

**NATIONAL Assessment Centre Services** (wef 1 Jan 05)

Date In: 18/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/m8619008831/13	SAS e-filing		
Veh No: SLS4816U	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 20/04/19 1405	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SHD2363Z 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

NA1903629	<b>Invoice Preparation Checklist</b>	Amt (\$) 1st Bill	Amt (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2/3:	7) NI: 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	18/05/2019 09:11
Date Of Accident	20/04/2019 14:05
Exact Location Of Accident	SENGKANG W RD TURNING RIGHT TWDS SENGKANG W WAY
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SLS4816U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PETRINA LEONG MAE-YEE
NRIC No	S7828777B
Email Address	PETRINA_LEONG@JLTGROUP.COM
Mobile Phone No	(LOCAL) +65-85222240
Alternative Phone No	OFFICE-63336311

**Vehicle Particulars**

Manufacturer	MITSUBISHI
Model	ATTRAGE
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	B 29027502 QMY
Cover Note Number	

**Driver**

Name of Driver	PANG KIM CHOO JUNEE@THERESA
NRIC No	S0742501E
Date Of Birth	30/10/1940
Occupation	INDOOR
Date Of Driving Pass	27/12/1967
Driving Experience	51 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90184258
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 513 HOUGANG AVE 10  
#11-241

Postcode 530513

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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? YES

If Yes, Please state which Police Station

Police Station Name HOGANG N.P.C

Police Station Address ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 ,  
COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190420/2097

#### 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 SHD2363Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

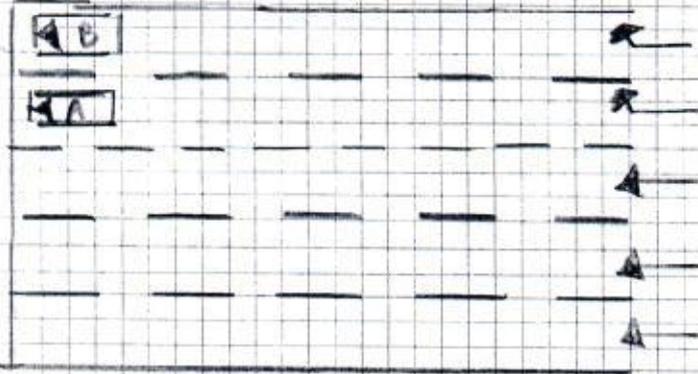
*Sign 18/05/19*

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

WEST WAY  
SKETCH PLAN



SENGKANG WEST RD



A - SLS48164

B - SHD23632

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20190420/2097

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.:





**SINGAPORE  
POLICE FORCE**



T/20190420/2097

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

2 of 3

Report No. T/20190420/2097

**CONTINUATION OF REPORT**

Driver			
Name	PANG KIM CHOO JUNEE	ID No.	S0742501E
Related Vehicle	SLS4816U (Car)	Contact No.	90184258
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 20/04/2019 at about 1405hrs, I was driving my vehicle - One Mitsubishi Attrage (Registration plate Number: SLS4816U) along Sengkang West Road. I had wanted to make a right turn towards Sengkang West Way. As I was turning right, my vehicle's side mirror (right-side) had slightly grazed against the left side mirror of the vehicle on my left - One Honda Prime taxi (Registration Plate Number: SHD2363Z). I wish to state that there was a slight paint damage to my vehicle. There was slight scratch on the other vehicle which is not deep.

Subsequently, I parked to one side and spoke to the other driver (no particulars available) who demanded that I call his taxi company to explain that my side mirror grazed against his side mirror. I tried calling the taxi company. however, there was no answer. The taxi driver informed that he will inform his taxi company who will liaise with my insurance company. Subsequently, both of us got back into our respective vehicles and went off.

I wish to state that nobody got injured as a result of the accident. There is no CCTV in my vehicle. I am not sure if the other vehicle had any in-vehicle CCTV. I am not sure whether there is any CCTV at the accident location which might secure footage of the accident.

I am lodging this police report for my record purpose should my insurance company require it.



**SINGAPORE  
POLICE FORCE**



T/20190420/2097

Police Station Of Origin:  
Hougang N.P.C  
60 Hougang Avenue 9 SINGAPORE 538775  
Tel No: 1800-4890999

3 of 3

Report No. T/20190420/2097

**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: F / Sgt 2 MOHAMAD ZULHIZWAN AQMA BIN MOHD ZULKEFLEE	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	
Authentication Stamp NP168	

Signature Of Informant:	
Date/Time: 20/04/2019 16:51	
Classification Of Case:	



**MEDICAL EXAMINATION REPORT ON FITNESS TO DRIVE<sup>1</sup>**

**PART A - Particulars of Applicant**

Name of Applicant:	PANG KIM CHOO JUNEE									
Driving Licence Number:	S0742501E	Class of Driving Licence:	Motorcycle			Motor Car		Heavy Vehicle		
Date of Birth (Current Age):	30/10/1946 ( 71 )		2B	2A	2	3A	3	4A	4	5
Contact Number(s):	HP:	Home:				Office:				
Address:	APT BLK 513 HOUGANG AVENUE 10 #11-241 SINGAPORE 530513									

**PART B - Medical History (To be completed by Medical Practitioner<sup>2</sup> only)**

The Medical Practitioner is to ask the applicant on the following questions regarding his medical history. The Medical Practitioner will then tick "✓" in the appropriate box for "Yes" or "No" base on the applicant's response and provide remarks where necessary.

	Do you have any history of or are you suffering from :	Yes	No	Medical Practitioner's Remarks
1.	Nervous or mental trouble		✓	
2.	Severe headaches or migraine		✓	
3.	Fits or convulsions of any kind		✓	
4.	Fainting attacks or giddiness		✓	
5.	Head injury or concussion		✓	
6.	Eye trouble of any kind		✓	
7.	Colour blindness		✓	
8.	Difficulty in seeing in the dark		✓	
9.	Deafness		✓	
10.	Asthma		✓	
11.	Heart Disease, weak or strained heart		✓	
12.	Palpitations or breathlessness		✓	
13.	Physical or mental disability		✓	
14.	Have you undergone any surgical operations	✓		# (R) New Jan '17
15.	Any illness or injuries not mentioned above		✓	

I hereby declare that I have carefully considered the statements made above and that to the best of my belief they are complete and correct. I further declare that I have not withheld any relevant information or make any misleading statement and I give my consent to the examining or assessing Medical Practitioner to communicate with any physician, who has attended to me,

Signature of Applicant:

*Pang*  
30/8/17

Signature of Medical Practitioner:

*DR LEE YU MING*  
MB BCh BAO (IRELAND)  
MCR NO. 07086F

Date:

Name of Medical Practitioner:

(\*Delete where applicable)

<sup>1</sup> "Medical Guidelines on Fitness to Drive" by Singapore Medical Association (SMA) is available on SMA's website.

<sup>2</sup> The Medical Practitioner must be a Singapore registered medical practitioner who is "a person registered under the Medical Registration Act, Chapter 174 and includes a person deemed to be registered under Section 72(1) of the Act.



Name of Applicant: PANG KIM CHOO JUNEE

Driving Licence Number: S0742501E

**Annex A - Abbreviated Mental Test (AMT)** (To be completed by Medical Practitioner only)

	Score	Remarks
Please remember the following phrase: "37 Bukit Timah Road". I will be asking you to repeat the phrase to me later.		
1. What is the present year? (Western calendar, i.e. 20__)	1	
2. What time is it now (within 1 hour)?	1	
3. What is your age? (for Chinese, +1yr is usually the norm and hence acceptable).	1	
4. What is your date of birth? (Western year +/- month and day)	1	
5. Where are we now? (hospital or clinic is acceptable)	1	
6. What is your home address? (complete address excluding postal code)	1	
7. Who is Singapore's present Prime Minister?	1	
8. Show picture of a profession (e.g. a nurse or doctor) What is his/her job?	1	
9. Count backwards from 20 to 1	1	
10. Please recall the memory phrase.	1	
Total •	10/10	Pass / Fail

• Each question correctly answered scores one point. A total score of less than 7 suggests cognitive impairment, may require referral for further tests to confirm the diagnosis.

M000799

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0742501E



Name



PANG KIM CHOO JUNEE  
@THERESA

Race

CHINESE

Date of Birth

30-10-1948

Country of Birth

SINGAPORE

Sex

F

42501E

2495128



NRIC No S0742501E



Blood Group

O+

Date of issue

05-10-1994

Address

APT. BLK 513 HOUGANG AVENUE 10 #11-241  
SINGAPORE 530513

NRIC No: S0742501E

Date: 03/02/2010

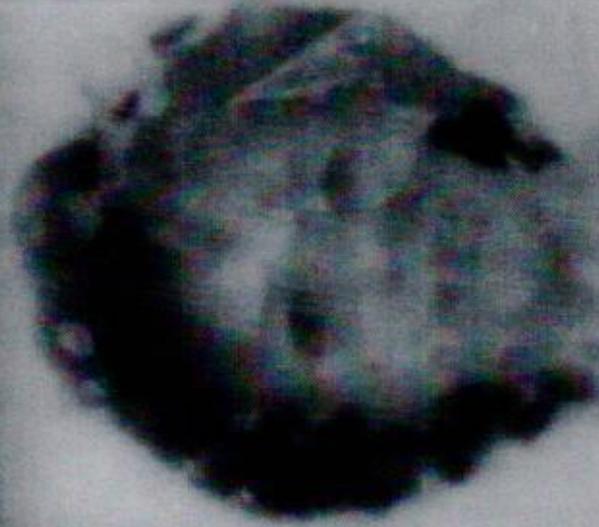
No: 0392542

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number  
Name

S07A2501E

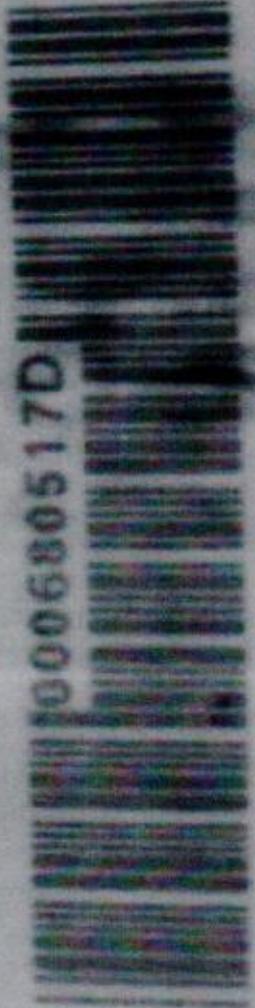
PANG KIM CHOO JUNEE



Birth Date: 30 Oct 1946

Issue Date: 24 Jul 2003

000680517D



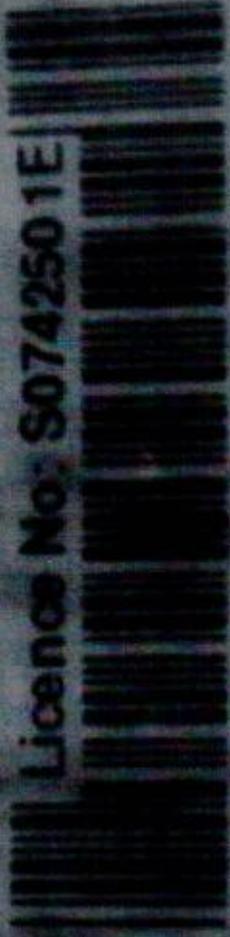
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

PASS DATE

27 Dec 1967

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

Licence No: S074250 1E



NP 429A

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7828777B



Name

PETRINA LEONG MAE-YEE  
(LIANG MEIYI)

梁美仪

Race

CHINESE

Date of birth

27-09-1978

Sex

F

Country of birth

SINGAPORE



4086454



NRIC No. S7828777B



Date of issue

30-07-2007

483 RIVER VALLEY ROAD #06-13  
SINGAPORE 248368

NRIC No: S7828777B

Date: 31/01/2017



**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



Arranged by **Jardine Lloyd Thompson Pte Ltd**  
 138 Market Street #07-01  
 CapitaGreen  
 Singapore 048946  
 Tel: (65) 6333 6311 Fax: (65) 6536 8046  
 CO. REG. NO. 195900157N

## 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.X.1**  
 Individual Ownership

**MOTOR MAX PLUS**  
 Comprehensive

Certificate No. **B 29027502 QMY**

Excess : **SGD500**  
 Windscreen Excess : **SGD100**

**1. Index Mark and Registration Number of Vehicle**

SLS4816U

**2. Name of Policyholder**

Petrina Leong Mae-Yee

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

26/09/2018

**4. Date of Expiry of Insurance**

25/09/2019

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

Petrina Leong Mae-Yee

Pang Kim Choo Junee @ Theresa

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