

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA119027929.

Date In: 28/1/19-16:20	Job description	Date & Time Completed	Done by
Ref No: NA/MNA119005800/24	SAS e-filing		
Veh No: 8RF2347A	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 28/1/19-09:30	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: JND45E	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

NA190561	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) 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:-		
QC Checked by (Engr-In-Charge):	OD*		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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 willful 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	28/02/2019 16:20
Date Of Accident	28/02/2019 07:30
Exact Location Of Accident	YEW TEE FLYOVER TWDS TUAS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKF2347A
Insured/Policyholder	
Name Of Registered Owner	LAI EU KWONG MARK
NRIC No	S8228628D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96642109
Alternative Phone No	OFFICE-96642109
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623G5
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	B27884014QMY
Cover Note Number	
Driver	
Name of Driver	LAI EU KWONG, MARK (LI YAOGUANG, MARK)
NRIC No	S8228628D
Date Of Birth	21/09/1982
Occupation	INDOOR
Date Of Driving Pass	15/08/2012
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96642109
Fax Number	
Contact Number	OFFICE-96642109
Email Address	NOEMAIL

Address	53 EDGEDALE PLAINS #13-04
Postcode	828692
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO 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	SHD45E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 reputate 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: 28/02/2019 / 1400

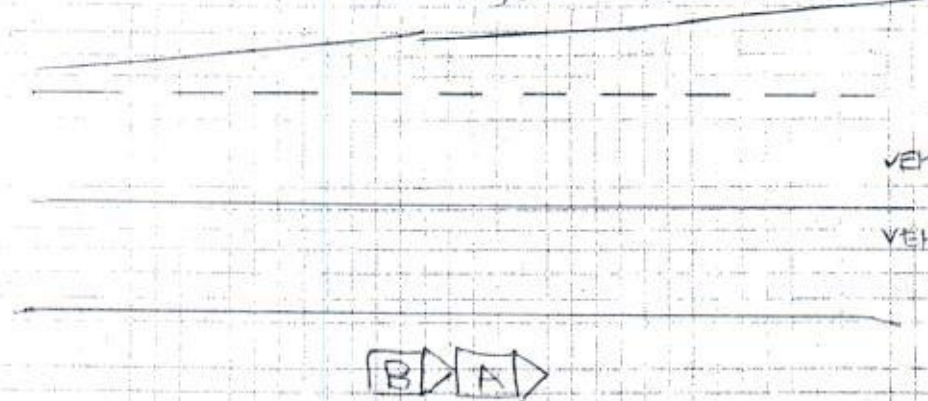
Driver's Signature

(If driver is not the policyholder)  
Date & Time: 28/02/2019  
1400

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

Yew tee flyover towards T/A S



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Yew tee flyover.  
 On 28/2/19 around 7.30 am. at the extreme right lane, the vehicle in front of me.  
 stop suddenly and I manage to brake in time but after that I felt a impact from the rear. I stopped and went down of my car and take a look.  
 vehicle B, SHD45E has banged onto the rear of my vehicle. no one was injured.  
 no police report has being made.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/2/2019/1400

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/2/2019/1400

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



VEHICLE NO:	SKF2347A		MAKE & MODEL:	Volkswagen Jetta
DATE OF ACCIDENT	28 / 2 / 19			
TIME OF ACCIDENT	730 AM / PM			
LOCATION OF ACCIDENT	KJE, <del>the</del> kaw tie flyover towards tras.			
Exact Purpose use during accident				
NAME OF OWNER	LAI EU KWONG MARK			
TELP NO	96642109			
NRIC	58228628D			
CLAIM TYPE	OD	/	THIRD PARTY	/ Reporting Only
PRIVATE HIRE	YES / NO?			
INSURANCE CO.	MSIY			
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft			
POLICY NO.	B27834014			
NAME OF DRIVER	As above / If No:			
NRIC	58228628D			
DATE OF BIRTH	21 / 09 / 1982			Any passengers: 0
OCCUPATION	Outdoor	/	Indoor	
DATE OF DRIVING PASS	16 / 08 / 2002			
GENDER	Male	/	Female	
CONTACT NO.	Office: Home:			
ADDRESS	53 EDGEPALE PLANS. #13-04			
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 INJURIES	No / If yes, Who?			
CONTACT NO.				
POLICE REPORT	No / If yes, Where?			
VEHICLE B NO.	SHD45E			
NAME	Any Passenger:			
CONTACT NO.				
VEHICLE C NO.	Any Passenger:			
VEHICLE D NO.	Any Passenger:			
VEHICLE E NO.	Any Passenger:			
VEHICLE F NO.	Any Passenger:			
ANY WITNESS	Any Passenger:			
WITNESS CONTACT NO.	John Khor 13@gmail.com			
WAS THERE ANY VIDEO CAPTURE?	YES / NO			
WAS THERE ANY AUDIO CAPTURE?	YES / NO			
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO			



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8228628D



Name

LAI EU KWONG, MARK  
(LI YAOGUANG, MARK)

黎耀光

Race

CHINESE

Date of birth

21-09-1982

Sex

M

Country/Place of birth

SINGAPORE

S194942



NRIC No. S8228628D

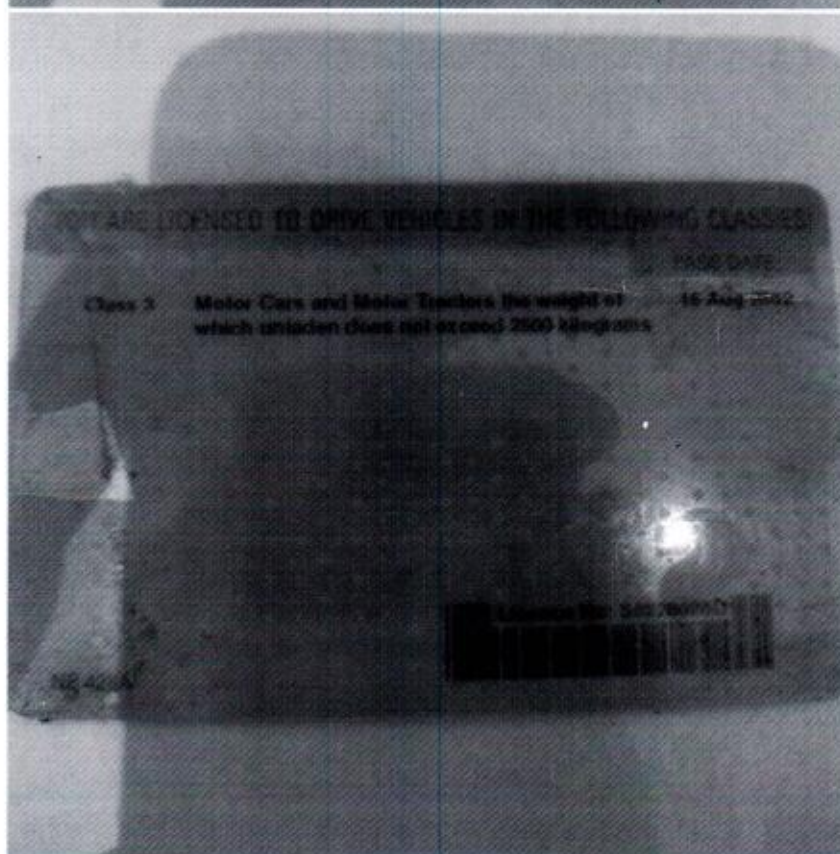
Date of issue

16-07-2013

53 EDGEDALE PLAINS #13-04  
SINGAPORE 828892

NRIC No: S8228628D

Date: 01/01/2018





**MSIG**

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.I Individual Ownership	<b>MOTOR MAX PLUS</b> Comprehensive
Certificate No. B 27884014 QMY	Excess : SGD500 Windscreen Excess : SGD100
<p>1. Index Mark and Registration Number of Vehicle SKF2347A</p> <p>2. Name of Policyholder Lai Eu Kwong Mark</p> <p>3. Effective Date of the Commencement of Insurance for the purposes of the Act 10/05/2018</p> <p>4. Date of Expiry of Insurance 09/05/2019</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Lai Eu Kwong Mark Lai Mun Chew Andrew, Wee Siew Lan Irene, Chia Mui Ching Michelle Valentia Lai Wai Peng Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.</p> <p>* 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.</p> <p>6. Limitations as to use*</p> <p>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.</p> <p>* 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.</p> <p>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.</p> <p>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).</p>	

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.

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

for Chief Executive Officer