

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MAA 89028311

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 01/03/2018 14:45 | Job description | Date & Time Completed | Done by |
| Ref No: XPA/MAA89003820/7 | SAS e-filing | | |
| Veh No: FBC 5120E | E-mail (Within 2hrs, A/C 2hrs) | | |
| D.O.A: 22/02/2018 09:00 | I-Motor Claim Form | | |
| OID: (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: SLR 902L | 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 | Assigned | Completed | Done by |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---------------------------------|---|-------------|--------|
| Client Particulars: | Invoice Information | Amount | Amount |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100) | INC (\$30) | |
| Damaged Portion: | 3) TP: Towing Fee | \$40/\$45 | |
| | 4) PT: Follow-Through Survey | \$120 | |
| | 5) PT: Follow-Through Survey (Resurvey) | \$30 | |
| | 6) TR: Re-inspection | \$75 | |
| | 7) NI: Idao DA + SMRT Survey | \$160 | |
| | 8) NTUC Additional Services: | | |
| | ON: | | |
| | *NS: Courtesy Car / Tpr Allowance | \$1 | |
| | *NR: Repair Co-ordination | \$10 | |
| | *NT: Post Repair Inspection | \$25 | |
| | *ND: DV / Collect Excess Coordination | \$5 | |
| | TP (NI): TP (NS-INC) against INC | \$20 | |
| | 9) NI: Idao Mobile | \$30 | |
| QC Checked by (Engr-In-Charge): | 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 | 01/03/2019 14:49 |
| Date Of Accident | 22/02/2019 09:00 |
| Exact Location Of Accident | PIE TOA PAYOH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBC5130K |
| Insured/Policyholder | |
| Name Of Registered Owner | KANE ONG WOON CHONG |
| NRIC No | S8233088G |
| Email Address | KANEONG@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91870005 |
| Alternative Phone No | OTHERS-91870005 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | HONDA |
| Model | PHANTOM-197CC TA200 |
| Exact Purpose for which vehicle was being used at time of accident | TRAVEL TO WORK |

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 MOTORCYCLE

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | MSD/VMT/18-376336-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | KANE ONG WOON CHONG |
| NRIC No | S8233088G |
| Date Of Birth | 05/10/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/04/2013 |
| Driving Experience | 5 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91870005 |
| Fax Number | |
| Contact Number | OTHERS-91870005 |
| Email Address | KANEONG@HOTMAIL.COM |

Address: 413 COMMONWEALTH AVENUE WEST #25-3023
 Postcode
 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 - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface CLEAR

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? 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) 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 SLR962L
 Vehicle Make/Model/Colour TOYOTA PRIUS
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver CHAN YEOW HONG
 NRIC/Passport Number S7230237J
 Contact Number 87888178
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KANE ONG WOON CHOONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBC5130K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

413 COMMONWEALTH AVENUE WEST #25-3023

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.**
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: 1/3/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



01/03/2019
Res 2

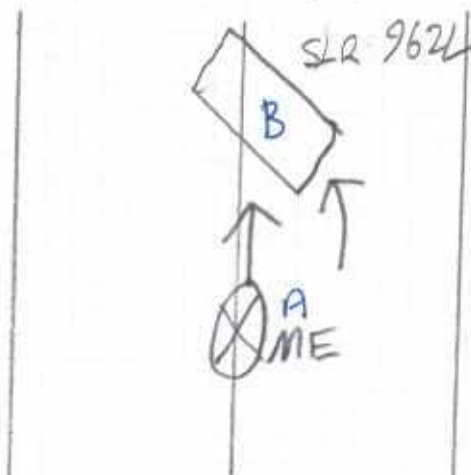
SKETCH PLAN

PIE 20A Phyllis

Lane

Lane 1

- A) FBC 5120 K
- B) SLR 962 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in between Lane 1 & 2.
 Car SLR 962L cut into my direction from Lane 1.
 No left signal was ~~observed~~ observed, from the car.
 FBF 2474 Y may witness this incident.
 I hit onto the car and the car bumper was damaged.

DECLARATION

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



Policyholder's Signature

Date & Time: 230pm
 1/3/2019

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: 22 / 02 / 2019 (DD/MM/YYYY). TIME: 9 : 00 (HH:MM)

LOCATION: PIE Tan Payoh

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBC 5130K
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Phantom TA 200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Travel to work
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: KANE ONG WONG HONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S82330864 CONTACT: 9187 0005
c) ADDRESS: 413 Commonwealth Avenue West #25-3023
S120413

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 05 / 10 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 20 APR 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) clear

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: SLR 962L MODEL: Toyota Prius
b) DRIVER'S NAME: Chan Yee Hong
c) NRIC/FIN/PASSPORT: S7230237J CONTACT: 87888178

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = Kaneong@hotmail.com

VIDEO

Witness: FBE 24747

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8233088G



Name

KANE ONG WOON CHONG

王 文 聰

Race

CHINESE

Date of Birth

05-10-1982

Sex

M

Country of Birth

SINGAPORE

S8233088G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8233088G

Name

KANE ONG WOON CHONG

Birth Date: 05 Oct 1982

Issue Date: 20 Apr 2013



002172956G



3311226

NRIC No. S8233088G



Blood Group

Date of issue

18-02-2003

Address

APT BLK 413 COMMONWEALTH AVENUE WEST
#25-3023
SINGAPORE 120413

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

Class 1B Motorcycles <= 200 CC

Class 2 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

EFFECTIVE DATE

20 Apr 2013

22 Nov 2013

S8233088G

S / No. 9000181217



Licence No: S8233088G

NP 428A

CERTIFICATE NO : MSD/VMT/18-376336-CA A0074-001/10900

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FBC5130K**
BONDA 197 c.c.
2. Name of Policyholder **KANE ONG WOON CHONG**
3. Effective date of the Commencement of Insurance
for the purposes of the Act **1201AM 29/12/2017**
4. Date of Expiry of Insurance **28/12/2018**
5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. 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.

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 the Road Transport Act, 1987 (Malaysia).

28/12/2017 (CG)
CA/CI-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.