

NATIONAL Assessment Centre Services

[ref: Jan'05] **MAA 4900889**

Date In: 18/01/2019 19:58	Job description	Date & Time Completed	Done by
Ref No: MAA/m84900126/7	SAS e-filing		
Veh No: SOS 2661 G	E-mail (e-filing sheet, AIC sheet)		
D.O.A: 17/01/2019 19:00	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: YL 7555K	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: (INC Module: 67894616)		
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 1900522	Invoice Itemization	Amount (\$)	Remarks
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (ref 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
	OD:		
	*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 (N-in INC) against INC	\$20	
	9) N12: Idao Mobile	\$0	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:			
2/1/1:			
2/2/3:			

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	18/01/2019 19:58
Date Of Accident	17/01/2019 19:00
Exact Location Of Accident	BOON LAY WAY TOWARDS CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS2661G
Insured/Policyholder	
Name Of Registered Owner	NG KIM HOAY
NRIC No	S7183251A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97597638
Alternative Phone No	OTHERS-97597638

Vehicle Particulars

Manufacturer	BMW
Model	523i
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 27583531 SMP
Cover Note Number	

Driver

Name of Driver	NG KIM HOAY
NRIC No	S7183251A
Date Of Birth	13/10/1971
Occupation	INDOOR
Date Of Driving Pass	02/12/2002
Driving Experience	16 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97597638
Fax Number	
Contact Number	OTHERS-97597638
Email Address	NOEMAIL

Address	BLK 458 CORPORATION ROAD #09-05
Postcode	649814
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 (including own vehicle) 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)	2
Passenger 1	NAME: : SON 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

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	YL7555K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GAO LIN
NRIC/Passport Number	G3098418N
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)


SKETCH PLAN


IMPORTANT NOTICE

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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**.
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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.


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

BEAN LAY WAY TOWARDS CORPORATION ROAD



A - SDS 2661G

B - YL 7555K

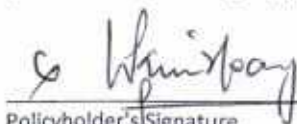
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary while waiting for the front car to move suddenly I felt an impact from my rear, I came out and discovered a lorry bearing YL 7555K have hit onto my rear portion of my vehicle. My vehicle suffered dent on the rear.

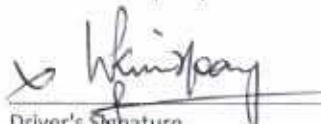
I was slowing down to a halt as the traffic lights in front turned red, when suddenly I felt an impact on the rear of my car. I came out and discovered that a lorry bearing the number plate YL7555K has hit the rear portion of my vehicle. My vehicle suffered dents on the rear.

DECLARATION

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

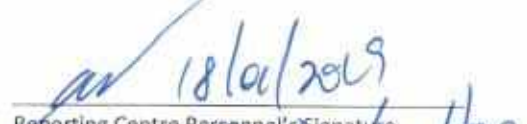

Policyholder's Signature

Date & Time:


Driver's Signature

(If driver is not the policyholder)

Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

8 Kaki Bukit Avenue 4 #03-51/52

Singapore 415875

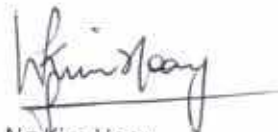
Date : 17th January 2019

LETTER OF AUTHORIZATION

I, Ng Kim Hoay , IC No: S7183251A, hereby authorized my preferred workshop, Juzz Performance
Pte Ltd , Co Reg: 201534963C , to settle the claim on my behalf for the abovementioned accident.

Thank you.

Yours Faithfully



Ng Kim Hoay

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	17/1/2019	TIME:	1900hrs	(hh:mm) 24 hrs Format
LOCATION	Boon Lay way towards Corporation Rd			
VEHICLE NUMBER	SDS 2661 G			
INSURED NAME	NG Kim Hoay			
NRIC / FIN	57183251A	CONTACT:		
MAKE	Bmw	MODEL	523i	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	msib			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER :				
NAME DRIVER :	(<input checked="" type="checkbox"/>) SAME AS INSURED			
NRIC / FIN	CONTACT: 9759 7638			
DATE OF BIRTH:				
DRIVING PASS DATE :				
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR				
GENDER : () MALE (<input checked="" type="checkbox"/>) FEMALE				
EMAIL ADDRESS:	() NO EMAIL			
ADDRESS OF DRIVER:	som			
Number Of Passenger Include Driver:	2			
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party	Name / NRIC	No.of Paxs (incl'driver)	Contact	
Veh B	YL 7555 K	GAO Lin	() / Not Sure ()	
Veh C	(MUC)		() / Not Sure ()	
Veh D			() / Not Sure ()	
Veh E			() / Not Sure ()	
Veh F			() / Not Sure ()	
Veh G			() / Not Sure ()	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7183251A



Name

NG KIM HOAY

黄金慧

Race

CHINESE

Date of birth

13-10-1971

Sex

F

Country/Place of birth

MALAYSIA



5736010



NRIC No. S7183251A



Date of issue

28-04-2017

Address

BLK 458 CORPORATION ROAD
#09-05
SINGAPORE 649814

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: **S7183251A**

Name:

NG KIM HOAY

Birth Date: **13 Oct 1971**

Issue Date: **11 Nov 2003**



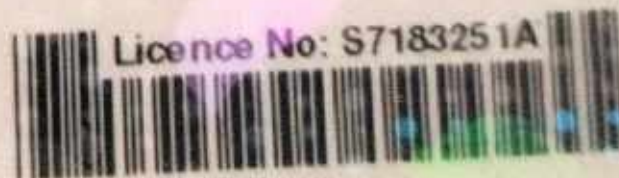
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

02 Dec 2002



NP 428A

SIME MOTOR PRIVATE

RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
B 27583531 SMP	24/01/2018 to 23/01/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Ng Kim Hoay 458 Corporation Road #09-05 Parc Vista Tower 5 Singapore 649814		22/12/2017
		Account Number
		212165
Premium	GST	Total Due
SGD1,226.73	SGD85.87	SGD1,312.60

RISK NUMBER 1

SIME MOTOR PRIVATE

OCCUPATION

Homemaker

FINANCIAL INTEREST

Hitachi Capital Singapore Pte. Ltd.
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SDS2461G
 MAKE/MODEL BMW 523I 2.5
 ENGINE NUMBER G1387656N52B25AF
 CHASSIS NUMBER WBAFP320X0C863548
 YEAR OF MFG 2010
 CAPACITY 2497 C.C.
 SEATING CAPACITY 5 (INCL. DRIVER)
 WINDSCREEN UNLIMITED

SUM INSURED
 INCL COE/PARF YES
 OFF-PEAK CAR NO
 NO CLAIM DISCOUNT 50.00% (or F/D)
 GOOD DRIVER'S
 DISCOUNT SGD64.57
 NCD PROTECTOR COVERED
 EXCESS SGD1,000
 ANNUAL PREMIUM SGD1,226.73

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Ng Kim Hoay