>Any Passengers: 2.</u>
DATE OF BIRTH	<u>03 / 03 / 1979</u>
OCCUPATION	<u>Outdoor / <u>Indoor</u></u>
DATE OF DRIVING PASS	<u>30 / 04 / 1999</u>
GENDER	<u>Male / Female</u>
CONTACT NO.	<u>Office: Home:</u>
ADDRESS	<u>BLK 613 BECK RESERVOIR ROAD #09-1176 S(470613).</u>
DRIVER HAVE ANY OWN VEHICLE	<u>NO / If yes: Reg No:</u>
RELATIONSHIP	<u>Employee / If No:</u>
WEATHER CONDITION	<u>Clear / Raining / Other:</u>
ROAD SURFACE	<u>Dry / Wet / Other:</u>
ANY INJURIES	<u>NO / If yes: Who?</u>
CONTACT NO.	
POLICE REPORT	<u>NO / If yes: Where?</u>
VEHICLE B NO.	<u>SDP 243J. Any Passenger: NO</u>
NAME	<u>TEO BOON CHEE S1191825E.</u>
CONTACT NO.	<u>98649539</u>
VEHICLE C NO.	<u>Any Passenger:</u>
VEHICLE D NO.	<u>Any Passenger:</u>
VEHICLE E NO.	<u>Any Passenger:</u>
VEHICLE F NO.	<u>Any Passenger:</u>
ANY WITNESS	
WITNESS CONTACT NO.	
OWNER/DRIVER EMAIL	
<b>IN-CAR CAMERA</b>	<u>YES / NO</u>
PARTICULAR WORKSHOP	<u>SM AUTOMOTIVE</u>
	<u>1 Kaki Bukit Ave 6, Blk C #01-43</u>
	<u>Autobay@Kaki Bukit Singapore 417883</u>
TEL NO	<u>TEL: 6747 9241</u>
CONTACT PERSON	<u>Reena / Sukyi</u>
FAX NO.	<u>FAX: 6741 7276</u>
EMAIL	<u>reena@nhtmotor.com</u>
	<u>admin@nhtmotor.com</u>

PASSENGER 1) MAGDELENE YONG (F)2) SEAN TOH (M)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7906450E**



Name

**TOH WEE BOON  
(ZHUO WEIWEN)**

**卓 伟 文**

Race

**CHINESE**

Date of birth

**02-03-1979**

Sex

**M**

**S7906450E**

Country of birth

**SINGAPORE**

4 8 6 8 1 9 4



NRIC No. **S7906450E**



Date of issue

**12-03-2009**

Address

**APT BLK 613 BEDOK RESERVOIR ROAD  
#09-1176  
SINGAPORE 470613**



**REPUBLIC OF SINGAPORE****DRIVING LICENCE**Licence Number: **S7906450E**

Name:

**TOH WEE BOON  
(ZHUO WEIWEN)**Birth Date: **02 Mar 1979**Issue Date: **28 Apr 2003****YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Apr 1999
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	24 May 2002

NP 428A





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.1

Individual Ownership

**MOTOR MAX PLUS**

**Comprehensive**

Certificate No. A 80423654 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SGW1064E

2. Name of Policyholder  
TOH WEE BOON

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
27/01/2018

4. Date of Expiry of Insurance  
26/01/2019

5. Persons or Classes of Persons entitled to drive\*  
TOH WEE BOON

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.

03/01/2018

Signature / Date

Counter-Signatory:

**B.A.S. Enterprise**

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.

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