

NATIONAL Assessment Centre Services

(Form 1 Jan 2005)

NA904/5083153

Date In: 01/07/2019 12:54	Job description	Date & Time Completed	Done by
Ref No: NA904/5083153	SAS e-filing		
Veh No: 888 6206 R	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 29/06/2019 20:10	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (within OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SH6755Z

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

<p>NA904/937</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cal. J:</p> <p>Ch. 2/3</p> <p>P. 1/1</p>	<p>Invoice Preparation Checklist</p> <table border="1"> <tr> <th></th> <th>Am't (\$)</th> <th>Am't (\$)</th> </tr> <tr> <th></th> <th>Inc Bill</th> <th>Add. Bill</th> </tr> <tr> <td>1) AR: Accident Reporting (\$30)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td>INC (\$80)</td> <td></td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) RT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> </tr> <tr> <td colspan="3">Excl (claiming against) INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> </tr> <tr> <td>7) NI: Idnu DA + SMRT Survey</td> <td>\$160</td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:</td> <td></td> <td></td> </tr> <tr> <td colspan="3">DIT:</td> </tr> <tr> <td>*ND: Courtesy Car / Tpl Allowance</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> </tr> <tr> <td>*N11: TP (Nia INC) against INC</td> <td>\$20</td> <td></td> </tr> <tr> <td>*N12: Idnu Mobile</td> <td>\$0</td> <td></td> </tr> <tr> <td>Invoice dated</td> <td>Fax Charged</td> <td></td> </tr> <tr> <td> </td> <td>Fax Charged</td> <td></td> </tr> </table>			Am't (\$)	Am't (\$)		Inc Bill	Add. Bill	1) AR: Accident Reporting (\$30)			2) DA: Damage Assessment (\$100)	INC (\$80)		3) TP: Towing Fee	\$40/\$45		4) FT: Follow-Through Survey	\$120		5) RT: Follow-Through Survey (Resurvey)	\$30		Excl (claiming against) INC Only (wef 10 Jan 2005)			6) TR: Re-inspection	\$75		7) NI: Idnu DA + SMRT Survey	\$160		8) NTUC Additional Services:			DIT:			*ND: Courtesy Car / Tpl Allowance	\$5		*N6: Repair Co-ordination	\$10		*N7: Post Repair Inspection	\$25		*N8: DV / Collect Excess Coordination	\$5		*N11: TP (Nia INC) against INC	\$20		*N12: Idnu Mobile	\$0		Invoice dated	Fax Charged			Fax Charged			
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07-MAY-2019 16:39

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 12:54
Date Of Accident	29/06/2019 20:10
Exact Location Of Accident	ALONG HILL STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBR6206R
Insured/Policyholder	
Name Of Registered Owner	KALLANG DEVELOPMENT (PTE) LIMITED
Co Reg No	-
Email Address	HKTOH@SINGAPORE-E.COM.SG
Mobile Phone No	(LOCAL) +65-97503586
Alternative Phone No	OFFICE-97503586

Vehicle Particulars

Manufacturer	SKODA
Model	SUPERB
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 27115988 MCY
Cover Note Number	

Driver

Name of Driver	TOH HOCK KEE
NRIC No	S0441442Z
Date Of Birth	10/09/1947
Occupation	INDOOR
Date Of Driving Pass	08/05/1972
Driving Experience	47 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97503586
Fax Number	
Contact Number	OTHERS-97503586
Email Address	HKTOH@SINGAPORE-E.COM.SG

Address	145 SERANGOON AVENUE 3 #10-07
Postcode	556122
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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: : SON 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

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	SH6755Z
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHONG SWEE
NRIC/Passport Number	S0049268Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

IMPORTANT NOTICE

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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.

KALLANG DEVELOPMENT (PTE) LIMITED

Policyholder's Signature

Date & Time: 11/7/19 1140am

Driver's Signature

(If driver is not the policyholder)

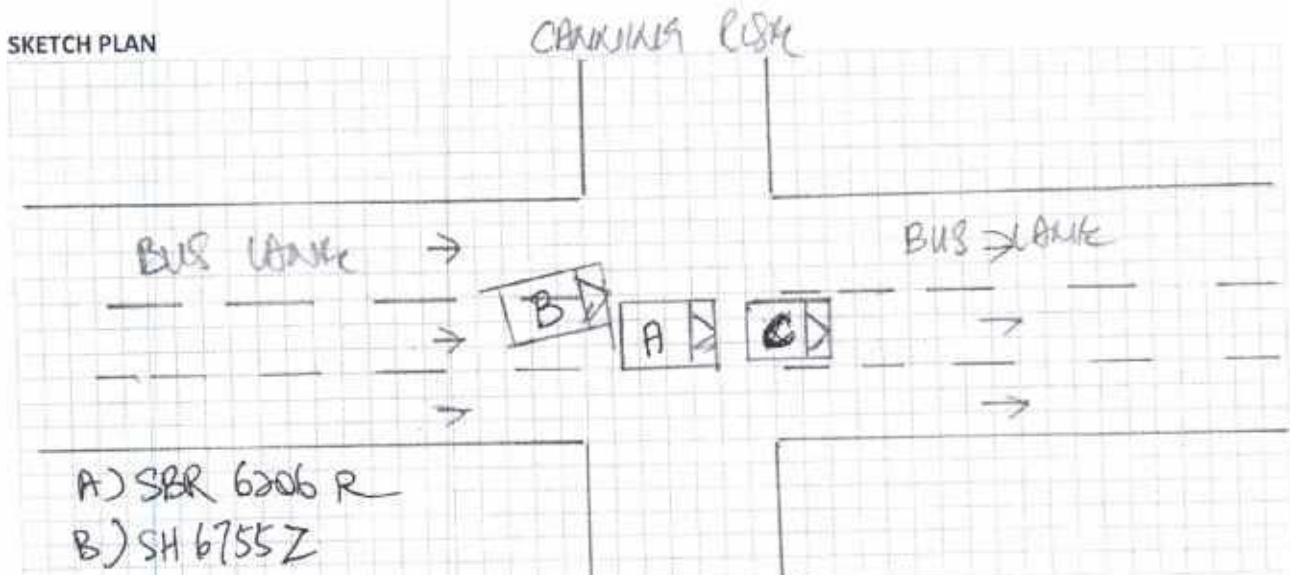
Date & Time: 01/7/19 1140am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT COLLIMON ST

ON 29/06/2019 AT ABOUT 2010 HRS TRAFFIC JAM ALONG HILL ST
 CAR C (IN FRONT OF MY CAR) STOPPED SUDDENLY, MY CAR A BRAKED
 JUST IN TIME HOWEVER CAR B (SH 6755Z) COLLIDED INTO REAR
 OF MY CAR (A) AND CAUSED BUMPER TO CRACK.

DECLARATION

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

KALLANG DEVELOPMENT (PTE) LIMITED

Policyholder's Signature:

Date & Time:

11/7/19 11:40 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/7/19 11:40 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

01/07/2019

Koh Lian

ACCIDENT STATEMENT

ACCIDENT DATE: 29/6/2019 (DD/MM/YYYY), TIME: 20:10 (HH:MM)

LOCATION: HILL STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBR6206R
b) INSURANCE COMPANY: MPIC
c) POLICY NUMBER: D27115988
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MOTORMAX PLUS COMMERCIAL COMPREHENSIVE
f) TYPE: (SALOON / COUPET / 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: KALLANG DEVELOPMENT PTE LTD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97503586
c) ADDRESS: 65 Chulia Street OCBC Centre
#45-01 S'049562

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Toh Hock Kee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S'0441442/2 CONTACT: 97503586
c) ADDRESS: 145 Serangoon Ave 3 #10-07 S'556122

* d) DATE OF BIRTH: 10/9/1947 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 8-5-1972

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NOT)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SH6755Z MODEL: TOYOTA
b) DRIVER'S NAME: Tan Chong Swee
c) NRIC/FIN/PASSPORT: S'0047268Z CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = HKToh@Singapore.e.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0441442Z



Name

TOH HOCK KEE

Race

CHINESE

Date of birth

10-09-1947

Country of birth

INDONESIA

Sex

M

For LKK/NAC Use Only

300020556

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0441442Z

Name

TOH HOCK KEE

Birth Date 10 Sep 1947

Valid Until 31 Mar 2003



For LKK/NAC Use Only



4963664

NRIC No. S0441442Z



Date of issue

19-04-2013

Address

145 BERANGOON AVENUE 3
#10-07
SINGAPORE 556122

For LKK/NAC Use Only

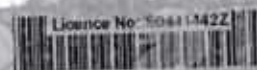
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

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

Valid Until 06 May 2022

For LKK/NAC Use Only

Toh Hock Kee



NP 476A

**MSIG***Road Tax renewed on 16/7/2018*

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.4
 Company Ownership

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. D 27115988 MCY

Excess: SGD750

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SBR6206R
2. Name of Policyholder
Kallang Development (Pte) Limited
3. Effective Date of the Commencement of Insurance for the purposes of the Act
30/07/2018
4. Date of Expiry of Insurance
29/07/2019
5. Persons or Classes of Persons entitled to drive*

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 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

for Chief Executive Officer