

NATIONAL Assessment Centre Services.

[waf & Jan'05]

MMAY19022854

Date In: 18/05/2009 19:00	Job description	Date & Time Completed	Done by
Ref No: NPA/MSG/190030607	SAS e-filing		
Veh No: SKA 42972	E-mail (w/oldn shes, AIG 2hrs)		
D.O.A: 18/05/2009 07:00	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Withn: 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: BPF 5527	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: ()		

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____
Date/Time: _____

NA1901333	Invoice	Amount	Added
Client's Particulars:	1) AR: Accident Reporting (\$30)	INC (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$140/145	
Contact No:	3) TP: Towing Fee	\$120	
Damaged Portion:	4) PT: Follow-Through Survey	\$30	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$73	
Auditor's Comments:	For claiming against INC Only (waf 10 Jan 2009)	\$160	
Call 1:	6) TR: Re-inspection		
2/3:	7) NI: Idao DA + SMRT Survey		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpl Allowance	\$3	
	*NG: Repair Co-ordination	\$10	
	*NT: Post Repair Inspection	\$23	
	*NS: DV / Collect Excess Coordination	\$3	
	TP (Nil) : TP (w/ INC) against INC	\$20	
	9) NI: Idao Mobile	\$0	
	Invoice dated	Fees Charged	
	Invoice dated	Fees 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	18/02/2019 19:00
Date Of Accident	18/02/2019 07:00
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE 27KM LAMP POST 1365
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH4297L
Insured/Policyholder	
Name Of Registered Owner	BEH MOI LENG
NRIC No	S7176639Z
Email Address	MOILENGBEH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92370827
Alternative Phone No	OTHERS-92370827

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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 29115061 QMX
Cover Note Number	

Driver

Name of Driver	BEH MOI LENG
NRIC No	S7176639Z
Date Of Birth	22/01/1971
Occupation	INDOOR
Date Of Driving Pass	01/11/1999
Driving Experience	19 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92370827
Fax Number	
Contact Number	OTHERS-92370827
Email Address	MOILENGBEH@GMAIL.COM

Address	BLK 683A WOODLANDS DRIVE 62 #14-97
Postcode	731683
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	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	FBF552T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	JULIUS
NRIC/Passport Number	G5317939N
Contact Number	83288770
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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)

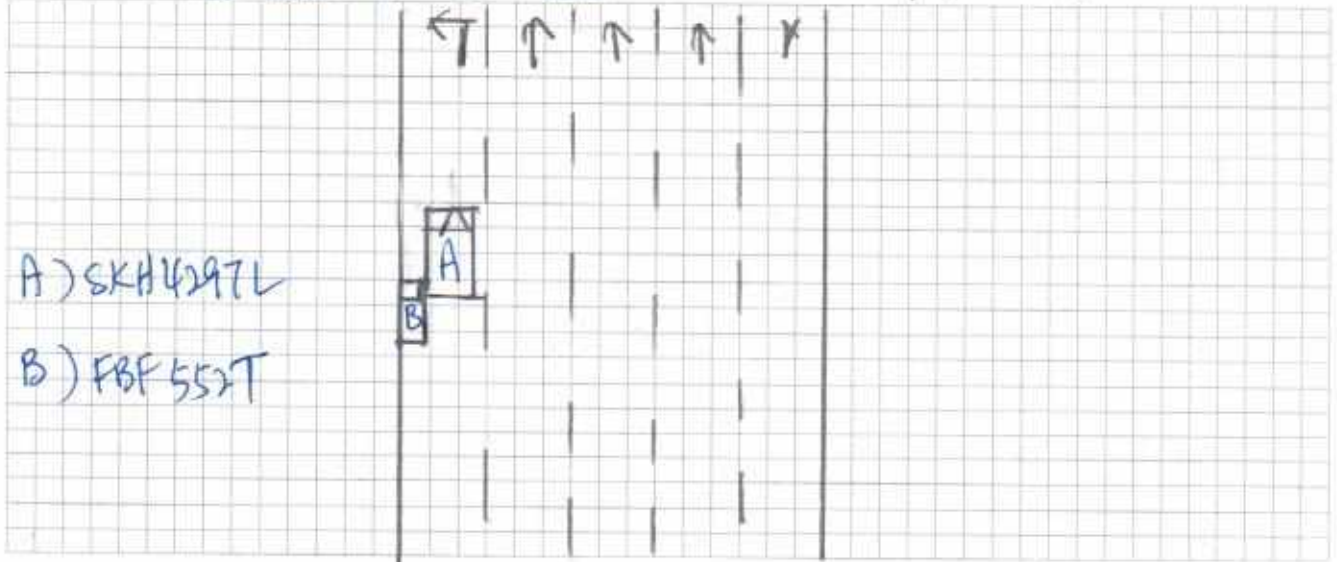
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN *PIE TOWARDS TUNN BEFORE 27KM LAMP POST 1365*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER ATTACHMENT

DECLARATION

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

Policyholder's Signature
Date & Time: *18/2/2019*

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

car *18/02/2019*
Reporting Centre Personnel's Signature
Name: *Keshu Kumar*
NRIC/FIN No.:

DATE: 18th February 2019

ACCIDENT REPORT

At around 7am, I was on PIE towards Tuas, before 27 km lamp post 1365, the motorcycle (FBF 552T) hit the left-hand side of my car (SKH4297L). The motorcyclist is Mr. Julius Tezano Serana (G5317939N). The traffic was really slow and I was moving really slowly waiting to exit PIE, when suddenly the motorcycle skidded from behind and hit the left-hand side of my car. The left-hand side near the rear wheel area of my car was damaged due to this accident, hence will need to make claims from Mr Julius 's insurance.


18/2/2019


18/02/2019
Reshni Wimalaratne

Mr. Chua

ACCIDENT STATEMENT

ACCIDENT DATE: (18/02/2015) (DD/MM/YYYY), TIME: (07:00) (HH:MM)

LOCATION: PIE TOWARDS MAS, BEFORE 27 km Lampu 1365

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 497L
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A 28/11061 Qmx
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 7.00 am
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: Beh Mui Ky (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 8766272 CONTACT: 92270837
c) ADDRESS: BIK 63A Moorlands Drive 62# 11-97
Singapore 731683

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (22/1/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/11/1999

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: PBF 552T MODEL: _____
b) DRIVER'S NAME: Julius Isaac Serana
c) NRIC/FIN/PASSPORT: G 5314939 N CONTACT: 8328 8770

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 = mailen beh
VIDEO mailenbeh@gmail.com

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7176639Z



BEH MOI LENG

馬美玲

Race
CHINESE
Date of Birth 22-01-1971 Sex F
Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7176639Z



BEH MOI LENG

Birth Date 22 Jan 1971
Issue Date 20 Sep 2003



8257322

NRIC No. S7176639Z



Nationality
MALAYSIAN
Blood Group Date of issue
O+ 20-09-1997

APT BLK 663A WOODLANDS DRIVE 62 #14-97
SINGAPORE 731683
NRIC No: S7176639Z

Date: 17/07/2012 No: 7131350

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	01 Nov 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Nov 1999



NP 426A



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
Comprehensive

Certificate No. A 29115061 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKH4297L
2. Name of Policyholder
Beh Moi Leng
3. Effective Date of the Commencement of Insurance for the purposes of the Act
24/01/2019
4. Date of Expiry of Insurance
23/01/2020
5. Persons or Classes of Persons entitled to drive*
Beh Moi Leng
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 MUST BE CARRIED OUT 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).

(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



Tel : 6344 4479
Fax : 6344 4055

for Chief Executive Officer