NATIONAL Assessment Centre				
	Jeb description	Date &Time Completed	Don	e by
Ref No NA/ms419002616/13	SAS e-filing	1,2		
Veh No 5 KZ 63090	E-mail (within 8hrs, AIC 2hr	Si.		
D.O.A 12/02/19 1820	i-Motor Claim Form		-	
	i-Motor W/O (Within: OE	2hrs, TP 4hrs)		
OD (IP) Reporting Only	i-Photo Uploaded			
TP Insurer:	Assessment/Survey Repo	rt		
	Ass't Report by Fax / Ha	nd to Owner/Wksp		. + . +
	M AUTOMOTIVE	Tel: Fax	C:	
	PC4201E INC	C()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Perio	od: () Cover Type: ()	
Confirmed by : (Date:	Time:)	
	ote-Est. Status (WO): N: 0	0-20%; P: 21-79%. F: 80-10	0%]	
-	arranty: YES () / NO ()		
Excess: (\$) Loading: \$1,000	0()/\$2,000()			
General Remarks:-		A Propinsi da de la co	er i	Sim Secretary
() Walk-In Customer: Customer's inform	nation strictly Confidential &	Strictly NO rafer of repairer.		
() Total Loss Case : to e-mail Insurer	URGENTLY.			
Drive-In ()/ Towed-In (); Invoice:	YES () / NO ()	; Towing Co. (*)
Remarks:- (INC horline: 6788 6616)	200	Date&Time Completed	Done	by
	urtesy Car ()			
2) QC Check / Post Repair Inspection	()			
27.77.1				
3) Upload Resurvey Photo [Repair Cost > \$300				
3) Upload Resurvey Photo [Repair Cost > \$300 Injury :				
Injury:				
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Injury:				
Injury:	00] ()	reparation Checklist	Anit (S)	Ant (\$)
Injury: Date/Time Actions W9/90/285	Inveice P	ent Reporting (\$30);		Ant (3) Add Bill
Injury: Date/Time Actions	Invoice P 1) AR : Accid 2) DA : Dame	lent Reporting (\$30); age Assessment (\$100); INC (\$80)	Anit (\$)	
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Injury: Date/Time Actions WA!901285	Invoice P 1) AR: Accid 2) DA: Dema 3) TF: Towin 4) FT: Follow 5) FT: Follow For claimin 6) TR: Re-in: 7) N1: Idae D 8) NTUC Acc OD: *N5: Court *N6: Repair *N7: Fost B *N8: DV /	lent Reporting (\$30); lege Assessment (\$100); INC (\$80) lege Assessment (\$100); INC (\$80) lege Fee \$40/\$4 V-Through Survey \$12 V-Through Survey (Resurvey) \$3 generate and survey (wef 10 Jan 2005) legetion \$7 AA + SMRT Survey \$16 littonal Services:- lessy Car / Tpt Allowance \$7 Co-ordination \$1 Repair Inspection \$2 Collect Excess Coordination \$2 TP (Non INC) against INC \$2	Anit (\$) Ist Bill 5 0 0 5 0 5 0 0	

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 witholding 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	13/02/2019 13:14
Date Of Accident	12/02/2019 18:20
Exact Location Of Accident	JALAN BUROH ROUND ABOUT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ6309D
Insured/Policyholder	
Name Of Registered Owner	CHOO SWEE SOON
NRIC No	S1296796I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90113726
Alternative Phone No	OTHERS-90113726
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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 28680082 AVW
Cover Note Number	
Driver	
Name of Driver	CHOO SWEE SOON
NRIC No	S1296796I
Date Of Birth	23/09/1958
Occupation	INDOOR
Date Of Driving Pass	24/11/1983
Driving Experience	35 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90113726
Fax Number	
Contact Number	OTHERS-90113726
EMail Address	NOEMAIL

224 WESTWOOD AVENUE Address

#10-15

648356 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No. Relationship of the Driver with the Insured

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

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES YES

NO

2

Was there any video captured by Car Camera?

WITH WORKSHOP

Remarks/ Reasons: Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PC4201E

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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)

Lunderstand, 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:
 - 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:
 - 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.

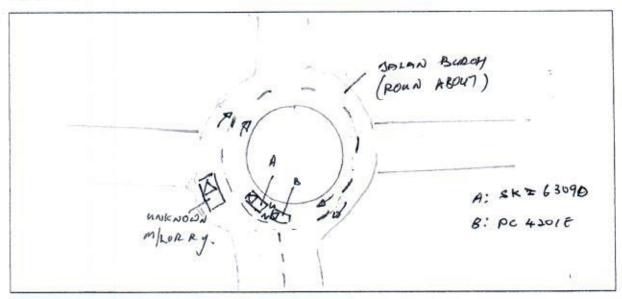
Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

3/02/19

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We heclare the foregoing particulars are true in every res

Policyhofder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

ATE OF ACCIDENT	12 / 02 / 2019					
ME OF ACCIDENT	1820 AM/PM					
OCATION OF ACCIDENT	Jalan Bursh (Round Harry)					
XACT PURPOSE USE DURING ACCIDENT						
AME OF OWNER	Choo shu soon					
EL NO	9011-3776					
IRIC	512467961					
LAIM TYPE	OD / /THIRD PARTY / REPORTING ONLY					
NSURANCE CO	MSIA					
YPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft					
OLICY NO.	A 2868 6082 AVW					
NAME OF DRIVER	TAS Above / If No:					
VRIC	Any Passengers: NL					
DATE OF BIRTH	13 / 09 / 1958					
OCCUPATION	Outdoor / /Indoor/					
DATE OF DRIVING PASS	24/ 11 / 1983					
GENDER	Male / Female					
CONTACT NO.	9011-3976 Office: Home:					
ADDRESS	1224 WIN WOOD AVE \$ 10/15 SINGAPORO 648356					
DRIVER HAVE ANY OWN VEHICLE	NO) If yes: Reg No:					
RELATIONSHIP	Employee / If No:					
WEATHER CONDITION	Clear / Raining / Other:					
ROAD SURFACE	Dry / Wet / Other:					
ANY INJURIEES	No / If yes: Who?					
CONTACT NO.						
POLICE REPORT	No / If yes: Where?					
VEHICLE B NO.	PC 4201 & E Any Passenger: MySurl					
NAME	And the state of t					
CONTACT NO.						
VEHICLE C NO.	Any Passenger:					
VEHICLE D NO.	Any Passenger:					
VEHICLE E NO.	Any Passenger:					
VEHICLE F NO.	Any Passenger:					
ANY WITNESS						
WITNESS CONTACT NO.						
OWNER/DRIVER EMAIL						
IN-CAR CAMERA	YES / NO					
PARTICULAR WORKSHOP	SM AUTOMOTIVE					
	1 Kaki Bukit Ave 6, Blk C #01-43					
	Autobay@Kaki Bukit Singapore 417883					
TELNO	TEL: 6747 9241					
CONTACT PERSON	Reena / Sukyi					
FAX NO.	FAX: 6741 7276					
EMAIL	reena@nhtmotor.com					
E (TO THE	admin@nhtmotor.com					

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$12967961



Name



CHOO SWEE SOON

朱水順

Race

CHINESE

Date of Birth

Sex

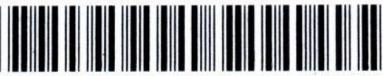
23-09-1958

M

Country of Birth

SINGAPORE

1425638



NRIC No. \$12967961



Blood Group

Date:

Date of issue

0+

14-11-1993

224 WESTWOOD AVENUE #10-15 SINGAPORE 648356

NIDIC No.

S1296796I

28-04-2001

No. 4039476

ALPIE III

DRIVING LICENCE



Licence Number: \$12967961

Name:

CHOO SWEE SOON

Birth Date: 23 Sep 1958

Issue Date: 08 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

24 Nov 1983





MSIG insurance (Singapore) Pte. Ltd. 4 Shonion Way #21-01 SGX Centre Z Singapore 068607 Tel: (65) 6827 7889 Fex: (65) 6827 7890 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 EDMON (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF,

Individual Ownership

VW DRIVEEASY Comprehensive

Certificate No. A 26680082 AVW

WAY (3008986V

Excess: SGD500

Windscreen Excess: SGD100

- 1. Index Mark and Registration Number of Vahicle 9KZ6309D
- Name of Policyholder

Choo Swee Soon

- Effective Date of the Commencement of Insurance for the purposes of the Act 28/01/2019
- 4. Date of Explry of Insurance 27/01/2020
- 5. Persons or Classes of Persons entitled to drive

Choo Swee Soon

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 taws 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.
- 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 (Majaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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 just or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vahicles (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 Pert IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Signature / Date

2112 208

Counter-Signatory:

Winner Consultancy Pte. Ltd.

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.