

**NATIONAL Assessment Centre Services.** [ver 1 Jan'03] **MNA 119024805**

Date In: <b>22 / 2 / 19 13:59</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/MSG19003366/h4</b>	SAS e-filing		
Veh No: <b>SKC 7329 M</b>	E-mail (within 3hrs, AIC 2hrs)		
DOA: <b>22 / 2 / 19 09:45</b>	I-Motor Claim Form		
OD: <b>(P) Reporting Only</b>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>VBS 9350</b>	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: YBS ( ) / NO ( )	
Excess: (\$ )	Loading: \$1,000 ( ) / \$2,000 ( )	

**General Remarks:**

( ) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repater.

( ) 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	Action

<p><b>Claimant's Particulars:</b></p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Sat. 1:</p> <p>2/3</p>	<p><b>MA1901392</b></p> <p><b>INVOICE/Reparation Checklist</b></p> <table border="1"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td>30.00</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100); INC (\$80)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee \$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey \$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey) \$30</td> <td></td> </tr> <tr> <td colspan="2">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection \$75</td> <td></td> </tr> <tr> <td>7) NI: Idao DA + SMRT Survey \$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> </tr> <tr> <td>OD:</td> <td></td> </tr> <tr> <td>*N5: Courtesy Car / Tpt Allowance \$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination \$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection \$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination \$5</td> <td></td> </tr> <tr> <td>TP (N11): TP (N-on INC) against INC \$20</td> <td></td> </tr> <tr> <td>9) N12: Idao Mobile 30</td> <td></td> </tr> </table> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>	1) AR: Accident Reporting (\$30);	30.00	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		For claiming against INC Only (wef 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-on INC) against INC \$20		9) N12: Idao Mobile 30	
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## 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	22/02/2019 13:59
Date Of Accident	22/02/2019 09:45
Exact Location Of Accident	JALAN KERIS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC7328M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PANG SIEW PHENG
NRIC No	S7133557G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98527152
Alternative Phone No	OFFICE-98527152

### 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 80410356 QMX
Cover Note Number	-

### Driver

Name of Driver	PANG SIEW PHENG
NRIC No	S7133557G
Date Of Birth	24/09/1971
Occupation	INDOOR
Date Of Driving Pass	19/11/1990
Driving Experience	28 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98527152
Fax Number	
Contact Number	OFFICE-98527152
Email Address	NOEMAIL

Address	BLK 186 BUKIT BATOK WEST AVE 6 #03-177
Postcode	650186
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?	YES
Foreign Vehicle Registration Number	VBS8350 (PRIVATE CAR)
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)	2
Passenger 1	NAME: : CHUNG LAI HENG
	GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFIK JOHOR BAHRU(S)
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

#### 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	VBS8350
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)

#### DETAILS OF INJURED PERSON 1

Name	PANG SIEW PHENG
Approximate Age	
Injuries Sustain	NECK N SHOULDER N BACK PAIN
Injured person in which vehicle?	SKC7328M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	CHUNG LAI HENG
Approximate Age	
Injuries Sustain	NECK N SHOULDER N BACK PAIN
Injured person in which vehicle?	SKC7328M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## SKETCH PLAN

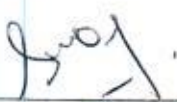
### IMPORTANT NOTICE


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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.
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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:

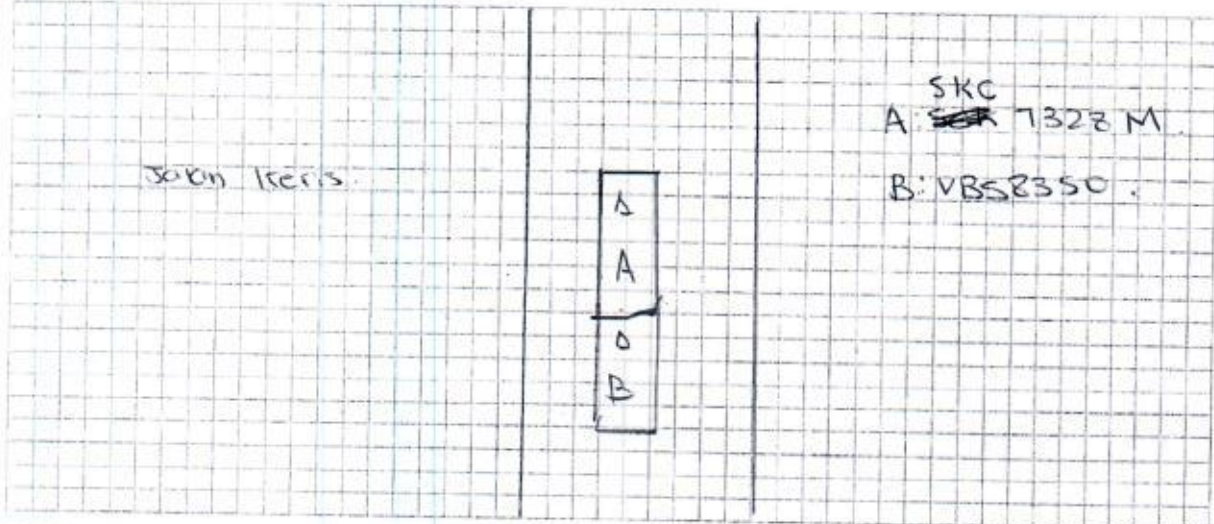
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 22/02/14 at about 9:45am. I was travelling along Jalan Kers. I was stationary due to front traffic. suddenly vehicle B hit my rear.

Attached with Malaysia police report.

## 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.:



Date of Accident : 22/02/19 Accident Time: 45am 9:20 (24-HR-Format)  
Accident Place : Jalan Keris (30)  
Vehicle No. (Car Plate No.) : SK 1328M Make/Model: Hyundai Elantra  
Insurance Company : MSIG Policy No: A80410356 @MX  
Owner or Company Name /IC No. : 57133557G Pong Siew Phay.  
Owner or Company Contact No. : 98527152 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : -  
DRIVER'S Date Of Birth : 24/01/1971 DRIVER'S License Pass Date 19/11/1990  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address : 128 Bukit Batok West Ave 6 #03 -171.  
3650186.  
DRIVER'S Contact No./ Alt No. : 1) - 2) -  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : -  
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): Driver & 1 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): Yes injury: Driver: Neck shoulder Back Pain.

Other Party Driver's Particular (if any)  
Passenger Neck shoulder Back Pain.

Vehicle No: <u>VB8350</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:

Chung Lai Hong Male

*[Signature]*





**POLIS DIRAJA MALAYSIA**  
**REPOT POLIS**

Balai : TRAFIK JOHOR BAHRU(S)  
Daerah : J/BAHRU SELATAN  
Kontinjen : JOHOR  
No Repot : TRAFIK JOHOR BAHRU(S)/004641/19  
Tarikh : 22/02/2019  
Waktu : 0953 AM  
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R102049  
No Repot Bersangkut : TRAFIK JOHOR BAHRU  
(S)/004640/19

Butir-butir Penerima Repot  
Nama : HASRIN B ABD RAHMAN  
Butir-butir Jurubahasa (Jika Ada)  
Nama : ---  
No Pasport : ---  
Alamat : ---

No Personel : R117756  
Pangkat : KPL  
No K/P (Baru) : ---  
Bahasa Asal : ---  
No Polis/Tentera : ---

Butir-butir Pengadu  
Nama : PANG SIEW PHENG  
No K/P (Baru) : ---  
No Sijil Beranak : ---  
Jantina : Lelaki  
Keturunan : Cina  
Pekerjaan : SENDIRI  
Alamat Tempat Tinggal : BLK 186 BT BATOK WEST AEV 6 #03-177 SINGAPORE, 650186  
Alamat Ibu/Bapa : ---  
Alamat Pejabat : ---  
No Tel (Rumah) : ---  
Emel : ---

No Polis/Tentera : ---  
No Pasport : E6318720F  
Tarikh Lahir : 24/09/1971  
Warganegara : Singapore  
Umur : 47 tahun 4 bulan  
No Tel (Pejabat) : ---  
No Tel (HP) : 98527152

**Pengadu Menyatakan:-**

PADA 22/02/2019 JAM LEBIH KURANG 0945HRS SAYA MEMANDU M/KAR NO SCK7328M DARI SINGAPURA HENDAK KE TAMAN SERI TEBRAU. APABILA SAMPAI DI JALAN KERIS MASA ITU M/KAR NO TIDAK PASTI DIHADAPAN SAYA BERHENTI, SAYA TERUS BREK TIBA-TIBA M/KAR NO VBS8350 DARI ARAH BELAKANG MELANGGAR M/KAR SAYA. KEROSAKAN M/KAR SAYA BAHAGIAN BELAKANG BUMPER, SENSOR BELAKANG, PANEL BONET, DAN LAIN-LAIN KEROSAKAN BELUM PASTI LAGI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R117756 | 22/02/2019 10:08:20 AM





POLIS DIRAJA MALAYSIA  
CAWANGAN TRAFIK  
IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,  
JALAN TEBRAU, 80250 JOHOR BAHRU  
07-2237977

POL.316

**Resit Akuan Penerimaan Repot Polis :**

Nama Pengadu : PANG SIEW PHENG  
No Kad Pengenalan / Paspot : E6318720F  
No Repot Polis : TRAFIK JOHOR BAHRU(S)/004641/19  
Tarikh @ Masa Repot Polis : 22/02/2019 @ 09:53  
Pengesahan Penerimaan Repot :

**Tandatangan Ketua Pejabat Pertanyaan****Pegawai Penyiasat :**

Nama Pegawai Penyiasat : (R102049) SIN MOHD YUSOFF BIN ADON  
Tempat Tugas : JOHOR, J/BAHRU SELATAN  
No Telefon Pejabat :  
No Telefon Bimbit : 013-9829871  
Tarikh @ masa Perjumpaan :  
Pengesahan Penerimaan Repot :

**Tandatangan Pegawai Penyiasat****Juru Gambar :**

Nama :  
No Badan :  
Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

**Tandatangan Juru Gambar****Unit Pembekalan Dokumen Siasatan :**

No Telefon Unit Pembekalan Dokumen :

**Waktu Pejabat :**

Isnin - Khamis :  
08:00 Pagi - 01:00 Tengah Hari  
02:00 Petang - 04:30 Petang  
Jumaat :  
08:00 Pagi - 12:30 Tengah Hari  
02:45 Petang - 04:30 Petang  
Cuti Umum / Khas : Tutup

**Jenis Dokumen Dibekal Kepada Pengadu :**

1. Salinan Repot Polis ☐
2. Gambar Kenderaan ☐
3. Rajah Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

**Waktu Pejabat :**

Ahad - Rabu :  
8.00 Pagi - 1.00 Tengah Hari  
2.00 Petang - 4.00 Petang  
Khamis :  
8.00 Pagi - 1.00 Tengah Hari  
2.00 Petang - 2.30 Petang  
Rehat - 1.00 T/Hari - 2.00 Petang  
Jumaat, Sabtu - Tutup  
Cuti Umum / Khas - Tutup

Tandatangan Pegawai Kaunter  
Pembekalan Dokumen

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Vehicle Number: **S7133557G**

Name: **PANG SIEW PHENG**

Birth Date: **24 Sep 1971**  
Issue Date: **17 Dec 2002**

0000035240

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7133557G**

Name: **PANG SIEW PHENG**

Age: **30**  
Sex: **M**  
Race: **CHINESE**  
Date of Birth: **24-09-1971**  
Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	19 Nov 1990
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	06 Sep 1994
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7500 kilograms	26 Feb 1995

NP 428A

Licence No: **S7133557G**

**87133557G**

APT BLK 186 BUKIT BATOK WEST AVENUE 6 #03-177  
SINGAPORE 650186

NRIC No: **S7133557G** Date: **08/02/2018**





DUPLICATE COPY  
FOR FINANCE COMPANY

## RENEWAL CERTIFICATE

MOTOR MAX		RENEWAL CERTIFICATE	
Policy Number	Period of Insurance	Place of Issue	
A 80410356 QMX	28/09/2018 to 27/09/2019	SINGAPORE	
Name and Address of Insured		Date of Issue	
Pang Siew Pheng Blk 652A Jurong West St 61 #07-384 Singapore 641652		13/09/2018	
		Account Number	
		156276	
Premium	GST	Total Due	
SGD663.14	SGD46.42	SGD709.56	

MOTORMAX

### OCCUPATION

Indoor Occupation

## FINANCIAL INTEREST

Hong Leong Finance Limited  
as Hire Purchase Owners

**SCOPE OF COVER** Comprehensive

**INTEREST INSURED**

REGISTRATION NO.	SKC7328M
MAKE/MODEL	Hyundai Elantra 1.6(A)
ENGINE NUMBER	G4FGBU330944
CHASSIS NUMBER	XHSDH41CMCU270735
YEAR OF MFG	2011
CAPACITY	1591 C.C.
SEATING CAPACITY	5 (INCL. DRIVER)
WINDSCREEN	UNLIMITED

SUM INSURED	MARKET VALUE
INCL COE/PARF	YES
OFF-PEAK CAR	NO
NO CLAIM DISCOUNT	50.00% (or F/D)
GOOD DRIVER'S DISCOUNT	SGD14.90
NCD PROTECTOR	COVERED
EXCESS	SGD500
ANNUAL PREMIUM	SGD663.14

## ACCESSORIES

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

### AUTHORISED DRIVERS

Pang Siew Pheng