

NATIONAL Assessment Centre Services

Date In 09/02/19	Job description	Date & Time Completed	Done by
Ref No NA/MSL/9000301/13	SAS e-filing		
Veh No SKW6075T	E-mail (within 8hrs, A/C 2hrs)		
D.O.A 04/02/19 1505	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: PA8739E	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

NA1901210	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments :-	Invoice dated	Fee Charged	
Cat. 1:			
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	09/02/2019 08:58
Date Of Accident	04/02/2019 15:05
Exact Location Of Accident	PUNGGOL WAY SLIP RD TWDS TPE-PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW6075T
Insured/Policyholder	
Name Of Registered Owner	CHONG KWAN SIONG
NRIC No	S7838733E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88212338
Alternative Phone No	OTHERS-88212338

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	A 80444677 QMY
Cover Note Number	

Driver

Name of Driver	CHONG KWAN SIONG
NRIC No	S7838733E
Date Of Birth	17/12/1978
Occupation	INDOOR
Date Of Driving Pass	28/10/2002
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88212338
Fax Number	
Contact Number	OTHERS-88212338
Email Address	NOEMAIL

Address	BLK 268B PUNGGOL FIELD #03-145
Postcode	822268
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?	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: : CALEY LIM SUN JU GENDER: : FEMALE
Passenger 2	NAME: : EDEN CHONG KA HAK GENDER: : MALE
Passenger 3	NAME: : EDSEL CHONG KA KAI 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA8739E
Vehicle Make/Model/Colour	TOYOTA HIACE
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 CHONG KWAN SIONG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKW6075T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CALEY LIM SUN JU
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKW6075T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name EDEN CHONG KA HAK
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SKW6075T
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:

09/02/19

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

SKETCH PLAN Punggol way slip road toward TPE-PIE

Punggol way slip road toward TPE-PIE

A:SKW6075T

B: PA 8739E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/02/2019 @ about 1505hrs I was travelling along Ponggol

Way toward TPE-PIE, while at a slip road turning into TPE I stop to

give way & check for oncoming traffic out of sudden I felt a strong

impact from the rear of my vehicle. I alighted & found out vehicle

B have collided, onto my rear portion of my vehicle

DECLARATION

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

APC

Policyholder's Signature
Date & Time:

Date & Time:

AGE

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

(If driver is not the policyholder)

Date & Time:

2/2/19 09/02/19

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Date of Accident : 04 02 2019 Accident Time: 1505 (24-HR-Format)
Accident Place : Punggol way slip road Toward TPE-PIE
Vehicle No. (Car Plate No.) : SKW6075T Make/Model: Hyundai: Elantra
Insurance Company : MSIG Policy No: A80444677Q my
Owner or Company Name /IC No. : Chong Kwan Siong 57838733E
Owner or Company Contact No. : 88212338 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Chong Kwan Siong
DRIVER'S Date Of Birth : 17 Dec 1978 DRIVER'S License Pass Date 28 Oct 2002
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : Blk 268B Punggol Field #03-145 s(822268)
DRIVER'S Contact No./ Alt No. : 1) 88212338 2) _____
DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address : _____ sales@mia.com.sg
Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party Claim Own Insurance
Number of Passengers (Including Driver): 01 - driver, 03 - Passenger
Was there any video Captured by car camera YES NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): 01 driver 03 passenger

Other Party Driver's Particular (if any)

Vehicle No: <u>PA 8739E</u>	Vehicle No: _____
Vehicle Make/Model: <u>Toyota Hiace</u>	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

CALEY LIM SUN JU (F) passenger → injure
EDEN CHONG KA HAK (m) passenger → injure
EDSEL CHONG KA KAI (m) passenger

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7838733E



Name

CHONG KWAN SIONG
(ZHANG GUANSONG)

张 官 松

Race

CHINESE

Date of birth

17-12-1978

Sex

M

S7838733E

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE

DRIVING LICENCE

CHONG KWAN SIONG
(ZHANG GUANSONG)

Exp. Date 17 Dec 1978

Valid Date 23 Aug 2005

000756347A



4331065



NRIC No. S7838733E



Date of issue
02-01-2009

APT BLK 268B PUNGGOL FIELD #03-145

SINGAPORE 822268

NRIC No: S7838733E

Date: 03/07/2012

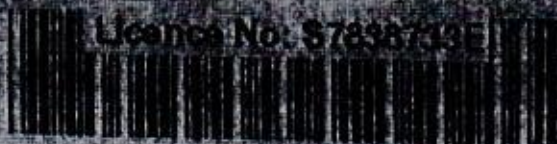
No: 7101749

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

28 Oct 2002

28/10/2002

Licence No: S7838733E





A 80444677 QMY

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGA Centre 2 Singapore 068807
Tel: (65) 6827 7848 Fax: (65) 6827 7800
Co. Reg No. 230412212G UST 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 N.S.1
Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 80444677 QMY

Excess: S\$2500
Windscreen Excess: S\$100

1. Index Mark and Registration Number of Vehicle
SXK6075T

2. Name of Policyholder
Chong Kwan Siong

3. Effective Date of the Commencement of insurance for the purposes of the Act
06/12/2018

4. Date of Expiry of Insurance
05/12/2019

5. Persons or Classes of Persons entitled to drive*

Chong Kwan Siong
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

Quotigo
Senior Operations Manager
60 Paya Lebar Road
Paya Lebar Square #11-41

Signature (Date)
C/O 63553617 Mobile: 67889996

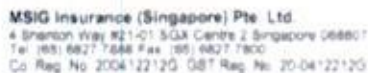
Counter-Signatory
Quotigo Pte. Ltd.
www.quotigo.com

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorized representative of the Counter-Signatory.

XQUOTSC390218100409200080

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Lee
Senior Vice President, Agencies



ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA);
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA);
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(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 H-8
FD-302 (Rev. 7-16-60) (Use only one side)

MOTOR MAX PLUS
Comprehensive

Certificate No. A 80444 TT QMY

Excess 800500

Widescreen Excess 2001.00

1. Index Mark and Registration Number of Vehicle
SEW4C3AT

2. Name of Policyholder
Chong Ewan Hong

3. Effective Date of the Commencement of Insurance for the purposes of the Act
06/11/2018

4. Date of Expiry of Insurance
08/11/2019

- 5 Persons or Classes of Persons entitled to drive*

Chong Kwan Siong

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

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- ^a

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Senior Operations Manager
60 Pnya Lebni Road
Pnya Lebni Square #11-41

Signature (Oste) A7889995

Counter-Signatory
Quotige Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Lar
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 authorized representative of the Courier-Signatory.

№ 02-01/ТСХ-КН-2018-18100409200000