

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 2005]

NAH0019061380

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 24/05/2019 16:43 | Job description | Date & Time Completed | Done by |
| Ref No: NAH/MSG1900419317 | SAS e-filing | | |
| Veh No: SK2 93944 | E-mail (w/John 8hrs, AIC 2hrs) | | |
| D.O.A: 24/05/2019 08:45 | 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/Whse | | |

| | | |
|--|--|-----------------------|
| Preferred Wkep / INC Assign Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SU 7284X | 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 repaior. |
| () 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/Time | Action |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|--------------|
| NAH1903848 | Invoice | Invoice No | Invoice Date |
| Client Particulars: | 1) AR: Accident Reporting (\$30) | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | INC (\$10) | |
| Contact No: | 3) TP: Towing Fee | \$40/\$43 | |
| Damaged Portion: | 4) PT: 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) | | |
| | 6) TR: Re-inspection | \$75 | |
| | 7) NI: Idas DA + SMRT Survey | \$160 | |
| | 8) NTUC Additional Services: | | |
| | ON: | | |
| | *N5: Courtesy Car / Tpt Allowance | \$3 | |
| | *N6: Repair Co-ordination | \$10 | |
| | *N7: Post Repair Inspection | \$23 | |
| | *N8: DV / Collect Excess Coordination | \$3 | |
| | TP (N11): TP (Non INC) against INC | \$10 | |
| | *N12: Idas 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 | 24/05/2019 15:45 |
| Date Of Accident | 24/05/2019 08:45 |
| Exact Location Of Accident | ENTRY INTO KPE FROM OLD AIRPORT ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SKZ9394L |
| Insured/Policyholder | |
| Name Of Registered Owner | CHNG ZILIN, LYNETTE |
| NRIC No | S8205492H |
| Email Address | LYNETTECHNG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92220690 |
| Alternative Phone No | OTHERS-92220690 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| Exact Purpose for which vehicle was being used at time of accident | GOING TO WORK |
| 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 | A 80461138 QMY |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHNG ZILIN, LYNETTE |
| NRIC No | S8205492H |
| Date Of Birth | 24/02/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/08/2015 |
| Driving Experience | 3 YEARS AND 9 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-92220690 |
| Fax Number | |
| Contact Number | OTHERS-92220690 |
| EEmail Address | LYNETTECHNG@GMAIL.COM |

| | |
|---|---|
| Address | 2 JALAN LOKAM #04-09 KENSINGTON SQUARE |
| Postcode | 537846 |
| 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) | 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? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------------------|
| Vehicle Registration Number | SLL7284X |
| Vehicle Make/Model/Colour | TOYOTA COROLLA ALTIS |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SHI XISHAN |
| NRIC/Passport Number | S8128185H |
| Contact Number | 96965114 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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: 24/05/19
1430h.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

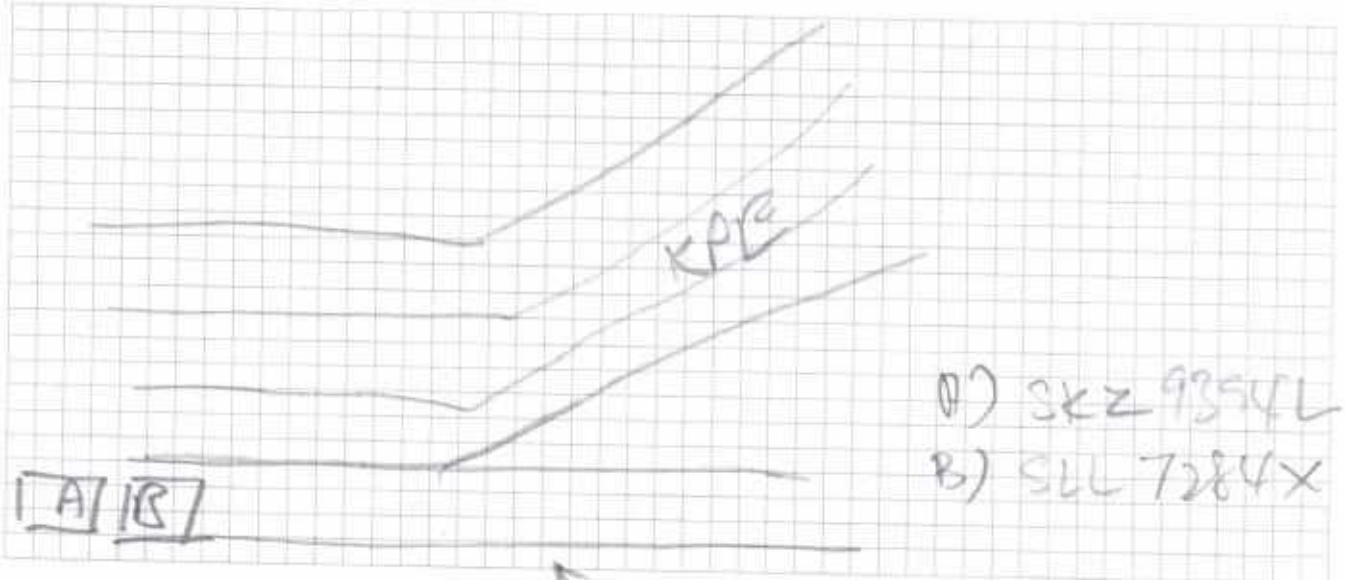


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

↑ tunnel.

After entering the KPE (single lane only), my car (A) was in front. The vehicle in front of me jammed his brakes, resulting in me (A) having to do the same. The car behind me (car B) hit into my rear.

DECLARATION

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

Policyholder's Signature
 Date & Time: 24/05/19
 1430h.

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

Reporting Centre Personnel's Signature
 Name: 24/05/2019
 NRIC/FIN No.: [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 24/05/2019 (DD/MM/YYYY), TIME: 09:45 (HH:MM)

LOCATION: Entry into KPE from Old Airport Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SK29394L
 b) INSURANCE COMPANY: MSIA
 c) POLICY NUMBER: A 80461138 QMY
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA VEZEL
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: going to work
 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: Lynette Chng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8205492H CONTACT: 92250690
 c) ADDRESS: 2 JUN LOKAM #04-09
KENSINGTON SQUARE (S) 537846

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: 24/02/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 03 Aug 2015

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: SLL7284X MODEL: TOYOTA COROLLA
 b) DRIVER'S NAME: SRI XISHAN
 c) NRIC/FIN/PASSPORT: S8128185H CONTACT: 96965114

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

email = lynettechng@gmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8205492H



Name

CHNG ZILIN, LYNETTE

莊紫淋

Race

CHINESE

Date of birth

24-02-1982

Sex

F

Country of birth

SINGAPORE



4920169



NRIC No. S8205492H

Date of issue

07-01-2013

2 JALAN LOKAM #04-09
SINGAPORE 537846

NRIC No: S8205492H

Date: 17/09/2018

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **S8205492H**
 Name: **CHING ZILIN, LYNETTE**
 Birth Date: **24 Feb 1982**
 Valid Date: **03 Aug 2015**




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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg **03 Aug 2015**
 < 7 passengers, exclusive of the driver; and
 other motor vehicles without clutch pedals =< 2500kg

NP 428A





MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Tel: (65) 8827 7888 Fax: (65) 8827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

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 80461138 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKZ9394L

2. Name of Policyholder
CHNG ZILIN LYNETTE

3. Effective Date of the Commencement of Insurance for the purposes of the Act
21/08/2018

4. Date of Expiry of Insurance
20/08/2019

5. Persons or Classes of Persons entitled to drive*

CHNG ZILIN LYNETTE

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.

21/08/2018

Signature / Date

Counter-Signatory:

SGP Business Consultancy Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XSGPBCTHH2018082115489670

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:

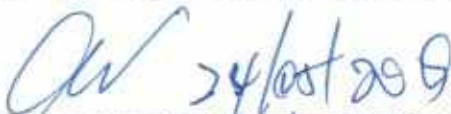
Original Report No : M/NA445067880 Vehicle Registration No: 8K29394L
Name (as shown in NRIC) : CHANG ZILIN, LYNN ANN NRIC/FIN/Passport No : S8046
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate 382054924
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9222069
Email Address : _____
Date of Accident : 26/05/2019 Time of Accident : 08:45
Place of Accident : ENTRY INTO KPE FROM OLD AIRPORT RD
Insurance Company : MSIG

(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:

ISSUED NAME TO CHANG ZILIN, LYNN ANN

Policyholder / Driver's Signature
Date:


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