

NATIONAL Assessment Centre Services. [ver 1 Jan 2005] NA/9055525

Date In: 29/04/2007 19:53	Job description	Date & Time Completed	Done by
Ref No: NA/9007543/4	SAS e-filing		
Veh No: SLK 3328Y	E-mail (to John, ATC 2hrs)		
D.O.A: 28/04/2007 01:30	1-Motor Claim Form		
OD: (1) Reporting Only	1-Motor W/O (With: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whsp		

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

TP Particulars: () Veh No: SLK 3328Y 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 of Incident: ()

Location: ()

Weather: ()

Witness: ()

Police Report: ()

Medical Report: ()

Other: ()

NA/903091

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Damaged Portion:	3) TP: Towing Fee	\$10/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120
	5) FT: Follow-Through Survey (Resurvey)	\$30
	Forfeiting against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection	\$75
	7) NI: (Inc DA + SMRT Survey	\$160
	8) NTUC Additional Services:	
	OD:	\$3
	9) NI: Courtesy Car / Transport Allowance	\$10
	10) NI: Repair Coordination	\$25
	11) NI: Post-Repair Inspection	\$5
	12) NI: DV / Collect Excess Coordination	\$25
	13) NI: TP (in INC) - e-filing	\$30
	14) NI: 1800 Mobile	
	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	29/04/2019 19:31
Date Of Accident	28/04/2019 01:30
Exact Location Of Accident	MALAYSIA CUSTOM BUILDING (CIQ)
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW3328Y
Insured/Policyholder	
Name Of Registered Owner	LEE TZE BING
NRIC No	S1822177B
Email Address	YOUNGBERT.GTROCS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90063328
Alternative Phone No	OTHERS-90063328

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 180
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	B 29118558 QMX
Cover Note Number	

Driver

Name of Driver	LEE TZE BING
NRIC No	S1822177B
Date Of Birth	05/03/1967
Occupation	INDOOR
Date Of Driving Pass	20/06/1986
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-90063328
Fax Number	
Contact Number	OTHERS-90063328
Email Address	YOUNGBERT.GTROCS@GMAIL.COM

Address	571 UPPER SERANGOON ROAD #10-05
Postcode	534798
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	SIDE SWIPE
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?	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	SLK8853C
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG SHAOU-YI, RUTH
NRIC/Passport Number	S7839454D
Contact Number	96980088
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

SKETCH PLAN

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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:

29/4/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/4/19

Reporting Centre Personnel's Signature

Name:

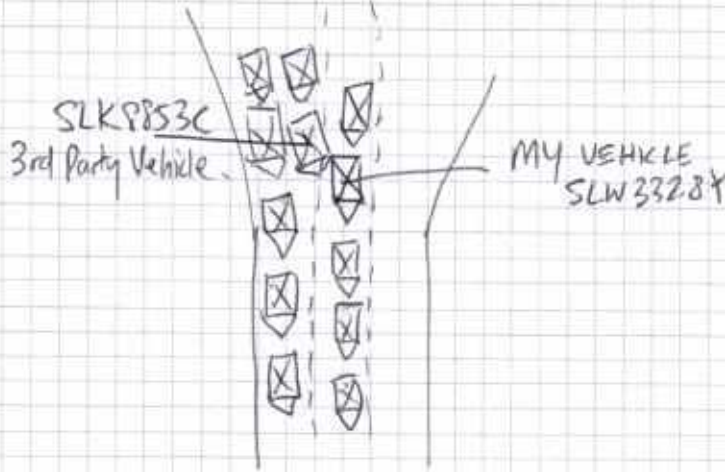
NRIC/FIN No.:

29/04/2019

Roshan Kumar

SKETCH PLAN

Malaysia Custom Building (CQ)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was approaching Malaysia Custom Building ^{towards} Woodland, there were moderate to heavy traffic, cars were bumper to bumper as I got into the middle lane. Have notice vehicle SLK8853C was trying to move from the right side into my lane. Since I was already ahead of her, I just look at the front. Suddenly, I felt my car shake, I look into the side rear mirror and notice the said vehicle have touch my car. We came down exchange particulars and I took a photo of the accident which I have attached to the statement. Thank You.

DECLARATION

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

Policyholder's Signature

Date & Time:

29/4/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/4/19.

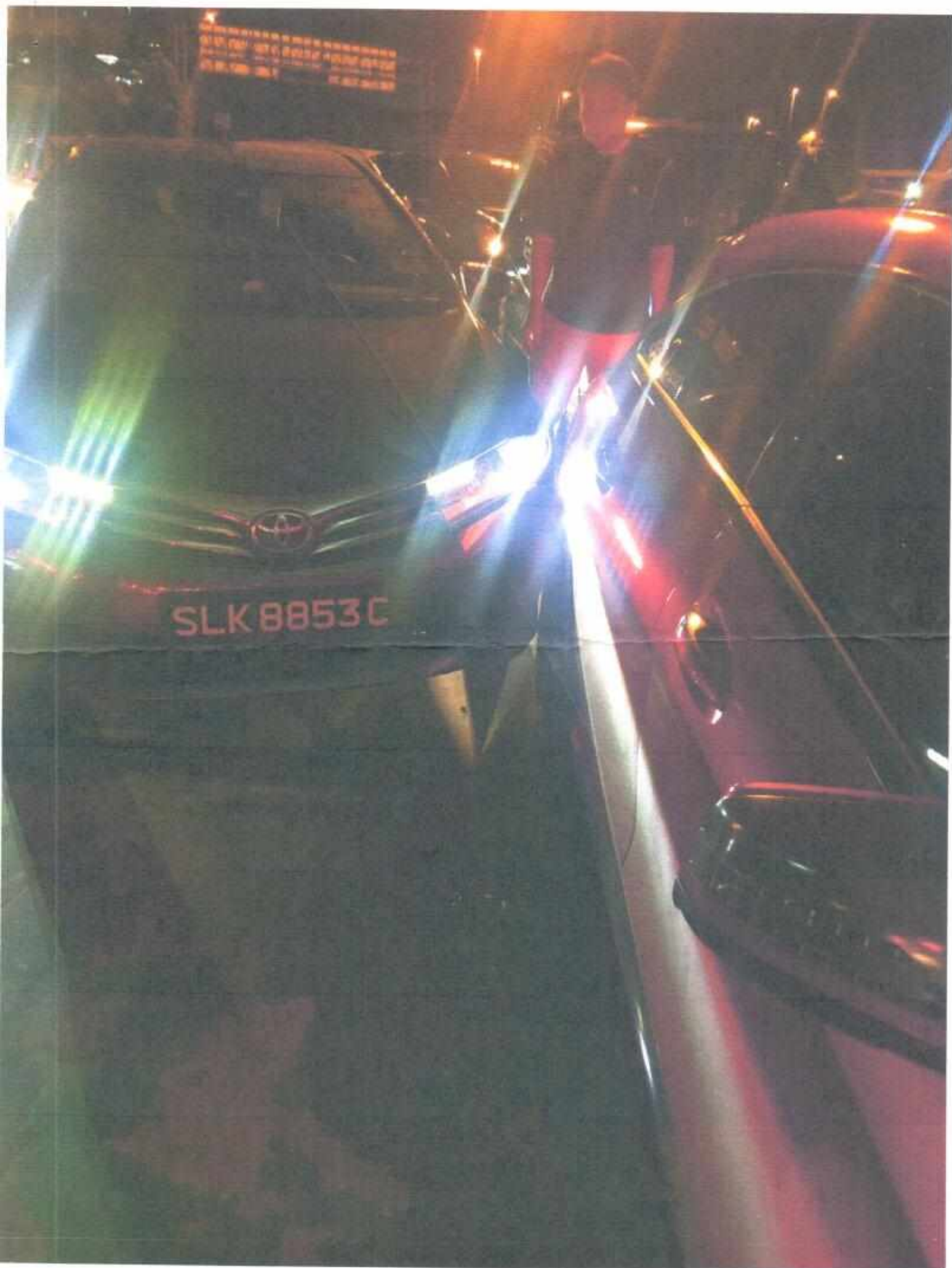
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

29/4/2019

Roh Lior Han



ACCIDENT STATEMENT

ACCIDENT DATE: 28/04/2019 (DD/MM/YYYY), TIME: 01:30 (HH:MM)

LOCATION: Malaysia Custom Building C1Q

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLW 3328Y
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: B29118358 QMX
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Mercedes Benz CLA180 SB
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Going home
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: LEE TZE BIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1822177B CONTACT: 90063328
c) ADDRESS: 571 Upper Serangoon Road #10-05
SINGAPORE 534798

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 05/03/1967 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 20/06/1986

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

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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLK8853C MODEL: Toyota Athis
b) DRIVER'S NAME: WONG SHAU-YI RUTH
c) NRIC/FIN/PASSPORT: S7839454D CONTACT: 96980088

9. THIRD PARTY VEHICLE

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

email = youngbert.gtrocs@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1822177B



Name

LEE TZE BING

李子斌

Race

CHINESE

Date of birth

05-03-1967

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1822177B

Name

LEE TZE BING

Date of birth: 05 Mar 1967

Issue Date: 23 Aug 2015



5376956



NRIC No. S1822177B



Date of issue

15-09-2015

Address

571 UPPER SERANGOON ROAD
#10-05
SINGAPORE 534798

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 20 Jun 1986

NP 428A



MOTOR MAX
THE SCHEDULE

Policy Number	Period of Insurance	Place of Issue
B 29118558 QMX	18/03/2019 to 17/03/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Lee Tze Bing 371 Upper Serangoon Road #10-05 The Yardley Singapore 534798		11/03/2019
		Account Number
		212038
Premium	GST	Total Due
SGD858.91	SGD45.12	SGD904.03

RISK NUMBER 1
MOTORMAX
OCCUPATION

Sole Proprietor

FINANCIAL INTEREST

 Genie Financial Services Pte Ltd
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SLW3328Y
 MAKE/MODEL Mercedes Benz GLA180 SB
 ENGINE NUMBER 27091030770519
 CHASSIS NUMBER WDD1179422N270303
 YEAR OF MFG 2015
 CAPACITY 1595 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 SGD45.12
 NCD PROTECTOR COVERED
 EXCESS SGD500
 ANNUAL PREMIUM SGD858.91

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

AUTHORISED DRIVERS

Lee Tze Bing

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAIA 905525 Vehicle Registration No: SLW8328 Y

Name (as shown in NRIC): LIH JIA BINA NRIC/FIN/Passport No: _____

(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 90063328

Email Address: _____

Date of Accident: 28/04/2019 Time of Accident: 01:30

Place of Accident: MALAYSIA CUSTOM BLDG (CIC)

Insurance Company: mev

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insert Photos

Policyholder / Driver's Signature

Date:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

29/04/2019