

**NATIONAL Assessment Centre Services** [ref: 120705]

Date In: 29/03/19	Job description	Date & Time Completed	Done by
Ref No: NA/MS619005604/13	SAS e-filing		
Veh No: 5LH7238B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/03/19 0935	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: ( SUCCESS UNITED Tel: Fax: )

TP Particulars:	Veh No: <u>GBF3577C</u>	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

<u>NA1902351</u>	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat 1:</b>	6) TR : Re-inspection \$75		
<b>Cat 2 / 3:</b>	7) N1 : Idac 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	29/03/2019 11:58
Date Of Accident	29/03/2019 09:35
Exact Location Of Accident	ALONG CTE TWDS CITY NEAR TO EXIT 11
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH7238B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABSOLUTE KINETICS CONSULTANCY PTE LTD
Co Reg No	200102574Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66905555

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29023134 MCX
Cover Note Number	

### Driver

Name of Driver	LIEW HOO KENG, JONATHAN
NRIC No	S8529230G
Date Of Birth	07/09/1985
Occupation	INDOOR
Date Of Driving Pass	10/01/2007
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81188475
Fax Number	
Contact Number	
Email Address	JOHNPDAS@GMAIL.COM

Address	BLK 107C CANBERRA STREET #10-615
Postcode	753107
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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF3577C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MEYYAPPAN RAJENDRAN
NRIC/Passport Number	S7584958C
Contact Number	96150410
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LIEW HOO KENG,JONATHAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLH7238B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

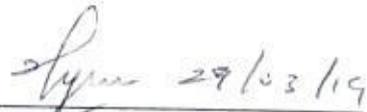
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

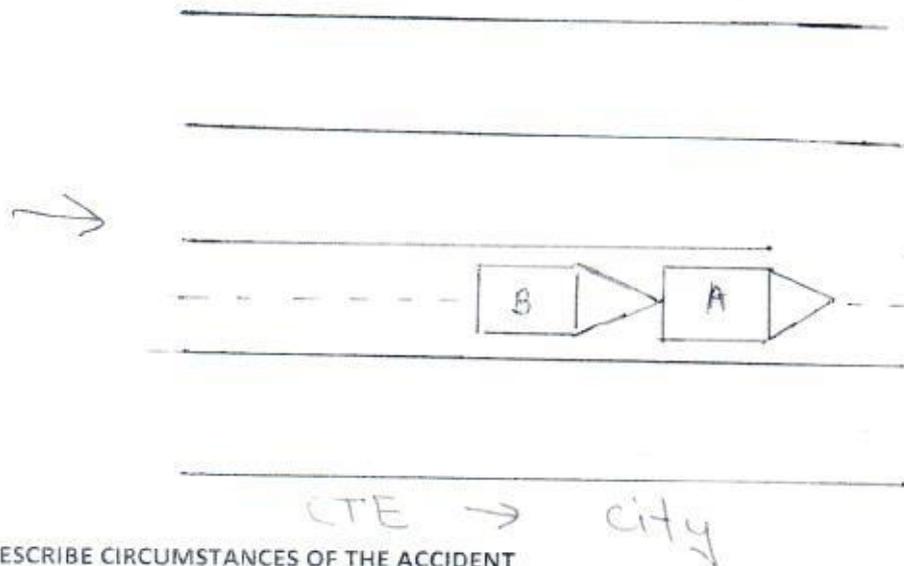
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Veh A: SLH 7238B

Veh B: GBF 3577C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22 March 2019 at about 9.37 a.m., I was driving along ~~city~~ towards city near to exit 11, a vehicle in front of me slow down or to a stop. I then slowed down my vehicle and stopped. Suddenly - I felt an impact on my back of my vehicle.

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.:

*[Handwritten Signature]*  
6/13/19

VEHICLE NO : SLH7238B		MAKE/MODEL : Hyundai Elantra	
Date of Accident	29/03/2019	Time: 0935	Foreign Veh Involved YES/NO
Location of Accident	ALONG <del>THE</del> TUDS CRY NEAR TO EXST 11		Foreign Veh No -
Country of Loss	SINGAPORE		
Vehicle Damaged		No. of Veh Involved :	2
Claim Type	OD / <u>TP</u> / REPORTING		Was There Any Witness YES/NO
INSURANCE CO	MSE & Insurance (Singapore) Pte Ltd.	Name of Witness :	-
Coverage	Comprehensive/TPFT/Third Party Only	Contact No :	-
Policy No	A29023134MCX		
Fleet Policy	YES/NO		
<b>OTHER VEHICLES</b>			
<b>OWNER / CO. NAME</b>	Absolute Kinetics Consultancy Pte Ltd	<b>VEHICLE B</b>	: G8F 357C
NRIC / Co's Reg No.	20102574Z	Category	: COMMERCIAL
Address	64 Hillview Terrace Singapore 669277	Driver's Name	: MEYYAPPAN RAJENDRAN
Contact / Mobile No	66908555	NRIC No	: 97584958C
Email Address	-	Contact No	: 96150410
Date of Birth	-	No. of Passenger :	-
Gender	M / F	<b>VEHICLE C</b>	:
<b>DRIVER'S NAME</b>	LEW HOO KENG, JONATHAN	Category	:
NRIC No	58529230G	Driver's Name	:
Address	BLK 107C CANBERRA STREET #10-415	NRIC No	:
	SINGAPORE 753107	Contact No	:
Contact / Mobile No	81188475	No. of Passenge :	
Email Address	john.dpdas@gmail.com		
Date of Birth	07 SEPT 1985	<b>VEHICLE D</b>	
Gender	<u>M</u> / F	Category	:
LICENSE PASSED DATE	10 JAN 2007	Driver's Name	:
		NRIC No	:
Occupation	<u>Indoor</u> / Outdoor	Contact No	:
Relation with Owner	EMPLOYEE	No. of Passenger :	
Does Driver Own Any Other Veh ?	<u>YES</u> / NO		
Vehicle Reg No	SLH9240E		
Insurance Co	NTUC		
Weather Condition	<u>Clear</u> / Raining / Others	Video Captured :	<u>Yes</u> / No
Road Surface	<u>Dry</u> / Wet / Others		
<b>INJURED</b>	: <u>YES</u> / NO		
Name of Injured	: LEW HOO KENG, JONATHAN		Police Report : YES/NO
Convey To Hospital by Ambulance :	<u>YES</u> / NO		If YES, Where :
	LAMBDA - 406		
<b>NO. OF PASSENGERS</b>	: -		
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
Name of Passenger :	M / F	INJURED?	YES/NO
<b>REMARKS</b> :			
Name of Workshop	: SUCCESS UNITED PTE LTD.	Contact No	: <b>SUCCESS UNITED PTE LTD</b>
Address	: 2 KAKI BUKIT AVE 2 #01-33, KAKI BUKIT	Email	: 2 Kaki Bukit AutoHub
	AUTOHUB SINGAPORE 417921	<b>SUCCESS UNITED PTE LTD</b>	: Kaki Bukit Ave 2, #01-33/#02-29
		2 Kaki Bukit AutoHub	Singapore 417921

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 10 Jan 2007



NRIC No. S8529230G



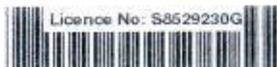
Date of issue:

04-04-2016

APT BLK 107C CANBERRA STREET #10-515 SINGAPORE 753107

NRIC No: S8529230G

Date: 23/08/2018



Licence No: S8529230G

NP 426A

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S8529230G**  
 Name: **LIEW HOO KENG, JONATHAN**  
 Birth Date: **07 Sep 1985**  
 Issue Date: **10 Jan 2007**



001471733B

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8529230G**



Name

**LIEW HOO KENG, JONATHAN**

**廖浩景**

Race: **CHINESE**

Date of birth: **07-09-1985**

Sex: **M**

Country/Place of birth: **SINGAPORE**

S8529230G



**SLH7238B**

1 message

Liew Hoo Keng Jonathan <johndidas@gmail.com>  
 To: "Sirina@successunited.com.sg" <Sirina@successunited.com.sg>

Fri, Mar 29, 2019 at 10:25 AM

**MSIG**  
 MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way # 21-01, SCX Centre 2, Singapore 068807  
 Tel +65 6927 7888 Fax +65 6927 7900  
 CE Reg No 2004122120 GST Reg No 20-04122120

**MOTORMAX-COMMERCIAL**

**RENEWAL CERTIFICATE**

<b>Policy Number</b>	<b>Period of Insurance</b>	<b>Place of Issue</b>
A 29023134 MCX	17/11/2018 to 16/11/2019	SINGAPORE
<b>Name and Address of Insured</b>		<b>Date of Issue</b>
Absolute Kinetics Consultancy Pte Ltd 64 Hillview Terrace Singapore 669277		24/10/2018
		<b>Account Number</b>
		1A0625
<b>Premium</b>	<b>GST</b>	<b>Total Due</b>
SGD1,089.54	SGD76.27	SGD1,165.81

**RISK NUMBER 1 MOTORMAX-COMMERCIAL**

**SCOPE OF COVER** Comprehensive

**INTEREST INSURED**

<b>REGISTRATION NO.</b>	SLH7238B	<b>SUM INSURED</b>	<b>MARKET VALUE</b>
<b>MAKE/MODEL</b>	Hyundai Elantra 1.6 GLS AT	<b>INCL. COE/PARF</b>	YES
<b>ENGINE NUMBER</b>	G4FGGU259677	<b>OFF-PEAK CAR</b>	NO
<b>CHASSIS NUMBER</b>	KMHD841CMHU290227	<b>NO CLAIM DISCOUNT</b>	20.00% (or F/D)
<b>YEAR OF MFG</b>	2016	<b>NCD PROTECTOR</b>	NOT COVERED
<b>CAPACITY</b>	1591 C.C.	<b>EXCESS</b>	SGD500
<b>SEATING CAPACITY</b>	5 (INCL. DRIVER)	<b>ANNUAL PREMIUM</b>	SGD1,089.54
<b>WINDSCREEN</b>	UNLIMITED		

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

**AUTHORISED DRIVERS**

Any other person provided he is driving on the Insured's order or with the Insured's permission.

**LIMITATION AS TO USE**

## 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 N.3.4

Company: Commercial

**MOTORMAX COMMERCIAL**  
Comprehensive

Certificate No. A 29023134 MCS

Excess: S\$0500

Windscreen Excess: S\$0100

1. Index Mark and Registration Number of Vehicle

52N7238B

2. Name of Policyholder

Absolute Kinetics Consultancy Pte Ltd

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

27/11/2018

4. Date of Expiry of Insurance

26/11/2019

5. Persons or Classes of Persons entitled to drive\*

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).

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