

# NATIONAL Assessment Centre Services.

[ref: Jan09]

NA/19008168

Date In: 17/01/2019 12:38	Job description	Date & Time Completed	Done by
Ref No: NA/19008168/140/4	SAS e-filing		
Veh No: SKT 3200J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/01/2019 13:55	I-Motor Claim Form		
OID: (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: —	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: ( )

Control:	INC ( ) / Non-INC ( )	Complete:	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

NA/1900515	Invoice Fee Variation	Am (S)	Rem (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/145		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditor's Comments:	For claiming against INC Only (ref 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*NS: Courtesy Car / Tpl Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NT: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (NI): TP (NI) INC against INC \$20		
	9) NI: Idao Mobile \$0		
	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	17/01/2019 18:38
Date Of Accident	17/01/2019 13:55
Exact Location Of Accident	BLK 9B BOON TIONG MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT3200J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DIONNA LEE SI LING
NRIC No	S8844649F
Email Address	HELLO.MORNINGGLORY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91705164
Alternative Phone No	OTHERS-97589606

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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 28938044 QMY
Cover Note Number	

### Driver

Name of Driver	GABRIEL SEAN ASHLEY
NRIC No	S8716937E
Date Of Birth	18/06/1987
Occupation	INDOOR
Date Of Driving Pass	22/06/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91705164
Fax Number	
Contact Number	OTHERS-97589606
Email Address	HELLO.MORNINGGLORY@GMAIL.COM

Address	BLK 9B BOON TIONG ROAD #38-509
Postcode	163009
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190118/7005

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO



## 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

17th JAN 2019  
5:56pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17th JAN 2019

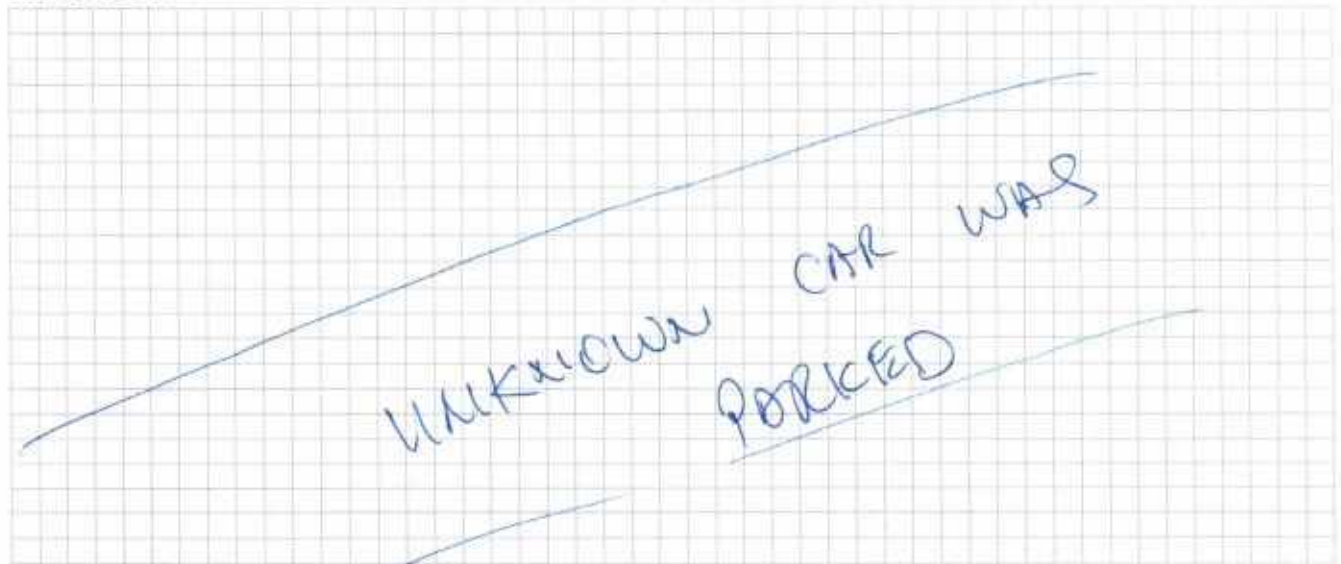
5:56pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WE CAME INTO THE CARPARK OF BLK 9B BOON TONG ROAD MULTI STOREY CARPARK IN LDT 177. WE SAW A NOTE ON OUR WINDSCREEN THAT SOMEONE HIT & RUN. OUR FRONT BUMPER ON THE RIGHT HAS SCRATCHES.

POLICE REPORT A/20190118/7005

## DECLARATION

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

Policyholder's Signature  
 Date & Time: 17th Jan 2019 5:30pm

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 17th Jan 2019 5:50pm

Reporting Centre Personnel's Signature  
 Name: 18 Jan 2019  
 NRIC/FIN No.: [Signature]





**SINGAPORE  
POLICE FORCE**



A/20190118/7005

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**POLICE REPORT (NP299)**

Report No. A/20190118/7005

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No:1800-2240000

Date/Time Report Made 18/01/2019 10:37	Vide Report No.	Station Diary No.
Name Of Informant DIONNA LEE SU LING	Address 32 INGGU ROAD SINGAPORE 757369	
ID Type / ID No. NRIC NO / S8844649F	Contact No. Home/Office:	Mobile: 91705164
Nationality SINGAPORE CITIZEN	Email Address hello.morningglory@gmail.com	
Occupation	Sex Female	Age 30
Photographer	Date of Birth 13/11/1988	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 16/01/2019 21:30 - 17/01/2019 14:00	Location Of Incident 11A BOON TIONG ROAD #3A TIONG BAHRU VIEW SINGAPORE 161011	

**Brief details.**

REF: Hit & Run Incident at Storey 3A, Boon Tiong Road Blk 11A MSCP (Multi Storey Car Park), Car Lot 177

My car was parked on the 16th Jan 2019 at 9:30pm at Boon Tiong Road Blk 11A MSCP on Level 3A, car lot 177.

When I returned on the 17th Jan 2019 at 1:55pm, I realised there was a note on my windscreen, the note

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2019 10:37
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



A/20190118/7005

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190118/7005

says "Your bumper is damage. The car who hit it just drive off. I have already made police report" (Please refer to attached upload with the photo reference). My husband which was together with me at the incident, then went to the front of the car to check on the damages. We see that there are damages on our front right headlights and multiple marks and scratches on the right front bumper (Please refer to attached upload photos of the damages).

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Unknown		
Victim			
Person Name	DIONNA LEE SU LING		
ID Type	NRIC NO	ID No	S8844649F
Gender	Female	Age	30
Race	Chinese	Language	English
Occupation	Photographer	Address Type	
Address	32 INGGU ROAD SINGAPORE 757369	Mobile No	91705164
Is Informant A Victim?	Yes		
Person Name			
Gabriel Sean Ashley			
ID Type	NRIC NO	ID No	S8716937E
Gender	Male	Age	30
Race	Eurasian	Language	English
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		18/01/2019 10:37	
Officer In-Charge Of Case:		Classification Of Case:	
Authentication Stamp			



**SINGAPORE  
POLICE FORCE**



A/20190118/7005

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190118/7005

Occupation	Photographer	Address	9B Boon Tiong Road #38-509 SINGAPORE 163009
Home/Office No	97589606	Mobile No	97589606
Relation To Informant	Husband		
Person Name	DIONNA LEE SU LING (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2019 10:37
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



# ACCIDENT STATEMENT

ACCIDENT DATE: (17/01/2009) (DD/MM/YYYY), TIME: (13:55) (HH:MM)

LOCATION: BORN TONG MULTI-STORY CARPARK Q88 BLK 9B

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKT3200J  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: B 28938044 QMY  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: MERCEDES BENZ A180  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PARKING  
 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: DIONNA LEE SU LING (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8844649F CONTACT: 91705164/9738  
 c) ADDRESS: BLK 9B BORN TONG ROAD #38-SD9 S163009 1106

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: GABRIEL SEAN ASHLEY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8716937E CONTACT: 97589126  
 c) ADDRESS: BLK 9B BORN TONG ROAD #38-SD9 S163009

- \* d) DATE OF BIRTH: (18/06/1997) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 22nd JUNE 2007

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

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: \_\_\_\_\_ 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)  
 (0)

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

email = hello.morningglory@gmail.com  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8716937E



Name

GABRIEL SEAN ASHLEY

Race

EURASIAN

Date of birth

18-06-1987

Sex

M

Country/Place of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S8716937E

Name

GABRIEL SEAN ASHLEY

Birth Date: 18 Jun 1987

Issue Date: 22 Jun 2007



5927729



NRIC No. S8716937E



Date of issue

02-05-2018

Address

APT BLK 9B BOON TIONG ROAD  
#3B-509  
SINGAPORE 163009

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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 22 Jun 2007

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. B 28938044 QMY

Excess : SGD500  
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 SKT3200J

2. Name of Policyholder  
 Lee Su Ling Dionna

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 15/04/2018

4. Date of Expiry of Insurance  
 14/04/2019

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

Lee Su Ling Dionna  
 Sean Ashley Gabriel

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