

# NATIONAL Assessment Centre Services

[wef 1 Jan 2005]

|                            |                                          |                       |         |
|----------------------------|------------------------------------------|-----------------------|---------|
| Date In: 29/05/19          | Job description                          | Date & Time Completed | Done by |
| Ref No: NA/MSC/19009515/13 | SAS e-filing                             |                       |         |
| Veh No: SMF6218P           | E-mail (within 8hrs, AIC 2hrs)           |                       |         |
| D.O.A: 29/05/19 0750       | 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: SKP6872X                                         | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

NA1903920

| Claimant's Particulars :-       | Invoice Preparation Checklist                   | Amt (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|---------------------------------|-------------------------------------------------|----------------------|----------------------|
| Driver/Owner:                   | 1) AR: Accident Reporting (\$30);               |                      |                      |
| Contact No:                     | 2) DA: Damage Assessment (\$100); INC (\$80)    |                      |                      |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |                      |                      |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120              |                      |                      |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |                      |                      |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
|                                 | 6) TR: Re-inspection \$75                       |                      |                      |
|                                 | 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                          |                      |                      |
| Cat 1:                          | Invoice dated                                   | Fee Charged          |                      |
| Cat 2 / 3:                      |                                                 |                      |                      |



## 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             | 29/05/2019 11:15    |
| Date Of Accident           | 29/05/2019 07:50    |
| Exact Location Of Accident | PIE B4 ENTERING KPE |
| Country/State of Loss      | SINGAPORE           |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMF6218P             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | CHOI KAH YING        |
| NRIC No                     | S7814152B            |
| Email Address               | DC9525@YAHOO.COM     |
| Mobile Phone No             | (LOCAL) +65-91060010 |
| Alternative Phone No        | OTHERS-81988000      |

### Vehicle Particulars

|                                                                              |             |
|------------------------------------------------------------------------------|-------------|
| Manufacturer                                                                 | NISSAN      |
| Model                                                                        | QASHQAI     |
| 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                                       | 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 29111800 QMY                       |
| Cover Note Number         |                                      |

### Driver

|                      |                                  |
|----------------------|----------------------------------|
| Name of Driver       | POON CHOON SHIONG(FANG JUNXIONG) |
| NRIC No              | S7803976J                        |
| Date Of Birth        | 01/02/1978                       |
| Occupation           | INDOOR                           |
| Date Of Driving Pass | 24/05/2016                       |
| Driving Experience   | 3 YEARS AND 0 MONTHS             |
| Gender               | MALE                             |
| Mobile Number        | (LOCAL) +65-81988000             |
| Fax Number           |                                  |
| Contact Number       |                                  |
| EMail Address        | EP4546@YAHOO.COM                 |

|                                                     |                           |
|-----------------------------------------------------|---------------------------|
| Address                                             | BLK 50 LORONG 5 TOA PAYOH |
|                                                     | #13-53                    |
| Postcode                                            | 310050                    |
| Was driver an employee of the Insured's Company     | NO                        |
| If No, Relationship of the Driver with the Insured  | SPOUSE                    |
| Vehicle Registration Number of Driver's Own Vehicle | -                         |
|                                                     | -                         |
|                                                     | -                         |
| Insurance Company of Driver's Own Vehicle           | -                         |
|                                                     | -                         |
|                                                     | -                         |

#### General Information of the Accident

|                    |                 |
|--------------------|-----------------|
| Type Of Accident   | CHAIN COLLISION |
| 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                         | 3   |
| 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

MY VEH WAS STATIONARY AT THE PIE B4 ENTERING KPE DUE TO THE ROAD CONGESTED AHEAD. SUDDENLY VEH(B) BEARING REG NO SKP6872X CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HIT ONTO THE REAR PORTION OF VEH(C) BEARING REG NO SKW5513C.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SKP6872X    |
| Vehicle Make/Model/Colour   | BLACK BMW   |
| Details Of Properties       |             |
| Vehicle Category            | PRIVATE CAR |
| Name of Driver              | WU WENCHUN  |
| NRIC/Passport Number        | S8876126Z   |
| Contact Number              | 81277950    |
| Address                     |             |
| Postcode                    |             |
| Insurance Company Name      |             |
| Nature Of Damage            |             |

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|                                     |                 |
|-------------------------------------|-----------------|
| Vehicle Registration Number         | SKW5513C        |
| Vehicle Make/Model/Colour           | TOYOTA ALTIS    |
| Details Of Properties               |                 |
| Vehicle Category                    | PRIVATE CAR     |
| Name of Driver                      | MASATAKE YONEYA |
| NRIC/Passport Number                | G3115006Q       |
| Contact Number                      | 97881301        |
| Address                             |                 |
| Postcode                            |                 |
| Insurance Company Name              |                 |
| Nature Of Damage                    |                 |
| No. Of Passenger (Including Driver) |                 |

#### DETAILS OF INJURED PERSON 1

|                                                     |                                  |
|-----------------------------------------------------|----------------------------------|
| Name                                                | POON CHOON SHIONG(FANG JUNXIONG) |
| Approximate Age                                     |                                  |
| Injuries Sustain                                    | BACK & NECK                      |
| Injured person in which vehicle?                    | SMF6218P                         |
| Were seat belts worn?                               | YES                              |
| Was this injured conveyed to hospital by ambulance? | NO                               |
| Address                                             |                                  |
| Postcode                                            |                                  |



## SKETCH PLAN


### IMPORTANT NOTICE

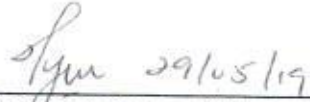
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

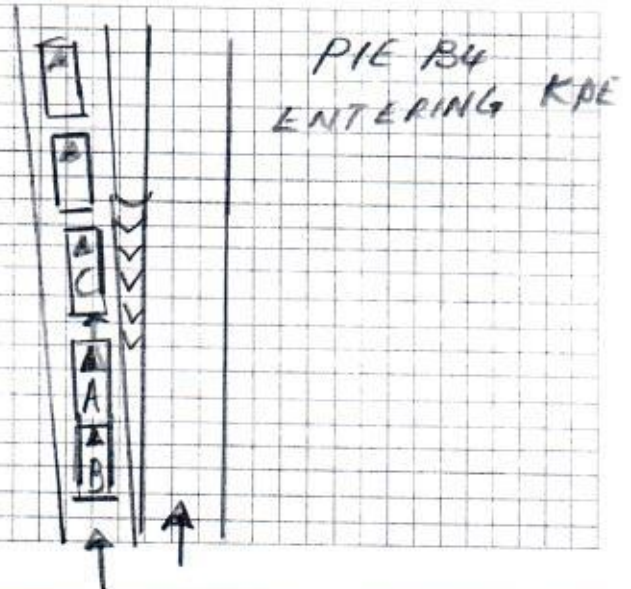
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 29/5/19

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

# SKETCH PLAN

A-SMF6218P  
B-SKP6872X  
C-SKW5513C



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*P/s refer to the statement.*

## 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: 29/5/19

Reporting Centre Personnel's Signature  
Name:

NRIC/FIN No.:

*Signature* 29/05/19



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **S7803976J**

**POON CHOON SHIONG**  
(FANG JUNXIONG)

Birth Date: 01 Feb 1978  
Valid Date: 24 May 2016

002570502H

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7803976J**

**POON CHOON SHIONG**  
(FANG JUNXIONG)

方俊雄

Race: **CHINESE**

Date of birth: 01-02-1978 Sex: **M**

Country of birth: **SINGAPORE**

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

**Class 3A** Motor cars without clutch pedals (Auto) with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight  $\leq 2500\text{kg}$

**EFFECTIVE DATE** 24 May 2016



NP 428A

4315174

NRIC No: **S7803976J**

Date of issue: 28-11-2008

APT BLK 50 LORONG 5 TOA PAYOH #13-53  
SINGAPORE 310050

NRIC No: S7803976J Date: 04/08/2011 No: 6798149

**For LKK/NAC Use Only**



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807  
Tel +65 6827 7888, Fax +65 6827 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

**MOTOR MAX PLUS****THE SCHEDULE**

| Policy Number                                                           |          | Period of Insurance      | Place of Issue |
|-------------------------------------------------------------------------|----------|--------------------------|----------------|
| A 29111800 QMY                                                          |          | 19/12/2018 to 15/03/2020 | SINGAPORE      |
| Name and Address of Insured                                             |          |                          | Date of Issue  |
| Choi Kah Ying<br>50<br>Lorong 5 Toa Payoh<br>#13-53<br>Singapore 310050 |          |                          | 21/12/2018     |
|                                                                         |          |                          | Account Number |
|                                                                         |          |                          | 156351         |
| Premium                                                                 | GST      |                          | Total Due      |
| SGD1,031.43                                                             | SGD72.20 |                          | SGD1,103.63    |

**RISK NUMBER 1****MOTORMAX PLUS****OCCUPATION**

Admin Executive

**FINANCIAL INTEREST**Oversea-Chinese Banking Corporation Ltd  
as Hire Purchase Owners**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

|                  |                              |                   |                 |
|------------------|------------------------------|-------------------|-----------------|
| REGISTRATION NO. | SMF6218P                     | SUM INSURED       | MARKET VALUE    |
| MAKE/MODEL       | Nissan Qashqai 1.2 DIG-T CVT | INCL. COE/PARF    | YES             |
| ENGINE NUMBER    | HRA2570929A                  | OFF-PEAK CAR      | NO              |
| CHASSIS NUMBER   | SJNFEAJ11U2193308            | NO CLAIM DISCOUNT | 50.00% (or F/D) |
| YEAR OF MFG      | 2017                         | GOOD DRIVER'S     |                 |
| CAPACITY         | 1197 C.C.                    | DISCOUNT          | SGD43.74        |
| SEATING CAPACITY | 5 (INCL. DRIVER)             | NCD PROTECTOR     | COVERED         |
| WINDSCREEN       | UNLIMITED                    | EXCESS            | SGD500          |
|                  |                              | ANNUAL PREMIUM    | SGD831.06       |

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

Choi Kah Ying