

NATIONAL Assessment Centre Services			
Date In: 02/08/2019 15:13	Job description	Date & Time Completed	Done by
Ref No: N/A/MS919013574	SAS e-filing		
Veh No: SCA 80321	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 01/08/2019 19:10	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 /MNC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: AKD 3704	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (% (Note-Ext. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Landing: \$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

N/A/905746	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	1) AR: Accident Reporting (\$30);			
Claimant's Particulars:	2) DA: Damage Assessment (\$100);	INC (\$40)		
Driver/Owner:	3) TP: Towing Fee	\$40/\$45		
Contact No:	4) FT: Follow-Through Survey	\$120		
Damaged Portion:	5) FT: Follow-Through Survey (Resurvey)	\$30		
QC Checked by (Engr-In-Charge):	For claimant approval INC Only (wef 10 Jan 2019)			
	6) TR: Re-inspection	\$75		
	7) NI: (Adv DA + SMRT Survey	\$160		
	8) NIUC Additional Services:			
	* N3: 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		
	9) N12: Idm Mobile	\$0		
	Invoice dated	Fax Charged		
		Fax 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	02/08/2019 15:13
Date Of Accident	01/08/2019 19:10
Exact Location Of Accident	JUNCTION OF WEST COAST WAY AND WEST COAST PARK
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) +65-97599946
Alternative Phone No	OTHERS-90304175

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	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	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	51 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97599946
Fax Number	
Contact Number	OTHERS-90304175
Email Address	HANCARREPAIRS@GMAIL.COM

Address	21 WEST COAST WAY
Postcode	127000
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	AKD3704 (MOTORCYCLE)
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?	YES
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	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190801/2159

Attachment(s)

Are accident photos available for attachment?	YES
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	AKD3704
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	PUVARASAN RAMASAMY
NRIC/Passport Number	G8812205X
Contact Number	+0164025224
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

PUVARASAN RAMASAMY

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

AKD3704

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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:

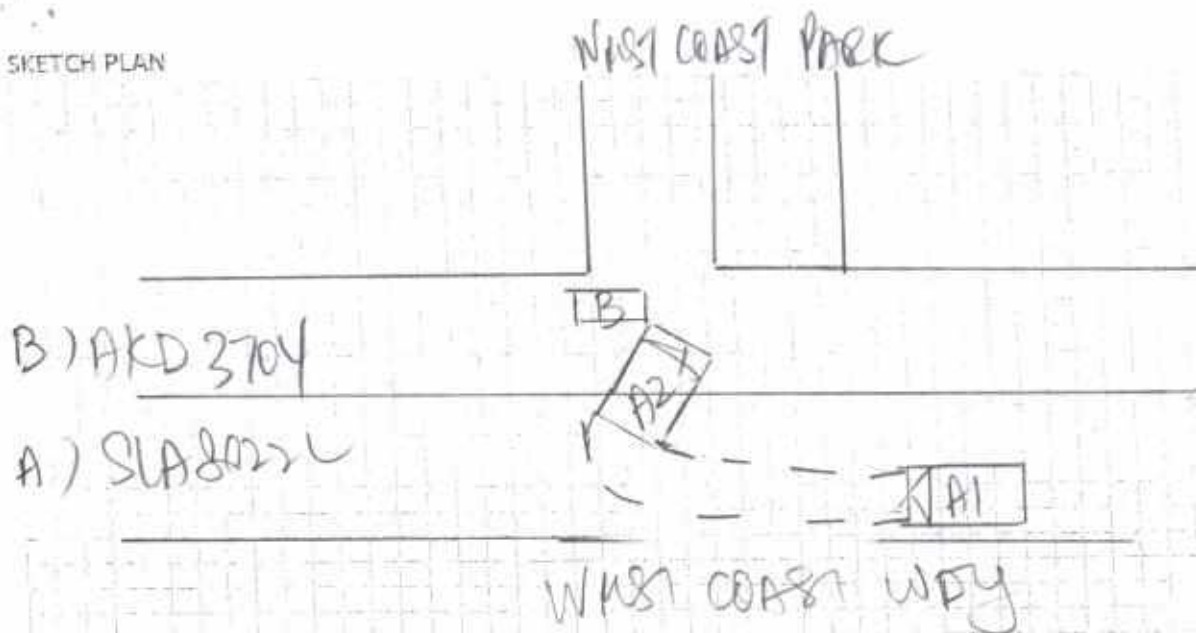
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Statement

T/20190801/2159

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:

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

02/08/2019
Rafael Lim/for



SINGAPORE POLICE FORCE



T/20190801/2159

1 of 3

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

Report No. T/20190801/2159

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2019 19:10	Vide Report No.: D/20190801/0099	Station Diary No.: 23
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Informant's Particulars

Name of Informant: KUO SIEW YEE			Address: 21 WEST COAST WAY SINGAPORE 127000		
ID Type / ID No.: NRIC NO / S1157606J			Contact No.: Home/Office: Mobile: 97599946		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 81	Date of Birth: 27/01/1938	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/08/2019 17:00	Type of Location: Straight Road
Location: Along Road 1 WEST COAST WAY WEST COAST PARK Along West Coast Way, junction with West Coast Park				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AKD3704	Motorcycle				No Damage	0
SLA8022L	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190801/2159

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

2 of 3

Report No. T/20190801/2159

CONTINUATION OF REPORT

Brief Details.

On 01/08/2019 at about 1700hrs, while I was travelling on West Coast Way towards West Coast Park, I made an U-Turn at the junction of West Coast Way and West Coast Park. There wasn't a U-turn sign before the junction. The junction does not have any traffic light.

Before I make the turn, I did not notice any vehicle. However, after I make the U-turn, I was hit by a Malaysian motorcycle bearing registration plate number AKD3704. A male rider fell on to the ground and I called for an ambulance assistance.

The male rider was namely Puvarasan Ramasamy, employed by Omni Aquatic Supplies Pte Ltd, FIN: G8812205X, D.O.B 22/02/2000 and H/P: +0164025224. He was then conveyed to Ng Teng Fong Hospital by ambulance.

There was slight damage (scratches at the front) to the motorcycle. My car had scratches on the left of the front bumper and the front bumper was slightly dislodged on the left. I was not injured.

Traffic Police also attended to the accident and I was told to report to Traffic Police on 02/08/2019. There was a camera installed in my car and the SD memory card was passed to the Traffic Police at scene.



**SINGAPORE
POLICE FORCE**



T/20190801/2159

Police Station Of Origin:
Clementi NPP
427 Clementi Avenue 3 #01-456
SINGAPORE 120427
Tel No: 1800-7759999

3 of 3

Report No. T/20190801/2159

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 2 WONG WAI CHONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 HO JIEKANG, IVAN

Contact No.: 65476170

Signature Of Informant:

Date/Time:

01/08/2019 19:10

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

SN 40

SIGNATURE

PERSONAL PARTICULARS

Date of Accident: 01/08/2019

Time of Accident: 19:10 (24Hrs)

Vehicle No: SLA8022L

Vehicle Make/Model: Toyota Altis 1.6A

Exact Location of Accident: Along Road 1 West Coast way & West Coast Park

Owner's Name/NRIC: Kuo Li Lian Elaine / 57538874H

Driver's Name/NRIC: Kuo Siew Yee @ Keh Chiew Gee / 51157606J

Driver's Contact: _____ Insurance Co & Policy No: MSIG / A29116450 Dmy

Driver's Email Address: hncarepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

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? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: _____ Vehicle No: AKD3704

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 **DRIVING LICENCE**



Licence Number: **S1157606J**
 Name: **KUO SIEW YEE**
For LKK/NAC Use Only
 Birth Date: **27 Jan 1938**
 Issue Date: **13 Sep 2003**

1000027472D

REPUBLIC OF SINGAPORE



IDENTIFICATION CARD No. **S1157606J**
For LKK/NAC Use Only
KUO SIEW YEE
@KEH CHEW GEE

CHINESE
 Date of Birth: **27-01-1938** Sex: **M**
 Date of Issue: **13-09-2003**
 SINGAPORE

1384879




A+ **S1157606J**
For LKK/NAC Use Only
 A+ **27-10-1993**

21 WEST COAST WAY
 SINGAPORE 0512

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

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Jul 1968

For LKK/NAC Use Only

NP 428A

Licence No. **S1157606J**



IDENTITY CARD No. S7538874H

For LKK/NAC Use Only



KUO LI LIAN ELAINE
郭麗蓮 ELAINE

郭麗蓮

CHINESE

Date of birth

06-12-1975

Country of birth

SINGAPORE



IDENT. No. S7538874H



9030 4171

Date of issue

23-09-2006

Address

21 WEST COAST WAY
SINGAPORE 127000

For LKK/NAC Use Only



MSIG Insurance (Singapore) Pte. Ltd.
 40 Raffles Quay, #21-01, Sun Life Tower, Singapore 048623
 Tel: 65 6307 1088 Fax: 65 6307 1090
 E-Mail: msig@msig.com.sg Web: www.msig.com.sg

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (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, 1986 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTOR MAX PLUS
 Comprehensive**

Form: M.K.1
 Individual Ownership

Certificate No. A 2616450 QNT

Excess: S\$2500
 Windscreen Excess: S\$1000

1. Index Mark and Registration Number of Vehicle
 SGAB0221
2. Name of Policyholder
 Kuo Li Lian Elaine
3. Effective Date of the Commencement of Insurance for the purposes of the Act
 17/03/2019
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 to 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 3 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 26 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, this 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

JWG001602181547