

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAN 9275 682**

Date In: 12/6/19 - 18:31	Job description	Date & Time Completed	Done by
Ref No: NA/MC/19010209/24	SAS e-filing		
Veh No: SMIC8791K	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 12/6/19 - 16:05	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: Vch No: **SM 6771K** 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: ()

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

NA1924414

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) 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:-		
	On*		
	*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 (N11 INC) against INC \$20		
	9) N12: Idac 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	10/06/2019 18:31
Date Of Accident	07/06/2019 16:05
Exact Location Of Accident	CTE AT PIE (CHANGI) ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8791K
Insured/Policyholder	
Name Of Registered Owner	ONG MIAO GUANG KEN
NRIC No	S9043835B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87425893
Alternative Phone No	OFFICE-87425893

Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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	A29126910APO
Cover Note Number	

Driver

Name of Driver	ONG MIAO GUANG, KEN
NRIC No	S9043835B
Date Of Birth	21/10/1990
Occupation	INDOOR
Date Of Driving Pass	20/02/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87425893
Fax Number	
Contact Number	OFFICE-87425893
Email Address	NOEMAIL

Address	BLK 93 BEDOK NORTH AVENUE 4 #02-1463
Postcode	460093
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	WET

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?	
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)	2
Passenger 1	NAME: : LIM HOCK CHEN GENDER: : MALE

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

REFER TO STATEMENT.

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	SJM6727K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN


VEHICLE NO.: SMK 8791K
INSURER : _____
DATE & TIME: _____

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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:

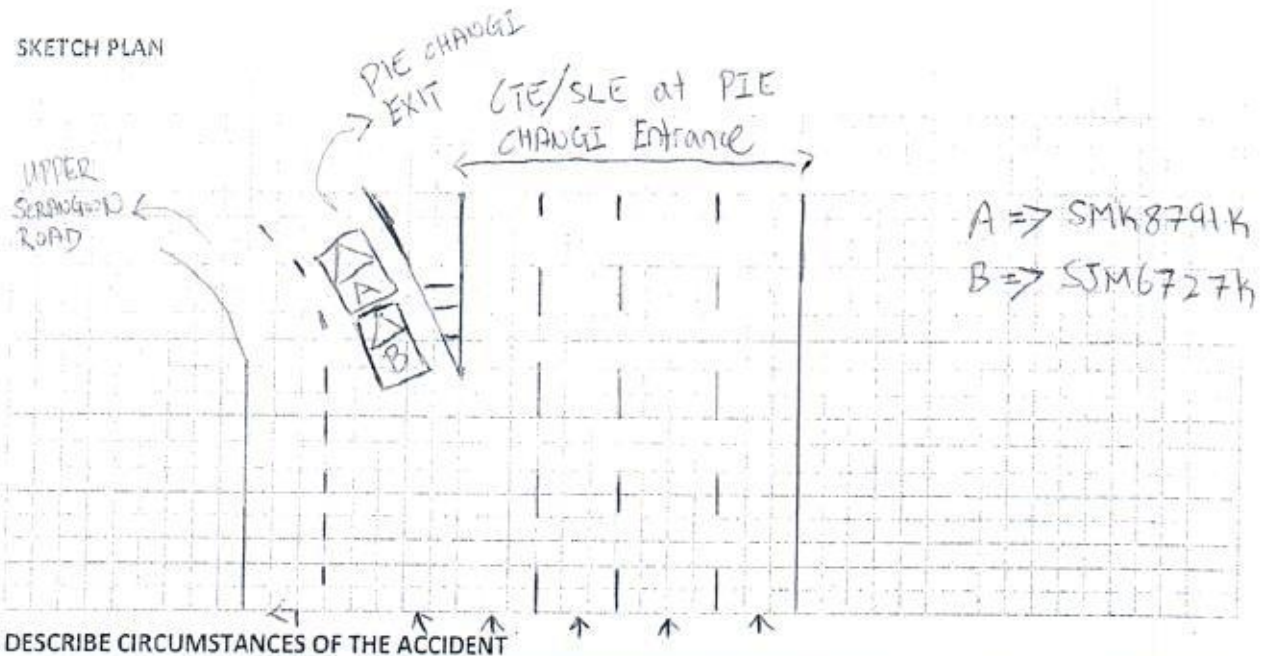


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date, I vehicle A (SMK8791K) was traveling along the stated venue. Vehicle in front of me brake and I manage to brake in time. Suddenly, vehicle B (SJM6727K) can't not brake in time and collided onto my rear causing damages.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.: _____

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Particular of Insured / Driver & Details of the Accident

(Pls circle where applicable)

Location of Accident: CTE/SLG at PIE/CHANGI Entrance

Date & Time of Accident: 07/06/2019 1605HRS

Purpose when vehicle was used at the time of accident: PRIVATE USE
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SMK 8791K

Make / Model: BMW 316I

Vehicle Category: _____

Claiming Own insurance: YES / NO

If No, Reporting only / Third Party Claim

Name of Preferred workshop: _____ Contact: _____

Insured / Policy Holder

Name of Registered Owner: _____ NRIC: _____

Address: _____

Mobile No: _____ Other Contact: Home No. / Office / Others: _____

Email: _____

Driver

Name of Driver: Ong Miao Guang, Ken

NRIC/ Fin: S9043835B

Driving License Pass Date: 20th Feb 2019

DOB: 21th OCT 1990

Address: _____

Occupation: INDOOR / OUTDOOR

Mobile No: 87423847

Gender: MALE / FEMALE

Other Contact: Home No. / Office / Others: _____

Email: _____

Driver an employee: YES / NO

If no, what is relationship with the policyholder: owner

If Driver is a policyholder, please kindly ignore this question

Insurance Company (MNH)

Fleet Policy: YES / NO

Policy Number: _____ Type of Coverage: _____

General information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: _____

Weather Conditions: CLEAR / RAINING / OTHERS: _____

Road Surface: DRY / WET

Any video captured by car camera?: YES / NO

*Any witness?: YES / NO

Any police report made: YES / NO

*Injured party: YES / NO (*If Yes, pls provide name & tel)

For Injured Party details, it must be supported by police report

jug-claims@yahoo.com

No. of Passenger (Including Driver): 02

Details of Passenger 1

Name of Passenger: Sim Hock Chen

Gender: Male

Details of Passenger 3

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 1

Vehicle Registration No: SJM6727K

Vehicle Make / Model / Colour: _____

Name of Driver: _____

No. of Passenger (Including Driver): _____

NRIC: _____

Contact Number: _____

Nature of Damage: _____

Vehicle Category: _____

Details of Passenger 2

Name of Passenger: _____

Gender: _____

Details of Passenger 4

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9043835B



Name

ONG MIAO GUANG, KEN

王 妙 光

Race

CHINESE

Date of birth

21-10-1990

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

Sex

M

5872973



NRIC No. S9043835B



Date of issue

29-01-2018

For LKK/NAC Use Only

Address

APT BLK 93 BEDOK NORTH AVENUE 4
#02-1483
SINGAPORE 460093

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S9043835B**

Name:

ONG MIAO GUANG, KEN

For LKK/NAC Use Only

Birth Date: **21 Oct 1990**

Issue Date: **20 Feb 2019**



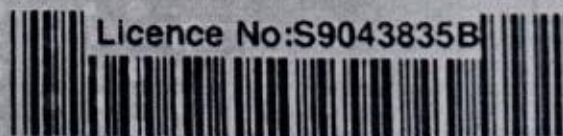
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A	Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	20 Feb 2019
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For LKK/NAC Use Only

NP 428A



Licence No: S9043835B



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

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

Prestige Drive - PPSL
Comprehensive

Certificate No. A 29126916 APO

Excess : SGD2,000

Windscreen Excess : SGD0

1. Index Mark and Registration Number of Vehicle
SMK8791K

2. Name of Policyholder
Ong Miao Guang Ken

3. Effective Date of the Commencement of Insurance for the purposes of the Act
01/06/2019

4. Date of Expiry of Insurance
25/07/2020

5. Persons or Classes of Persons entitled to drive*

Ong Miao Guang Ken

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 PERFORMANCE MOTORS LIMITED 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


Amy Ler
Senior Vice President, Agencies