

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA119288 v1**

Date In: 2/6/19-12:31	Job description	Date & Time Completed	Done by
Ref No: HA/MJH19-13926/24	SAS e-filing		
Veh No: SL655JL	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 2/6/19-13:15	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: **JHG 7012** 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

Claimant's Particulars :-	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			for Bill	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			
Auditors' Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30			
Dat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Dat 2 / 3:	6) TR : Re-inspection \$75			
	7) N1 : Idno DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	Q1)*			
	*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: Idno 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	21/06/2019 12:34
Date Of Accident	20/06/2019 13:15
Exact Location Of Accident	JUNC VICTORIA PARK RD & KINGSMEAD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG555L
Insured/Policyholder	
Name Of Registered Owner	GOH SIOW YAN ELIZABETH
NRIC No	S8317793D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97681444
Alternative Phone No	OFFICE-97681444

Vehicle Particulars

Manufacturer	AUDI
Model	Q7 2.0 TFSI QU (252 BHP)
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	A29090382QMY
Cover Note Number	

Driver

Name of Driver	GOH SIOW TIAN, ANGELINE (WU XIAOTIAN)
NRIC No	S8638221J
Date Of Birth	14/12/1986
Occupation	INDOOR
Date Of Driving Pass	01/10/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91140836
Fax Number	
Contact Number	OFFICE-91140836
Email Address	NOEMAIL

Address	29 REBECCA ROAD
Postcode	266705
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - 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

REFER TO STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2101Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SNG SIN HENG
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	GOH SIOW TIAN, ANGELINE (WU XIAOTIAN)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLG555L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

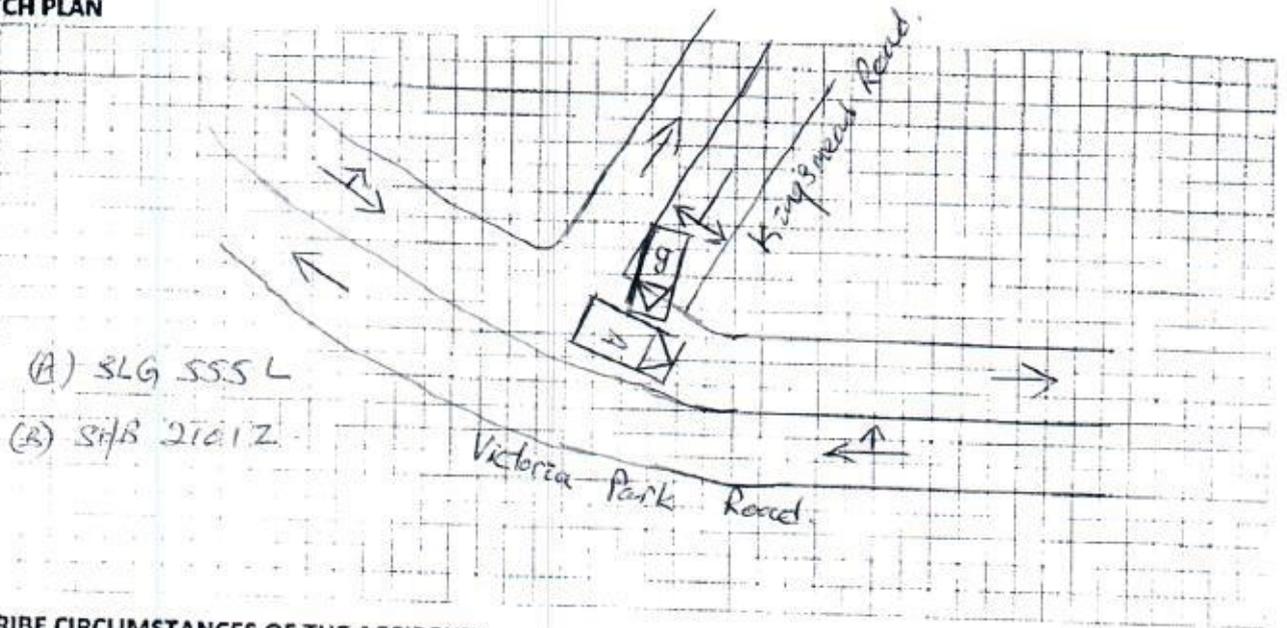


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



(A) SLG 555 L
 (B) SHB 21012

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/06/19 at @ 1315 hrs, I was travelling in my vehicle (SLG 555 L) along Victoria Park Road travelling straight within my lane. As I drove passed the junction of Kingsmead Road, a taxi (SHB 21012) did not stopped at the stop line and dashed out to the main road. (without give way to me). As a result, the said taxi collided onto the left side of my vehicle.

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.:

Vehicle No.	SLG 555 L	Model / Make	Audi Q7
Date of Accident	20/06/19		
Time of Accident	1345 HRS		
Location of Accident	Victoria Park Road junction Kingsmead Road		
Exact purpose use during accident	Private Used		
Name of Owner	Goh Siow Yan Elizabeth		
Telephone No.	H/P: 9768 1444	Home:	Office:
NRIC	S8317793D		
Address	27, Rebecca Road, (S) 266704		
Claim type	OD <u>THIRD PARTY</u> REPORTING ONLY		
Insurance Company	MSIG		
Type of Coverage	<u>Comprehensive</u>	Third Party	Third Party / Fire / Theft
Policy No.	A 29090382 QMY		
Name of Driver	As Above If No, Goh Siow Yan, Angelina		
NRIC	S8038221J	Any Passengers:	03 (2M) (1F)
Date of birth	14/12/1986		
Occupation	Outdoor	/	<u>Indoor</u>
Driving License Pass Date	01/10/2010		
Gender	Male	/	<u>Female</u>
Contact No.	H/P: 9114 0836	Home:	Office:
Address	29, Rebecca Road (S) 266705		
Driver have any own vehicle	<u>No</u>	If yes, Reg No.	
Relationship	Employee,	If no, state	Partner
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	<u>If Yes, Who?</u>	
Name And Contact No.	Goh Siow Yan, Angelina (H/P: 9114 0836)		
Name And Contact No.			
Police Report	<u>No</u>	If Yes, Where?	
Vehicle B No.	SHB 2101Z	Any Passengers:	N.A
Name of Driver	Sng Sin Heng	Contact No.:	
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A	Witness Contact:	N.A
Accident Portion	Left side.		
Camera Recorder	<u>Yes</u> / No		
Email Address	gstangelina@gmail.com		
PARTICULAR WORKSHOP	Twin car		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Zi Teng		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n51.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8 6 3 8 2 2 1 J**

Name:

**GOH SIOW TIAN, ANGELINE
(WU XIAOTIAN)**

For LKK/NAC Use Only

Birth Date: **14 Dec 1986**

Issue Date: **01 Oct 2010**



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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 01 Oct 2010
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

For LKK/NAC Use Only



NP 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8638221J**



Name

GOH SIOW TIAN, ANGELINE
(WU XIAOTIAN)

吴晓甜

Race
CHINESE

Date of birth
14-12-1986

Sex
F

S8638221J

For LKK/NAC Use Only



Country/Place of birth
SINGAPORE

3/00954



NRIC No. **S8638221J**



For LKK/NAC Use Only

Date of issue
12-07-2017

Address
29 REBECCA ROAD
SINGAPORE 266705

Owner

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8317793D**

Name

GOH SIOW YAN ELIZABETH
(WU XIAGYAN ELIZABETH)
吳曉燕

CHINESE
Date of Birth
20-08-1995
Sex
F
Country of Birth
SINGAPORE

For LKK/NAC Use Only

S8317793D



2855861



NSIC No. **S8317793D**

Blood Group
O+

Date of Issue
04-07-1995

For LKK/NAC Use Only

27 REBECCA ROAD
SINGAPORE 268704

NRIC No: **S8317793D** Date: **30/08/2017 (R)**





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 29090382 QMY	Excess : SGD1,500 Windscreen Excess : SGD100
<p>1. Index Mark and Registration Number of Vehicle SLG555L</p> <p>2. Name of Policyholder Goh Siow Yan Elizabeth</p> <p>3. Effective Date of the Commencement of Insurance for the purposes of the Act 16/08/2018</p> <p>4. Date of Expiry of Insurance 15/08/2019</p> <p>5. Persons or Classes of Persons entitled to drive*</p> <p>Goh Siow Yan Elizabeth Tobias Michael Admon s Goh Siow Tian Angeline Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.</p> <p>* 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.</p> <p>6. Limitations as to use*</p> <p>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.</p> <p>* 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.</p>	
<p>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.</p> <p>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).</p>	

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

JWGB201807301414