

NATIONAL Assessment Centre Services

Form 1 (rev 06)

MA9090853

Date In: 11/07/2019 18:16	Job description	Date & Time Completed	Done by
Ref No: N158/MSGL90/2813/V	SAS e-filing		
Veh No: 80V 2663E	E-mail (within Mins. AIC 2hrs)		
D.O.A: 09/07/2019 1715	I-Motor Claim Form		
OD: TPC 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: SK9 2895K	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: P (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

MA905189	Invoice Preparation Checklist	Amtd (\$)	Amtd (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
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	
For claimant against INC Only (wef 10 Jan 2009)	6) TR: Re-inspection	\$75	
7) NI: Idm DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
9) NI: Idm Mobile		\$30	
10) NI: Idm Mobile		\$30	
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07-MAY-2019 18:39

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	11/07/2019 18:16
Date Of Accident	09/07/2019 17:15
Exact Location Of Accident	NEWTON RD JUST BEFORE SLIP RD TOWARDS THOMON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU2663E
Insured/Policyholder	
Name Of Registered Owner	KEE CHEE KEONG
NRIC No	S6918062J
Email Address	JO123I@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90055080
Alternative Phone No	OTHERS-91860489

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 (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	
Cover Note Number	9VPCP1865360

Driver

Name of Driver	CHOI JI YUN
NRIC No	S7385911E
Date Of Birth	23/10/1973
Occupation	INDOOR
Date Of Driving Pass	01/10/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90055080
Fax Number	
Contact Number	OTHERS-91860489
Email Address	JO123I@GMAIL.COM

Address	10 ROBIN WALK #03-01
Postcode	258159
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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	SKT2895K
Vehicle Make/Model/Colour	CITROEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA KA KIN
NRIC/Passport Number	S2611488H
Contact Number	96396364
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

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:

11 Jul '19


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

SKETCH PLAN

A) SGU 2663E
B) SKI 2895K

WILLOW ROAD

on 09/07/2019 AT ABOUT 17:15 HRS I WAS TRAVELLING
ALONG ALANTON ROAD & WANTED TO TURN LEFT TO TITON
ROAD. SUDDENLY A CAR SKT 2895K CAME FROM THE LEFT
SIDE & BEHIND AGAINST THE LEFT FRONT OF MY CAR.
SGU 2663H.

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

Driver's Signature: _____
(If driver is not the policyholder)
Date & Time: 11-5-01

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

CONFIDENTIAL

Annex D



NOTICE OF REPORTING

This is to confirm that CHOLJI YUN NRIC/FIN S7385911E has reported to the Police a non-injury traffic accident which occurred;

at NEWTON ROAD on 09/07/2019 at 1715hrs involving the following vehicles:

V1) SGU2663E – Complainant's vehicle

V2) SKT2895K – Other party's vehicle

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT T170078 Tom Lin

Date: 11/07/2019

S/D Ref: 77

Police Post/Unit: Toa Payoh NPC

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
93 TOA PAYOH CENTRAL #01-02
TOA PAYOH CENTRAL COMMUNITY CLUB
SINGAPORE 319194

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

ACCIDENT STATEMENT

ACCIDENT DATE: 09/07/2019 (DD/MM/YYYY), TIME: 17:15 (HH:MM)

LOCATION: Newton Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGU2663E
 b) INSURANCE COMPANY: MST
 c) POLICY NUMBER: 9VPCP1P65360
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: _____
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 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: KEE CHEE KEONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6918062J CONTACT: 9005 1480
 c) ADDRESS: #03-01 10 Robin Walk

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHOI TI YUN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7285911E CONTACT: 9186 0489
 c) ADDRESS: #03-01 10 Robin Walk

* d) DATE OF BIRTH: 23/10/1973 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 01 OCT 2005

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

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: TO APAYOH

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKT2895K MODEL: CITROEN

b) DRIVER'S NAME: CHUA KA KIN

c) NRIC/FIN/PASSPORT: S261148PH CONTACT: 9639 6364

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = 501231@gmail.com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7385911E



Name

CHOI JI YUN

Race

KOREAN

Date of birth

23-10-1973

Country/Place of birth

KOREA, SOUTH

Sex

F

For LKK/NAC Use Only



REPUBLIC OF SINGAPORE DRIVING LICENCE

S7385911E



CHOI JI YUN

For LKK/NAC Use Only

Birth Date: 23 Oct 1973

Issue Date: 29 Oct 2018



9470208

NRIC No. S7385911E

For LKK/NAC Use Only

Nationality

KOREAN, SOUTH

Date of issue

11-12-2017

Address

10 ROBIN WALK

#03-01

SINGAPORE 256159

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 01 Oct 2009

For LKK/NAC Use Only

NP 428A



Licence No. S7385911E

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel: +65 6827 7888, Fax: +65 6827 7860
 msig.com.sg

MOTOR VEHICLE COVER NOTE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)

Motor Vehicles (Third Party Risks And Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

23 Apr 2019

1A0009

MOTORMAX PLUS

COVER NOTE No:

: 9VPCP1865360

1. Index Mark and Registration Number of Vehicle

: SGU2663E

2. Chassis Number of Vehicle

: ACV403039099

3. Name of Policyholder

: KEE CHEE KEONG

4. Effective date of the Commencement of Insurance for the purposes of the Act

: 08 May 2019

00:01AM

5. Date of Expiry of Insurance

: 07 May 2020

6. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his permission.

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.

7. Limitations as to Use*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, tuition, driving test, 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 3 of the Motor Vehicle (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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

IMPORTANT NOTICE

This temporary Cover Note is valid for a maximum of 14 days only.

You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.X.1 (001)

9VPCP1865360

(For the Issuance of Motor Cover Note only)

MSD/QMY/28-739486