

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA119033763.

Date In: 13/13/19 14:23	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19004554/164	SAS e-filing		
Veh No: SJV 252E	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 9/12/19 03:30	I-Motor Claim Form		
OD: <input checked="" type="checkbox"/> 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: FBK 3702G	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 repaler.
- () Total Loss Case: to e-mail Insurer URGENTLY.
- Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks: (INC Hotline: 0700 6616)

- | Remarks: | 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

NA1901894		Invoice Preparation Checklist		Am (S)	PAID (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$10);	30.00			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$40)				
Contact No:	3) TP: Towing Fee \$40/\$43				
Damaged Portion:	4) FT: Follow-Through Survey \$120				
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30				
Auditors' Comments:	For claiming against INC Only (ver 10 Jan 2005)				
At 1:	6) TR: Re-inspection \$75				
At 2/3:	7) N1: Idao DA + SMRT Survey \$160				
	8) NTUC Additional Services:-				
	ON:				
	*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 (Inc in 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	13/03/2019 14:23
Date Of Accident	09/03/2019 03:30
Exact Location Of Accident	BLK 820 TAMPINES ST 81 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV252E
Insured/Policyholder	
Name Of Registered Owner	A1 MOTORING PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87998975

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	A 29078367 MTR
Cover Note Number	-

Driver

Name of Driver	TAN JIA HUANG JONATHAN
NRIC No	S9331960E
Date Of Birth	26/08/1993
Occupation	OUTDOOR
Date Of Driving Pass	05/08/2016
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83154345
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 114 BEDOK RESERVOIR RD #12-156
Postcode	470114
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	FBK3702G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	TAN JIA HUANG JONATHAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJV252E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

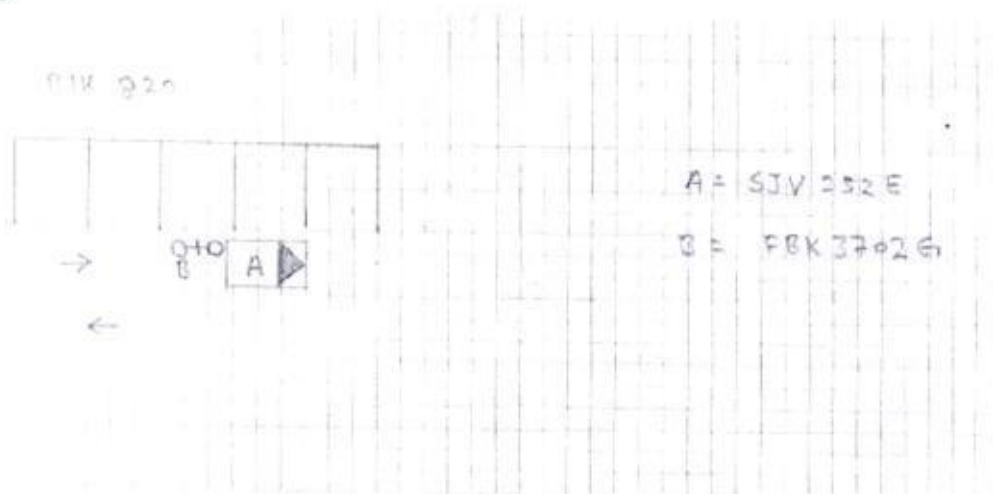
Policyholder's Signature
Date & Time:



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

Please Refer to Police Report

DECLARATION

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

Policyholder's
Date & Time:



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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 3 / 19) (DD/MM/YYYY), TIME: (03 : 30) (HH:MM)

LOCATION: B1K 820 Tampines St 81 open carpark.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV 252 E
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER:
 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: Private use working
 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: A1 motoring Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 87998975.
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Tan Jia Huang Jonathan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 83154345.
 c) ADDRESS:

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bishan NPC.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBK 3702 G. 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)
 (2)

M.

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

wanting chop & vch take photo. Email = mr.jontjh@gmail.com

fax =

VIDEO = No.



SINGAPORE POLICE FORCE



T/20190311/2074

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20190311/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 13:05		Vide Report No.:		Station Diary No.: 91	
Informant's Particulars					
Name of Informant: TAN JIA HUANG, JONATHAN			Address: APT BLK 114 BEDOK RESERVOIR ROAD #12-156 SINGAPORE 470114		
ID Type / ID No.: NRIC NO / S9331960E			Contact No.: Home/Office: Mobile: 83154345		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 26/08/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: FREELANCE CAR BROKER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/03/2019 03:30	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 81 Blk 820 Tampines St 81 S(520820), Car park				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
FBK3702G	Motorcycle				Slightly Damaged	0
SJV252E	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190311/2074

2 of 3

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20190311/2074

CONTINUATION OF REPORT

Rider				
Name	ILFYAN SYUKRI		ID No.	S9836684I
Related Vehicle	FBK3702G (Motorcycle)		Contact No.	87768657
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAN JIA HUANG, JONATHAN		ID No.	S9331960E
Related Vehicle	SJV252E (Car)		Contact No.	83154345
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/03/2019		Date Discharge	09/03/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight

Brief Details.

On 09/3/19 at about 0330hrs, I was at the car park of Blk 820 Tampines St 81. I on my hazard light before reversing to park my vehicle at one of the lots. Before proceeding to reverse, suddenly I felt an impact coming from the rear of my vehicle. I alighted from my vehicle and noted a motor and the rider was on the ground. The rider however was not injured. My vehicle suffered some minor scratches and dent on the left rear portion.

I wish to state that I do not have any in built camera in my vehicle. No ambulance and Traffic Police at scene. No government property damage.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20190311/2074

3 of 3

Report No. T/20190311/2074

Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

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
E /
Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
11/03/2019 13:05

Officer In Charge Of Case:
TP / AEIT /

Classification Of Case:

SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472006

SN 061

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9331960E**

TAN JIA HUANG, JONATHAN

Birth Date: **26 Aug 1993**
Issue Date: **05 Aug 2016**

0025062570

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9331960E**

TAN JIA HUANG, JONATHAN

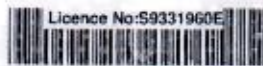
陳家煌

Race: **CHINESE**
Date of birth: **26-08-1993** Sex: **M**
Country of birth: **SINGAPORE**

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 05 Aug 2016



NP 423A

4909643

NRIC No **S9331960E**

Date of issue: **12-11-2012**

Address:
**APT BLK 114 BEDOK RESERVOIR ROAD
#12-156
SINGAPORE 470114**

**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.Z.26
 Motor Trade (Demonstration Driving)
 -Named Drivers

MOTOR TRADE INSURANCE
Third Party

Excess: SGD500 (TPPD)

Certificate No. A 29078367 MTR

1. Index Mark and Registration Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

A1 Motoring Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

13/02/2019

4. Date of Expiry of Insurance

11/04/2019

5. Persons or Classes of Persons entitled to drive *

(1) In respect of vehicles being used for purposes of demonstration -
 Chua Hua Ghee (Cai Huayl), Choong Li Ting (Zhong Liting)

Any other person provided he is driving with the Policyholder's permission and is accompanied by
 Chua Hua Ghee (Cai Huayl), Choong Li Ting (Zhong Liting)

(2) In respect of vehicles being used for other Motor Trade purposes:-

*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 Motor Trade purposes.

The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.
 N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

*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.

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.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

CASA MERAKI PTE LTD

UEN: 201700071H

11 Beach Road

#03-01 Crasco Building

Singapore 189675

for Chief Executive Officer