

NATIONAL Assessment Centre Services

(part 1 Jan 2019)

NA1906189

Date to: 13/08/2019 16:15	Job description	Date & Time Completed	Done by
Ref No: NA1906189	SAS e-filing		
Veh No: SKH 7106	E-mail (within 4hrs, A/C 2hrs)		
D.O.A: 13/08/2019 14:15	I-Motor Claim Form		
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 / MNO Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: JHE 8418	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: (\$)	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 () / Non-INC ()	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

NA1906189	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Client/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		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claimant's use only (INC Only) (wef 10 Jan 2019)		
	6) TR: Itc-Inspection \$75		
	7) NI: (Inc DA + SMRT Survey) \$160		
	8) NTUC Additional Services:		
	1211		
QC Checked by (Engr-In-Charge):	*M3: Courtesy Car / Tpl Allowance \$5		
	*M6: Repair Coordination \$10		
	*N1: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	*N11: TP (Non-INC) against INC \$20		
	*N12: Idm Mobils \$0		
Additional Comments:			
Call:			

Call 2/3:	Invoice date:	Pen Charged
1/1/18	Invoice date:	Pen Charged

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	13/08/2019 16:19
Date Of Accident	12/08/2019 14:15
Exact Location Of Accident	SLIP RD FROM JLN AYER MOLEK TOWARDS JLN IBRAHIM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH710L
Insured/Policyholder	
Name Of Registered Owner	LAI KOK LOONG (LI GUOLONG)
NRIC No	S7509794H
Email Address	LEONLAI7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97630809
Alternative Phone No	OTHERS-97630809

Vehicle Particulars

Manufacturer	BMW
Model	520i
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 29087453 QMX
Cover Note Number	

Driver

Name of Driver	LAI KOK LOONG (LI GUOLONG)
NRIC No	S7509794H
Date Of Birth	01/04/1975
Occupation	INDOOR
Date Of Driving Pass	12/11/1999
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97630809
Fax Number	
Contact Number	OTHERS-97630809
EMail Address	LEONLAI7@HOTMAIL.COM

Address	BLK 475A UPPER SERANGOON CRESCENT #13-503
Postcode	531475
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?	YES
Foreign Vehicle Registration Number	JHE8478 (PRIVATE CAR)
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)	4
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : FRIEND GENDER: : MALE
Passenger 3	NAME: : FRIEND GENDER: : FEMALE

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

ON 12/08/2019 AT ABOUT 14:15HRS I WAS DRIVING MY CAR SKH710L FROM K.L HEADING TOWARDS SINGAPORE. WHEN AT THE SLIP ROAD OF JALAN AYER MOLEK I WAS ABOUT TO TURN LEFT TOWARDS JALAN IBRAHIM A CAR JHE8478 CAME FROM BEHIND AND HIT ON TO THE REAR OF MY CAR. NOBODY INJURED BUT MY CAR BUMPER SCRATCH AND SENSOR GOT SOME PROBLEM AND OTHER DAMAGE WHICH I DID NOT KNOW THAT ALL.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JHE8478
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	NURUL ISMA BINTI ISMAIL
NRIC/Passport Number	870620035212
Contact Number	+60129102400
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 13/08/19

1500 hrs.

Driver's Signature

(If driver is not the policyholder)

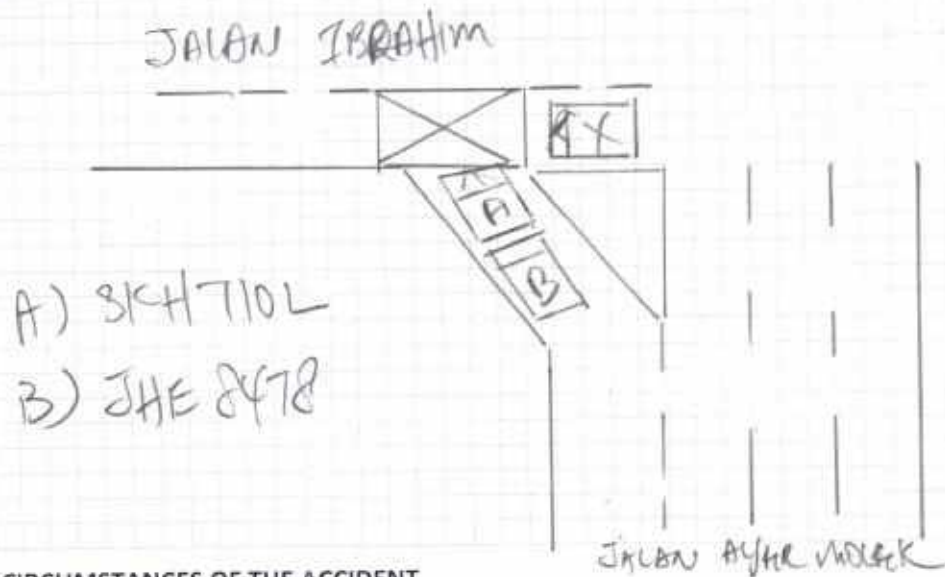
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO JB TRAFIK

TRAFIK JHE 8478

(S) 10/02/2018/19

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

13/8/19 1500hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 13/08/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)
 Daerah : J/BAHRU SELATAN
 Kontinjen : JOHOR
 No Repot : TRAFIK JOHOR BAHRU(S)/020778/19
 Tarikh : 13/08/2019
 Waktu : 1136 AM
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R130812

Butir-butir Penerima Repot

Nama : NURUL ASHIKIN BINTI AHMAD SUKUR

No Personel : R188378

Pangkat : KONST/P

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : ---

Bahasa Asal : ---

Alamat : ---

Butir-butir Pengadu

Nama : LAI KOK LOONG

No K/P (Baru) : ---

No Polis/Tentera : ---

No Pasport : K1085917P

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 01/04/1975

Umur : 44 tahun 4 bulan

Keturunan : Cina

Warganegara : Singapore

Pekerjaan : SWASTA

Alamat Tempat Tinggal : BLK 475A UPPER SERANGOON CRESCENT #13-503, SINGAPORE, 531475

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6597630809

Pengadu Menyatakan:-

PADA 12/08/2019 JAM LEBIH KURANG 1415HRS, SEMASA SAYA MEMANDU M/KAR NO:SKH710L DARI KUALA LUMPUR HENDAK PERGI KE SINGAPORE. APABILA SAMPAI DI SUSUR KELUAR JALAN AYER MOLEK, KETIKA ITU M/KAR SAYA SEDANG PERLAHAN KELUAR KE SUSUR SEBELAH KIRI JALAN IBRAHIM. PADA MASA YANG SAMA SEBUAH M/KAR NO:JHE8478 YANG DATANG DARI ARAH BELAKANG TELAH MELANGGAR M/KAR SAYA DARI ARAH BELAKANG. SAYA TIDAK CEDERA. KEROSAKAN M/KAR DI BAHAGIAN BELAKANG, BUMPER, REVERSE SENSOR, LAIN-LAIN KEROSAKAN BELUM PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

PEJ. SALINAN REPORT
 TRAFIK JOHOR BAHRU(S)
 SALINAN YANG DIBAYAR BENAR
 (HANYA UNTUK TUJUAN SIVIL)

ID Pencetak | Tarikh @ Masa Cetak : R4188663 | 13/08/2019 12:28:46 PM

KETUA TRAFIK JOHOR BAHRU(S) JOHOR
 TIDAK BOLEH DIGUNAKAN UNTUK TUJUAN PERCARILAN

ACCIDENT STATEMENT

ACCIDENT DATE: (12/08/2019) (DD/MM/YYYY), TIME: (14:15) (HH:MM)

LOCATION: Slip Rd from Jln Ayer Molek Towards Jln Ibrahim

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 710 L
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 29087453 QMX
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 520i
 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: LAI KOK LOONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7509777H CONTACT: 9763 0809
 c) ADDRESS: BLK 78B 473A UPPER SERANGOON CRESCENT #13-603
 SINGAPORE 531475

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (01/04/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 3

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

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: TRAFFIC JOHOR BAHRU

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JHE 8478 MODEL:
 b) DRIVER'S NAME: NURUL ISMA BINTI ISMAIL
 c) NRIC/FIN/PASSPORT: 870620 03 5212 CONTACT: 760 12 910 2400

9. THIRD PARTY VEHICLE

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

email = leonlai7@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7509794H



For LKK/NAC Use Only

LAI KOK LOONG
(LI GUOLONG)

黎国龙

Race

CHINESE

Date of birth

01-04-1975

Country of birth

SINGAPORE

Sex

M

2713124

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7509794H



LAI KOK LOONG
(LI GUOLONG)

For LKK/NAC Use Only

Birth Date: 01 Apr 1975

Issue Date: 20 Jun 2003



3713124



NRIC No. S7509794H



For LKK/NAC Use Only

Date of issue

12-05-2005

Address

APT BLK 475A UPPER SERANGOON CRESCENT #13-503
SINGAPORE 531475

NRIC No. S7509794H

Date

13/10/2015 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASSENGER

Class 2B	Motorcycles not exceeding 200 cc	04 Mar 1999
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	12 Nov 1999

For LKK/NAC Use Only

License No. S7509794H



NP 428A

**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

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.1
 Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 29087453 QMX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SKH710L

2. Name of Policyholder

Lai Kok Leong (Li Guolong)

3. Effective Date of the Commencement of Insurance for the purposes of the Act

31/10/2019

4. Date of Expiry of Insurance

31/10/2019

5. Persons or Classes of Persons entitled to drive*

Lai Kok Leong (Li Guolong)

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 MUST BE CARRIED OUT 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, 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