

NATIONAL Assessment Centre Services Form 1 (2006) **MMAY19085882**

Date In: 02/07/2009 11:57	Job description	Date & Time Completed	Done by
Ref No: NCA/MSR/09/1668/4	SAS e-filing		
Veh No: SDH 2822S	E-mail (within 4hrs. A/C 2hrs)		
D.O.A: 29/06/2009 12:30	i-Motor Claim Form		
<input checked="" type="radio"/> OD TP / Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SMA 69860 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:	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

MMAY1904971

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 (\$40)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claimant against INC Only (wef 10 Jan 2008)		
Cat. 2/3:	6) TR: Itc-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI2: Idm Mobile		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	TP (N12): TP (N-in INC) against INC \$0		
	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	02/07/2019 11:37
Date Of Accident	29/06/2019 12:30
Exact Location Of Accident	ALONG AYE TOWARDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDH2822S
Insured/Policyholder	
Name Of Registered Owner	OEI SEK KIM
NRIC No	S0152563H
Email Address	TANTS@CEHGROUP.COM
Mobile Phone No	(LOCAL) +65-97466783
Alternative Phone No	OTHERS-90728008
Vehicle Particulars	
Manufacturer	LEXUS
Model	ES250-2.5 (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 28848223 SMF
Cover Note Number	
Driver	
Name of Driver	TAN TIONG SIN
NRIC No	S0127992J
Date Of Birth	23/12/1952
Occupation	INDOOR
Date Of Driving Pass	18/07/1973
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97466783
Fax Number	
Contact Number	OTHERS-90728008
EMail Address	TANTS@CEHGROUP.COM

Address	19 WEST COAST AVENUE
Postcode	128073
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190701/2052

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA6986D
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM JOO JIN
NRIC/Passport Number	S87306111
Contact Number	91990519
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLL3789H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:



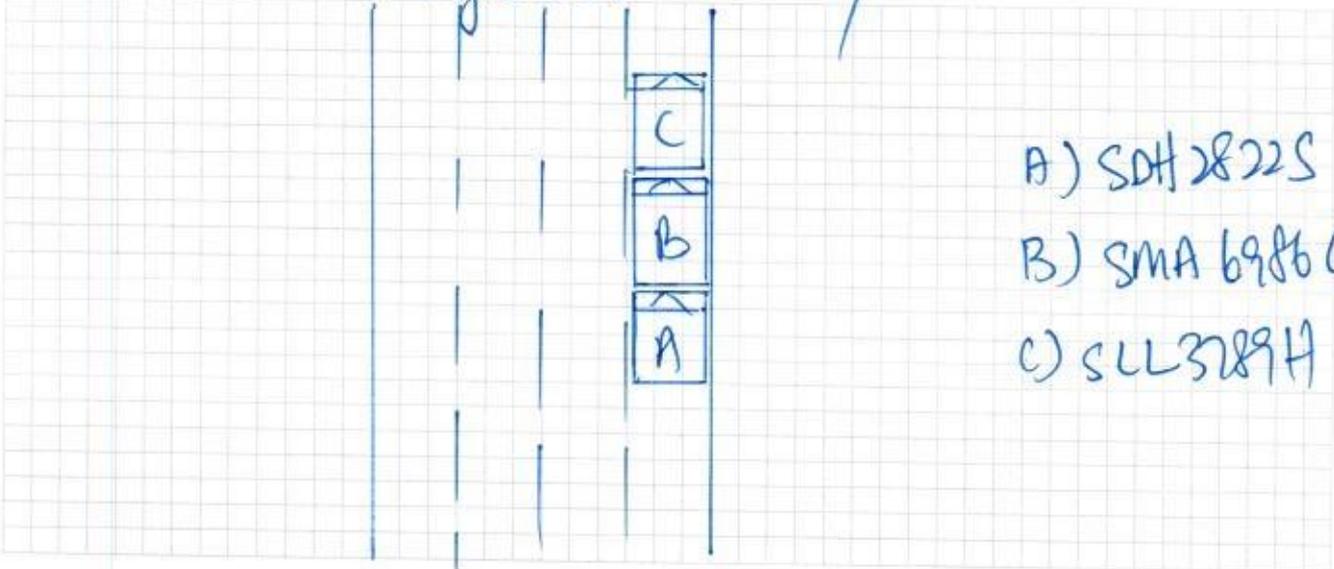
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Always byk Zureas City



- A) SDH 2822S
- B) SMA 6986 G
- C) SLL 3289H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

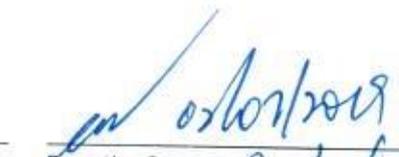
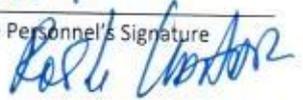
Please refer to attached report from Singapore Police Force 1/2019 (701/2052)

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: 2/7/19


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



**SINGAPORE
POLICE FORCE**



T/20190701/2052

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190701/2052

CONTINUATION OF REPORT

Brief Details.

On 29/06/2019 at about 1230hrs I was driving my vehicle (SDH2822S) along AYE Expressway . As I was driving, the car in front of me suddenly jam braked. I then immediately pressed on my brake to stop my car, however I was unable to stop in time. My front portion of my car then hit onto the rear of the other vehicle(SMA6986G).

The following damage incurred to my vehicle :

- 1) Slight crack on the registration number plate.

I would like to state I am not injured. I have an in-car camera installed in my vehicle and I have handed over the micro-sd card to the traffic police. I am making this report as advised by the traffic police department.



**SINGAPORE
POLICE FORCE**



T/20190701/2052

3 of 3

Report No. T/20190701/2052

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
D /
Sgt 3 LOW KONG WEE

Signature Of Informant:

Date/Time:
01/07/2019 12:08

Signature Of Interpreter:
Not applicable

Classification Of Case:

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

CN 45

Authentication Stamp
NP168



SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: D/20190629/0063

I, SSGT T0912 Mhd Izat
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police Headquarters
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one "verico" micro sd card 32GB
- 2 ~~_____~~
- 3 ~~_____~~
- 4 ~~_____~~
- 5 ~~_____~~
- 6 ~~_____~~
- 7 ~~_____~~
- 8 ~~_____~~
- 9 ~~_____~~
- 10 ~~_____~~

from SO127992J Tan Tiong Sin
(Name, NRIC or Passport No. / Rank and No.)

of 19 West Coast Avenue Sg 128073
(Address / Police Station / NPC / NPP)

on 29/06/2019 at 1345h
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

[Signature]
(Signature)
SO127992J
(Name, NRIC or Passport No. / Rank and No.)

Received by:

[Signature]
Signature
SSGT T0912 Mhd Izat
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: _____

ACCIDENT STATEMENT

ACCIDENT DATE: 29, 06, 2019 (DD/MM/YYYY), TIME: 12:30 (HH:MM)

LOCATION: ALONG ROAD 1, AYER RAJAH EXPRESSWAY

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJH 2822 S
b) INSURANCE COMPANY: MSIG INSURANCE (SINGAPORE) PTE LTD
c) POLICY NUMBER: S 28848223 SMF
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: LEXUS ES250, AUTO
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
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: DEE SEK KIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S0152563 H CONTACT: 97466782
c) ADDRESS: 19 WEST COAST AVE, SINGAPORE 128073

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TAN TRONG SIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G0127992 J CONTACT: 90728008
c) ADDRESS: 19 WEST COAST AVE, SINGAPORE 128073

* d) DATE OF BIRTH: 23/12/1952 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1972

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

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: BUKIT MERAH WEST N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMA 6986 G MODEL: HONDA
b) DRIVER'S NAME: SIM JOO SIN
c) NRIC/FIN/PASSPORT: S8730611 CONTACT: 91990519

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SGA 5L3289 H MODEL: TOYOTA CALDIA
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:..

* No of passenger
(including driver)
(4)

* No of passenger
(including driver)
(5)

* No of passenger
(including driver)
()

email = tants@cehgroup.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0127992J



Name

TAN TIONG SIN

陳忠信

For LKK/NAC Use Only

Race

CHINESE

Date of birth

23-12-1952

Sex

M

Country/Place of birth

SINGAPORE



5661546



NRIC No. S0127992J



For LKK/NAC Use Only

Date of issue

18-10-2016

Address

19 WEST COAST AVENUE
SINGAPORE 128073

**MSIG**

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

Duplicate
 FOR FINANCE RECORD

ULTIMATE CAR PROTECTOR-PREMIER**RENEWAL CERTIFICATE**

Policy Number		Period of Insurance	Place of Issue
S 28848223 SMF		25/11/2018 to 24/11/2019	SINGAPORE
Name and Address of Insured			Date of Issue
Oei Sek Kim 19 West Coast Avenue Singapore 128073			08/11/2018
			Account Number
			599055
Premium	GST	Total Due	
SGD1,063.14	SGD74.42	SGD1,137.56	

RISK NUMBER 1**ULTIMATE CAR-PROTECTOR-PREMIER****OCCUPATION**

HR Manager

FINANCIAL INTEREST

DBS Bank Ltd
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SDH2822S
MAKE/MODEL Lexus ES250 Auto
ENGINE NUMBER 2ARE746660
CHASSIS NUMBER JTHBJ1GGX02034903
YEAR OF MFG 2013
CAPACITY 2494 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED MARKET VALUE
INCL. COE/PARF YES
OFF-PEAK CAR NO
NO CLAIM DISCOUNT 50.00% (or F/D)
GOOD DRIVER'S DISCOUNT SGD55.96
NCD PROTECTOR NOT COVERED
EXCESS SGD1,000
ANNUAL PREMIUM SGD1,063.14

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Oei Sek Kim

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: MNA419085882 Vehicle Registration No: SDH 2822S
 Name (as shown in NRIC): TAN TIONG SIAI NRIC/FIN/Passport No: S012792105
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 90728008
 Email Address: _____
 Date of Accident: 29/06/2019 Time of Accident: 12:30
 Place of Accident: ALONG AYK ROAD CRU
 Insurance Company: MILG

(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:

THE OWNER NAME TO OET SIAI KIM
THE B VEHICLE SHOULD BE SMA6986G

Policyholder / Driver's Signature
 Date:

[Signature] 01/07/2019
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: _____
 Date: _____