

NATIONAL Assessment Centre Services (cont. 1 Jan 2015) MWA 419088462

Date In: 22/06/2019 10:24	Job description	Date & Time Completed	Done by
Ref No: MWA 419088462	SAS e-filing		
Veh No: 86A 8022L	E-mail (within 2hrs, AIC 2hrs)		
DOA: 26/06/2019 15:45	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: WC 8195 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	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idm DA + SMRT Survey \$160		
	8) NTUC: Additional Services		
	9) N11: TP (Non-INC) against INC \$20		
	10) N12: Idm Mobils \$30		
	Invoice dated: _____ Fee Charged: _____		
	_____ 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	27/06/2019 09:45
Date Of Accident	26/06/2019 15:45
Exact Location Of Accident	SLIP RD OF WEST COAST RD TOWARDS CLEMENTI AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8022L
Insured/Policyholder	
Name Of Registered Owner	KUO LI LIAN ELAINE (GUO LILIAN ELAINE)
NRIC No	S7538874H
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82885796
Alternative Phone No	OTHERS-97599946

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	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 29116450 QMY
Cover Note Number	

Driver

Name of Driver	KUO SIEW YEE @ KEH CHEW GEE
NRIC No	S1157606J
Date Of Birth	27/01/1938
Occupation	INDOOR
Date Of Driving Pass	25/07/1968
Driving Experience	50 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82885796
Fax Number	
Contact Number	OTHERS-97599946
Email Address	HANCARREPAIRS@GMAIL.COM

Address	21 WEST COAST WAY
Postcode	0512
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	2
Passenger 1	NAME: : PASSENGER 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

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	WC819S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOO LOW MING
NRIC/Passport Number	F7354984K
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

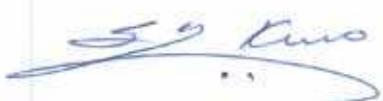
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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 Signature
Name: **Roshni**
NRIC/FIN No.:

SKETCH PLAN

- Ⓐ SLA8022L
- Ⓑ WC8195



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

^{slip Road of}
 I was travelling along west coast Road Towards Clementi Ave 2.
 I slowed down and ~~stop~~ stopped behind the give way and give way to oncoming vehicles.
 However, vehicle Ⓑ come from behind and hit my car Ⓐ.
 We alighted from our vehicles and exchange particulars.
 vehicle Ⓑ driver keep apologising ~~not~~ because he was at fault.

DECLARATION

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

 Policyholder's Signature
 Date & Time:

S. J. Kins

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

27/06/2019

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

PERSONAL PARTICULARS

1 Driver
1 passenger

Date of Accident: 26/06/2019

Time of Accident: 15 45 (24Hrs)

Vehicle No: SLA8022L

Vehicle Make/Model: Toyota Aitris 1.6

Exact Location of Accident: Slip road of West coast Rd towards Clementi Ave 2

Owner's Name/NRIC: Kuo Li Lion Elaine (Gao Lilian Elaine) S7538874H

Driver's Name/NRIC: Kuo Siew Yee @ Keh Chew Gee S1157606J

Driver's Contact: 82885196 / 91509946 Insurance Co & Policy No: _____

Driver's Email Address: hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Other specify: Father / Daughter (Owner)

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No _____ If Yes, which police station? _____

1 Driver
0 passenger

The Other Party (Vehicle B) Details

Driver's Name/IC: Hoo Low Ming / F7354984K

Vehicle No: WC819S

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C) : _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE

License Number: **S1157606J**

Name: **KUO SIEW YEE**

Birth Date: **27 Jan 1938**

Issue Date: **13 Sep 2003**

000827472D




For LKK/NAC Use Only

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

REPUBLIC ID NO: **S1157606J**



KUO SIEW YEE
@KEH CHEW GEE

For LKK/NAC Use Only

CHINESE

27-01-1938 M
SINGAPORE

1304879

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



S1157606J
For LKK/NAC Use Only

A+ 27-10-1993

21 WEST COAST WAY
SINGAPORE 0512

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
25 Jul 1968

For LKK/NAC Use Only

For LKK/NAC Use Only

NP 428A



IDENTITY CARD NO: S7538874H



KUO LI JIAN ELAINE
KHO LI JIAN ELAINE
郭麗堅
Date of Birth: 29-08-1986
Place of Birth: SINGAPORE

For LKK/NAC Use Only

STAMP



MR. NO. S7538874H



9030 4175

Date of Birth: 29-08-1986

For LKK/NAC Use Only

Address:
21 WEST COAST WAY
SINGAPORE 127000



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SCS Centre 2, Singapore 068807
Tel: +65 6327 7688, Fax: +65 6327 7900
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.

MOTOR MAX PLUS Comprehensive

Form N.X.1
Individual Ownership

Certificate No. A 29116450 QRY

Excess : S\$500

Windscreen Excess : S\$2100

1. Index Mark and Registration Number of Vehicle
SLA8027L

2. Name of Policyholder
Kuo Li Lian Elaine

3. Effective Date of the Commencement of Insurance for the purposes of the Act
17/07/2019

4. Date of Expiry of Insurance
16/03/2020

5. Persons or Classes of Persons entitled to drive*

Kuo Li Lian Elaine

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 AUTHORIZED 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).

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



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #28-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S685500200 / GST Reg. No: M400017733

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: 27/06/2009 Vehicle Registration No: SLA 8022L
 Name (as shown in NRIC): Kuo Siew Yee @ Keh Chew Gee NRIC/FIN/Passport No: _____
 (* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 97599946
 Email Address: _____
 Date of Accident: 26/06/2009 Time of Accident: 15:45
 Place of Accident: SLIP ROAD OF WEST COAST RD TOWARDS DAMPITI AVN 2
 Insurance Company: MSLG

(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:

DEVIAR NAMA Kuo Siew Yee @ Keh Chew Gee

Policyholder / Driver's Signature
 Date:

27/06/2009
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: _____
 Date: