

NATIONAL Assessment Centre Services.

[wef 1 Jan 05]

19 MAY 19 02 258

| | | | |
|--|--|-----------------------|---------|
| Date In: 15/07/2019 14:07 | Job description | Date & Time Completed | Done by |
| Ref No: N/A/m86190028564 | SAS e-filing | | |
| Veh No: SKN 888 G | E-mail (w/tda 8hrs, A/C 2hrs) | | |
| D.O.A: 10/11/2018 13:00 | I-Motor Claim Form | | |
| <input checked="" type="radio"/> TP: Reporting Only TP Insurer: | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Wksp | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: 211917L

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: ()

Remarks: (INC 100% - 678846-0)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time:

Assign:

| | | | |
|--|--|--|--|
| | | | |
| | | | |
| | | | |
| | | | |

NA901189

Claimants Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors Comments:

Sal. I:

2/3:

| Invoice Item | Amount | Remarks |
|--|------------|-------------|
| 1) AR: Accident Reporting (\$30) | | |
| 2) DA: Damage Assessment (\$100) | INC (\$80) | |
| 3) TP: Towing Fee | \$40/\$45 | |
| 4) FT: Follow-Through Survey | \$120 | |
| 5) FT: Follow-Through Survey (Resurvey) | \$30 | |
| Enrolment against INC Only (wef 10 Jan 2005) | | |
| 6) TR: Re-inspection | \$75 | |
| 7) N1: Idao DA + SMRT Survey | \$160 | |
| 8) NTUC Additional Services: | | |
| ON: | | |
| *N5: Courtesy Car / Tpt Allowance | \$3 | |
| *N6: Repair Co-ordination | \$10 | |
| *N7: Post Repair Inspection | \$23 | |
| *N8: DV / Collect Excess Coordination | \$3 | |
| TP (N11): TP (Non INC) against INC | \$20 | |
| 9) N12: 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 | 15/02/2019 14:07 |
| Date Of Accident | 10/11/2018 13:00 |
| Exact Location Of Accident | ALONG CTE OUTSIDE SAINT ANDREW'S JUNIOR COLLEGE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKN8868G |
| Insured/Policyholder | |
| Name Of Registered Owner | TEW SIEW LIAN |
| NRIC No | S6846531A |
| Email Address | GONNY1997@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90090540 |
| Alternative Phone No | OTHERS-81887739 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | B180 |
| 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? | YES |
| If No, Please state action to be taken | |
| 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 27731965 QMY |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | YEUNG ZHI HAO, JONATHAN |
| NRIC No | S9703039A |
| Date Of Birth | 27/01/1997 |
| Occupation | INDOOR |
| Date Of Driving Pass | 09/11/2015 |
| Driving Experience | 3 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81887739 |
| Fax Number | |
| Contact Number | OTHERS-90090540 |
| EMail Address | GONNY1997@GMAIL.COM |

| | |
|---|-------------------------------------|
| Address | BLK 468D ADMIRALTY DRIVE #10-223 |
| Postcode | 754468 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | SEMBAWANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5549999 - FAX NO: 68522499 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181110/2091

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 | SLL9124L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

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: 15/2/2019


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/2/2019


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

SKETCH PLAN

CTE AN78102 SAINT ANDREW'S Junior College



A) SKM 8868G

B) SLL 9124L

C) UNKNOWN AMBULANCE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF REF 10 POLICE REPORT
7/2018/110/201

DECLARATION

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

Policyholder's Signature
Date & Time: 15/2/2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15/2/2019

Reporting Centre Personnel's Signature
Name: 15/02/2019
NRIC/FIN No.: [Signature]



SINGAPORE POLICE FORCE



T/20181110/2091

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20181110/2091

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 10/11/2018 16:11 | Vide Report No.: | Station Diary No.: 81 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|----------------------------|
| Name of Informant: YEUNG ZHI HAO, JONATHAN | | | Address: APT BLK 468D ADMIRALTY DRIVE #10-223 SINGAPORE 754468 | | |
| ID Type / ID No.: NRIC NO / S9703039A | | | Contact No.: Home/Office: Mobile: 87493079 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 21 | Date of Birth: 27/01/1997 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: SAF NSF | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Government Vehicle | Drink Drive: No | Date/Time of Accident: 10/11/2018 13:00 | Type of Location: expressway |
| Location: Along Road 1 CENTRAL EXPRESSWAY along the CTE, outside Saint Andrew's Junior College | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: 90 Km/h |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|------|-------|-------|------------------|-----------------|
| SKN8868G | Car | | | | Slightly Damaged | 0 |
| SLL9124L | Car | | | | Slightly Damaged | 3 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20181110/2091

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20181110/2091

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|-------------------------|--|--|---------------------------------|
| Driver | | | | |
| Name | YEUNG ZHI HAO, JONATHAN | | ID No. | S9703039A |
| Related Vehicle | SKN8868G (Car) | | Contact No. | 87493079 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: 3 Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On 10/11/2018, at about 1300hrs, I was driving my car (SKN8868G) along the CTE and passing by Saint Andrew's Junior College. I was on the right hand lane, and I noticed an ambulance behind me, and thus I moved my car one lane to the left to let it pass. at the same time, I stepped on the brakes to allow for the cars in front of me to move out of the ambulance's way as well. once one of the cars (SLL9124L) moved in front of me to my lane, I continued moving forward, but they suddenly stopped their vehicle and I collided into their rear bumper. The driver of the car identified himself as a CNB officer on duty and took down my particulars.

No one was injured. My car (SKN8868G) sustained one small scratch to the front bumper and the CNB car (SLL9124L) sustained a few scratches in between the rear bumper and license plate and a dent to its front license plate.



**SINGAPORE
POLICE FORCE**



T/20181110/2091

3 of 3

Report No. T/20181110/2091

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

KLIFTON NG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

SN 085

Authentication Stamp
NP168



Signature:

Signature Of Informant:

Date/Time:

10/11/2018 16:11

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 11 / 2018) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: Along Road 1 Central Expressway outside Saint Andrew's Junior College

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S&N 8868G
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 27731965 QMY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes-Benz B-class
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: Tew Siew Lion (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6846331A CONTACT: 90040540
 c) ADDRESS: Admiralty Drive #10-223 Singapore 754468

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Jonathan Leung (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9703039A CONTACT: 8147739
 c) ADDRESS: Admiralty Drive #10-223 Singapore 754468

*d) DATE OF BIRTH: (27 / 02 / 1997) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 09/11/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son

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: Sembawang N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLL 9124L 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)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9703039A



Name

YEUNG ZHI HAO, JONATHAN

杨智皓

Race
CHINESE

Date of birth
27-01-1997

Country/Place of birth
SINGAPORE

Sex
M



5674592



NRIC No. S9703039A



Date of issue
23-11-2016

Address

APT BLK 468D ADMIRALTY DRIVE
#10-223
SINGAPORE 754468

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9703039A

Normal

YEUNG ZHI HAO, JONATHAN

Birth Date: 27 Jan 1997

Issue Date: 09 Nov 2015



SG
50

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

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

EFFECTIVE DATE

09 Nov 2015

NP 428A



Licence No: S9703039A

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 27731965 QMY

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKN8868G

2. Name of Policyholder
Tew Siew Lian

3. Effective Date of the Commencement of Insurance for the purposes of the Act
25/06/2018

4. Date of Expiry of Insurance
24/06/2019

5. Persons or Classes of Persons entitled to drive*

Tew Siew Lian

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.

Signature / Date

Counter-Signatory:

Ting See Ping

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.