

NATIONAL Assessment Centre Services		Date: 16/06/2019		Ref No: N/A/MS41901335/1	
Date In: 26/06/2019 16:30	Job description: SAS e-filing	Date & Time Completed	Done by		
Ref No: N/A/MS41901335/1	E-mail (within 4hrs, AIC 2hrs)				
Veh No: SLR 3340Y	i-Motor Claim Form				
D.O.A: 25/06/2019 16:45	i-Motor W/O (within OD 2hrs, TP 4hrs)				
OD TP: Reporting Only	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: 84A 8629T	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: ( )
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Date/Time	Actions

X/A/1904743		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30)		In Bill	Add Bill
Driver/Owner:		2) DA: Damage Assessment (\$100) INC (\$80)			
Contact No:		3) TP: 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			
Auditors' Comments:		For claimant against INC Only (wef 10 Jan 2019)			
Cat 1:		6) TR: Re-inspection \$75			
Cat 2/3:		7) NI: Idm DA + SMRT Survey \$100			
P. 1/1		8) NTUC Additional Services:			
		a) NI: Courtesy Car / Tpl Allowance \$5			
		b) NI: Repair Co-ordination \$10			
		c) NI: Post Repair Inspection \$25			
		d) NI: DV / Collect Excess Coordination \$5			
		e) NI: TP (N11) / TP (N12) against INC \$20			
		f) NI: Idm Mobile \$0			
		Invoice total		For Charged	
		For Charged		For 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	26/06/2019 16:30
Date Of Accident	25/06/2019 16:45
Exact Location Of Accident	ALONG LOMPANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3340Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VALERIE TAN HUALI
NRIC No	S9247589A
Email Address	WONGJIEJUN.JAMES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98179680
Alternative Phone No	OTHERS-91814381

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.2 TSI DSG (A)
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	A 28967681 AVW
Cover Note Number	

### Driver

Name of Driver	WONG JIE JUN (WANG JIEJUN)
NRIC No	S9221901A
Date Of Birth	03/06/1992
Occupation	INDOOR
Date Of Driving Pass	13/06/2019
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98179680
Fax Number	
Contact Number	OTHERS-91814381
EEmail Address	WONGJIEJUN.JAMES@GMAIL.COM

Address	62 FOWLIE ROAD
Postcode	428501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BOY FRIEND
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?	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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA8629J
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.
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: 26/06/2019

Reporting Centre Personnel's Signature  
Name: Resh  
NRIC/FIN No.: 1135Hr

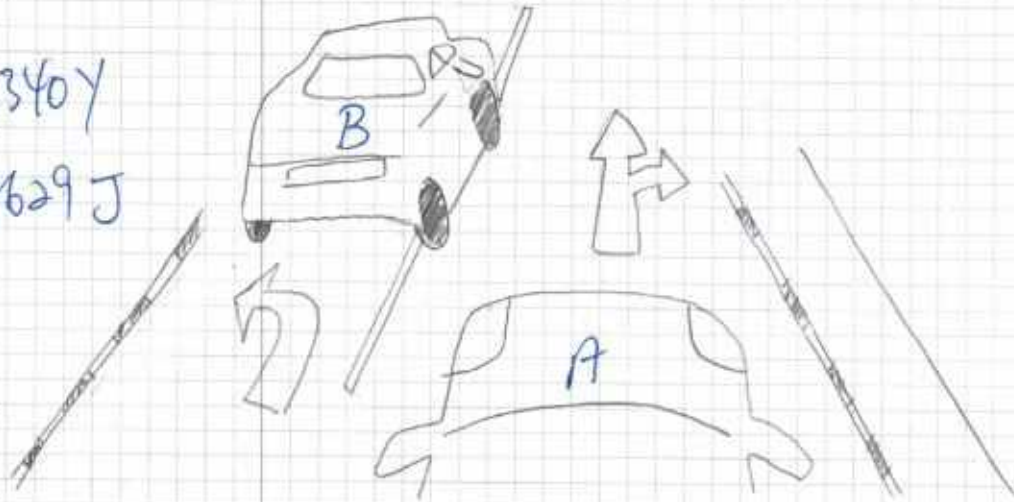


SKETCH PLAN

Along Lompang Road

A) SLR 3340Y

B) SHA 8629J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- I WAS DRIVING ALONG LOMPANG ROAD STRAIGHT ~~AND~~ ON THE RIGHT LANE. A YELLOW COMFORT DELGRO TAXI (SHA 8629J) WAS CUTTING INTO MY LANE AND HE ~~WAS~~ HAD CROSSED THE LANE DIVIDER FROM THE LEFT AND STOPPED THERE
- AS A RESULT, MY CAR'S LEFT SIDE MIRROR WAS SCRATCHED ~~AGAINST~~ AGAINST HIS RIGHT SIDE MIRROR
- THE TAXI DRIVER DID NOT GET DOWN TO EXCHANGE PARTICULARS HE DROVE AHEAD AND EVENTUALLY DROVE OFF BEFORE I COULD COMMUNICATE WITH HIM.

FOR RECORD KEEPING PURPOSES ONLY.

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: 26/06/2019

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 25.6.2019 (DD/MM/YYYY), TIME: 16:45 (HH:MM)

LOCATION: Company Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP 3340Y  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: A 28967681AVW  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: VW GOLF 1.2 TL 81 (DSG)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Commute  
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: VALERIE TAN HUALI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9247589A CONTACT: 9879680  
c) ADDRESS: BLK 239 BUKIT PANTANG RING ROAD  
S(670239)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: WONG JIE JUN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9221901A CONTACT: 9814381  
c) ADDRESS: 62, FOWLE ROAD

\* d) DATE OF BIRTH: 03/06/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/06/2019

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: GIRLFRIEND

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: SHA 8629J MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

Email = WONG JIE JUN WONG JIE JUN. JAMES@GMAIL.COM  
VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9221901A



Name

WONG JIE JUN  
(WANG JIEJUN)

王捷儁

Race

CHINESE

Date of birth

03-06-1992

Country/Place of birth

SINGAPORE

Sex

M



For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9221901A

WONG JIE JUN  
(WANG JIEJUN)

Birth Date: 03 Jun 1992

Issue Date: 13 Jun 2019



5490999



NRIC No. S9221901A



Date of issue

13-06-2015

Address

62 FOWLIE ROAD  
SINGAPORE 428501

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg 13 Jun 2019

For LKK/NAC Use Only

NP 428A







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

COPY

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

VW DRIVEEASY  
Comprehensive

Certificate No. A 28967681 AVW

Excess : SGD500  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLP3340Y

2. Name of Policyholder  
Tan Huali Valerie

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
31/05/2019

4. Date of Expiry of Insurance  
30/05/2020

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

Tan Huali Valerie

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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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.

Signature / Date

Counter-Signatory:

Winner 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.

XWCPLANCH2019062611486023