

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

| | | | |
|------------------------------------|-------------------------------------------------|-----------------------|---------|
| Date In: <u>01/07/19</u> | Job description | Date & Time Completed | Done by |
| Ref No: <u>NA/msg19011572/13</u> | SAS e-filing | | |
| Veh No: <u>FBM5998X</u> | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: <u>29/06/19</u> <u>1030</u> | i-Motor Claim Form | | |
| OD - TP: <u>Reporting Only</u> | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| TP Insurer: | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by <u>Fax / Hand to Owner/Wksp</u> | | |

| | | |
|--------------------------------------------|----------------------------------------------------------|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: () | Tel: () | Fax: () |
| TP Particulars: | Veh No: <u>SKB3481J</u> | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|----------------------------------------|-------------------------------------------------|----------------------|----------------------|
| <u>NA1905005</u> | Invoice Preparation Checklist | Ant (\$) 1st Bill | Ant (\$) Add Bill |
| Claimant's Particulars :- | 1) AR : Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF : 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 claiming against INC Only (wef 10 Jan 2005) | | |
| Cat. 1: | 6) TR : Re-inspection \$75 | | |
| Cat. 2/3: | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services- | | |
| | OH* | | |
| | *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 | | |
| | 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 | 01/07/2019 12:00 |
| Date Of Accident | 29/06/2019 10:30 |
| Exact Location Of Accident | WOODLANDS CROSSING TWDS CHECKPOINT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | FBM5998X |
| Insured/Policyholder | |
| Name Of Registered Owner | ONG HOCK CHOON |
| NRIC No | S7403931F |
| Email Address | JACKSON_16882000@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-98399586 |
| Alternative Phone No | OTHERS-98399586 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|----------------|
| Manufacturer | HONDA |
| Model | 400X |
| 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 | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | MSD/VMS/18-995625-WTT |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | ONG HOCK CHOON |
| NRIC No | S7403931F |
| Date Of Birth | 26/01/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/05/2000 |
| Driving Experience | 19 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98399586 |
| Fax Number | |
| Contact Number | OTHERS-98399586 |
| EEmail Address | JACKSON_16882000@YAHOO.COM.SG |

| | |
|-----------------------------------------------------|------------------------------------------|
| Address | BLK 619 BEDOK RESERVOIR ROAD #06-1400 |
| Postcode | 470619 |
| 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 | 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) | 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

PLS REFER TO THE ATTACHED 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 | SKB3481J |
| Vehicle Make/Model/Colour | KIA CERATO FORTE |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | DENNIS |
| NRIC/Passport Number | S8811534A |
| Contact Number | 90272231 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|----------------|
| Name | ONG HOCK CHOON |
|------|----------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT

FBM5998X

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)**

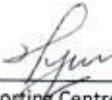
I understand, acknowledge, agree and consent that:

- (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.

 29/06/19

Policyholder's Signature
Date & Time:

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

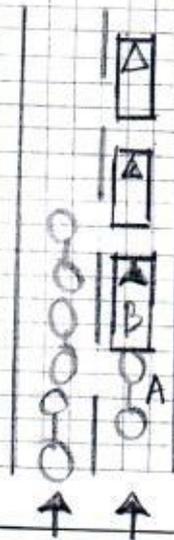
 01/07/19

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

SKETCH PLAN

A - FBM 5998X
B - SKB 3481J

WOODLANDS
CROSSING
TO
CHECKPOINT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

DECLARATION

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

[Signature]
29/06/19

Policyholder's Signature
Date & Time:

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

[Signature] 01/07/19

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

I WAS TRAVELLING FROM BKE AT WOODLANDS CROSSING TWDS CHECKPOINT ON THE RIGHT LANE.SUDDENLY INFRT OF MY VEH STOP,I HAVE NOT ENOUGH TIME TO REACT AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: (29/06/2019) (DD/MM/YYYY), TIME: (10:30) (HH:MM)

LOCATION: WOODLANDS CUSTOM

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBW5998X
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: WT16120
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA 400X
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: ONG HOCK CHOON (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S74097515 CONTACT: 98399586
c) ADDRESS: 1312 819 BEKOH RESERVOIR RD DOB 1100
SF 047619

98399586

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: same as above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (26/01/1974) (DD/MM/YYYY)

e) OCCUPATION: (~~INDOOR~~ / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: own

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: SKB348/J MODEL: KIA (cheap forte)
b) DRIVER'S NAME: DEWIA MARIAN GANI
c) NRIC/FIN/PASSPORT: S8811574A CONTACT: 90272231

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: same as above MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

Jackson_16882000@yahoo.com.sg

fax =

video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7403931F



Name
ONG HOCK CHOON

王福春

Race
CHINESE

Date of birth
26-01-1974

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7403931F

Name:
ONG HOCK CHOON

Birth Date: 26 Jan 1974
Issue Date: 15 Oct 2003




3464318



NRIC No. S7403931F



Date of issue
31-01-2004

APT BLK 618 BEDOK RESERVOIR ROAD #06-1400
SINGAPORE 470619

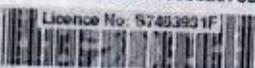
NRIC No: S7403931F Date: 23/10/2012 No: 7263117

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

| CLASS | DESCRIPTION | PASS DATE |
|----------|-----------------------------------------------------------------------------------------|-------------|
| Class 2B | Motorcycles not exceeding 200 cc | 15 Oct 1997 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 29 Dec 1998 |
| Class 2 | Motorcycles exceeding 400 cc | 30 May 2000 |
| Class 3 | Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg | 13 Dec 1995 |
| Class 4 | Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg | 24 Oct 2000 |
| Class 5 | Motor Vehicles not constructed to carry any load and the weight unladen exceeds 7250 kg | 27 Apr 2004 |

S7403931F S / No. 9000025799

NP 423A



MSIG Insurance (Singapore) Pte. Ltd. W 709857
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

CERTIFICATE NO : MSD/VNS/18-995625-WTT A0633-001/W0857
SUM INSURED : PWV
EXCESS : \$500 (FIRE & THEFT) \$1000 (ENDT 2K)

1. Index mark and Registration Number of Vehicle **399 c.c.**
2. Name of Policyholder **HONDA** **S7403931F**
ONG HOCK CHOON **PBM5998X**
3. Effective date of the Commencement of Insurance **1050AM 02/10/2018**
for the purposes of the Act **01/10/2018**
4. Date of Expiry of Insurance
5. Persons or Classes of Persons entitled to drive
 - a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use
 - a. Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
 - b. Use for racing, pace-making, reliability trial or speed-testing.
 - c. Use for the carriage of goods (other than samples) in connection with any trade or business.
 - d. 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.*

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 the Road Transport Act, 1987 (Malaysia).

Repl CN: 60822110
 16/10/2018 (CT)
 WTT-CI-04(04-14)

WTT INSURANCE AGENCIES PTE LTD
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.

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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

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WTT INSURANCE AGENCIES PTE LTD
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.

21/05/2019 (T)
 WTT-CI-04(04-14)