

# NATIONAL Assessment Centre Services.

[ver 1 Jan08]

2 MAY 2009 14:55:37

Date In: 2/04/2009 20:20	Job description	Date & Time Completed	Done by
Ref No: 1188/MS 919007550/4	SAS e-filing		
Veh No: SCC 5203 R	E-mail (Adjust 3hrs, AIC 2hrs)		
D.O.A: 28/04/2009 14:48	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: 57759101	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: _____
Time of Day: _____
Other: _____

NA/903090	Invoice No: 1100903090	Invoice Date: 2/04/2009	Invoice Time: 14:55:37
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$10/143		
	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idac Mobile		
QC Checked by (Engr-In-Charge):	10) NI: Idac Mobile		
	11) NI: Idac Mobile		
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## 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 20:20
Date Of Accident	28/04/2019 14:45
Exact Location Of Accident	BENCOOLEN ST OUTSIDE EXIT OF SIM LIM SQ CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5203R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH YOKE HUI
NRIC No	S1752264G
Email Address	YOKE-HUI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97875809
Alternative Phone No	OTHERS-97875809

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.5 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 71531123 QMY
Cover Note Number	

### Driver

Name of Driver	KOH YOKE HUI
NRIC No	S1752264G
Date Of Birth	20/10/1966
Occupation	INDOOR
Date Of Driving Pass	03/11/1990
Driving Experience	28 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97875809
Fax Number	
Contact Number	OTHERS-97875809
Email Address	YOKE-HUI@HOTMAIL.COM

Address	BLK 236 BISHAN STREET 22 #05-164
Postcode	570236
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?	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : MOTHER GENDER: : FEMALE

#### 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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJT5970T
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DIANTHA HO SUET PING
NRIC/Passport Number	S9046299G
Contact Number	97710055
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

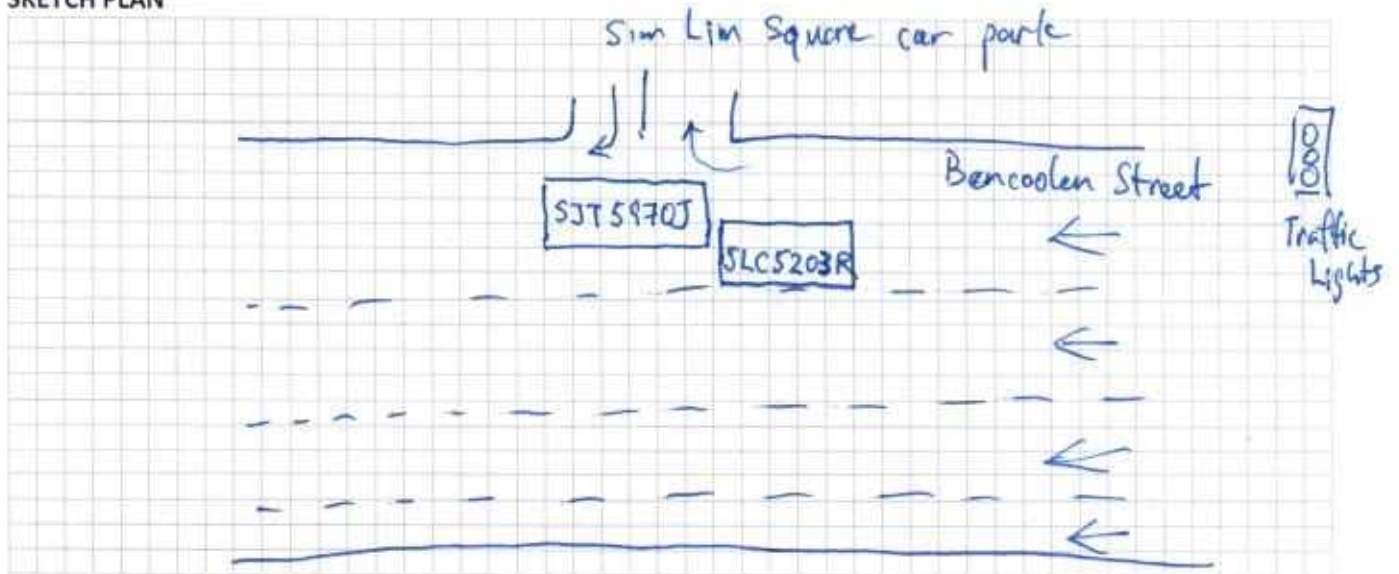
Passenger 1

NAME: :

GENDER: :



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28 APR 19 afternoon at around 2:45pm, while after the traffic lights turned green at Bencoolen Street before Sim Lim Tower, I started to drive off behind a red Suzuki Swift with No. plate SGT5970J. While the driver of the Suzuki Swift signal to turn right, she suddenly brake at the exit outside Sim Lim Square car park and her vehicle came to a stationary. I immediately responded by applying emergency brake but as it was too sudden, my vehicle unavoidably collided onto the left rear bumper of SGT5970J, causing damage to her rear bumper and my front right bumper.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 29 APR 2019  
1420HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]* 29/04/2019  
Reporting Centre Personnel's Signature  
Name: Rosli Anwar  
NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 04 / 2019 (DD/MM/YYYY). TIME: 14 : 45 (HH:MM)

LOCATION: Bancoden St outside exit of Sim Lim Square car park

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SIC 5203R  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 71531123 QMY  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA CAMRY 2.5  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Social  
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: Koh Yoke Hui (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1752264G CONTACT: 97875809  
c) ADDRESS: BLK 236 Bishan St 22 #05-164 (570236)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: DR 8820JA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 20 / 10 / 1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 03 Nov 1990

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ownself 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: SJT 5970T MODEL: SUZUKI SWIFT  
b) DRIVER'S NAME: Diantha Ho Suet Ping  
c) NRIC/FIN/PASSPORT: S9046299G CONTACT: 9771 0055

### 9. THIRD PARTY VEHICLE

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

email = yoke-hui@hotmail.com

VIDEO

Video taken during

WIFE  
mother

\* No of passenger  
(including driver)  
(3)

\* No of passenger  
(including driver)  
(2)

\* No of passenger  
(including driver)  
( )



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1752264G



Name  
KOH YOKE HUI  
许毓晖

Race  
CHINESE

Date of Birth  
20-10-1966

Sex  
M

Country of Birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S1752264G

Name  
KOH YOKE HUI

Birth Date 20 Oct 1966

Issue Date 23 Sep 2003





0 0 3 5 9



NRIC No. S1752264G



Blood Group B+ Date of Issue 23-08-1991

APT BLK 238 BISHAN STREET 22 #05-184  
SINGAPORE 670238

NRIC No: S1752264G Date: 19/04/2015


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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE 03 Nov 1990

NP 428A

License No: S1752264G



**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.1  
 Individual Ownership

**MOTOR MAX PLUS**  
 Comprehensive

Certificate No. A 71531123 QMY

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLC5203R
2. Name of Policyholder  
Koh Yoke Hui
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
18/05/2018
4. Date of Expiry of Insurance  
17/05/2019
5. Persons or Classes of Persons entitled to drive\*

Koh Yoke Hui

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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