

NATIONAL Assessment Centre Services

| | | | |
|------------------------------|--|-----------------------|---------|
| Date In: 14/08/19 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MS419014088/13 | SAS e-filing | | |
| Veh No: SKL24627 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 09/08/19 1015 | i-Motor Claim Form | | |
| OD: TP <u>Reporting Only</u> | 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: JMC5564L | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|----------------------------------|---|-------------|----------|
| NA1906076 | Invoice Preparation Checklist | Amt (\$) | Amt (\$) |
| | | 1st Bill | Add Bill |
| Claimant's Particulars :- | 1) AR: Accident Reporting (\$30); | | |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Driver/Owner: | 3) TF: Towing Fee \$40/\$45 | | |
| Contact No: | 4) FT: Follow-Through Survey \$120 | | |
| Damaged Portion: | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| QC Checked by (Engr-In-Charge): | OD: | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| Auditors' Comments :- | *N8: DV / Collect Excess Coordination \$5 | | |
| Cat. 1: | TP (N11): TP (Non INC) against INC \$20 | | |
| Cat. 2 / 3: | 9) N12: Idac Mobile \$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 | 14/08/2019 11:42 |
| Date Of Accident | 09/08/2019 10:15 |
| Exact Location Of Accident | NORTH SOUTH HIGHWAY |
| Country/State of Loss | MALAYSIA/JOHOR DARUL TAKZIM |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKL2462T |
| Insured/Policyholder | |
| Name Of Registered Owner | CHUA CHOON HONG |
| NRIC No | S7321185I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97856564 |
| Alternative Phone No | OTHERS-90697588 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | ODYSSEY |
| 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 29040660 QMX |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | CHIN MIN HUI |
| NRIC No | S9937573F |
| Date Of Birth | 20/11/1999 |
| Occupation | INDOOR |
| Date Of Driving Pass | 17/05/2018 |
| Driving Experience | 1 YEAR AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-90697588 |
| Fax Number | |
| Contact Number | |
| Email Address | SHIRLEYCHINMINHUI@GMAIL.COM |

| | |
|---|------------------------------------|
| Address | BLK 763 PASIR RIS ST 71 #14-230 |
| Postcode | 510763 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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) | 8 |
| Passenger 1 | NAME: : JASON CHIN GENDER: : MALE |
| Passenger 2 | NAME: : NICHOLAS GENDER: : MALE |
| Passenger 3 | NAME: : GABRIEL(3 YRS OLD) GENDER: : MALE |
| Passenger 4 | NAME: : URIEL(1 YR +) GENDER: : MALE |
| Passenger 5 | NAME: : YI YUAN GENDER: : MALE |
| Passenger 6 | NAME: : KELLY GENDER: : FEMALE |
| Passenger 7 | NAME: : SALLY 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

PLS REFER TO THE ATTACHED STATEMENT.

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 | SMC5564L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | NATALIE NG SHINI |
| NRIC/Passport Number | S8421527I |
| Contact Number | 90555535 |
| 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:

 13/8/2019

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

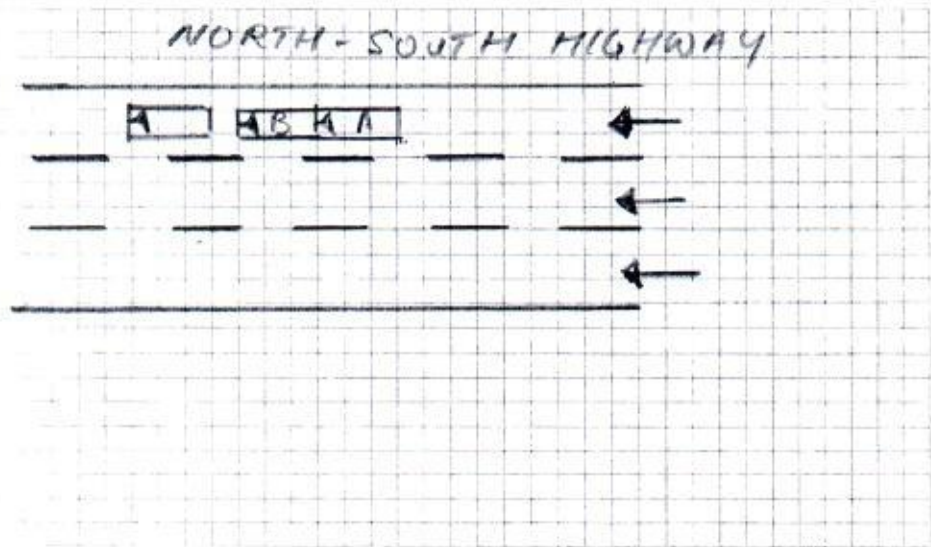
 14/08/19

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

SKETCH PLAN

A - SKL 24627

B - SMC 55642



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~On 9 August~~

Pls refer to the attached statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

lin 13/8/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Sym 14/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

On 9 August 2019 @1015 hrs, I was driving on North South Highway towards the direction of Kuala Lumpur with my family members. As I drove closer to KL on lane 1, when all of the sudden, the vehicle in front SMC5564L applied emergency brake. I immediately jammed my brakes but unfortunately still collided onto the front vehicle SMC5564L. No one was injured during the point of accident hence no medical treatment was required at that point of time. As the female driver of SMC5564L and her family members had long weekend holiday travelling plans like ours, we agreed to contact each other upon return to Singapore to settle the repair and damages. No tow truck was summoned as both our vehicles were still able to drive off from the accident scene.

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 08 / 2019) (DD/MM/YYYY), TIME: (10 : 16) (HH:MM)

LOCATION: North-South Highway

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 2462T
 b) INSURANCE COMPANY: MSIG Insurance (Singapore) Pte Ltd
 c) POLICY NUMBER: A 29040660 QMX
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Honda Odyssey 2.4L Sunroof
 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: CHUA CHOON HONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7321185I CONTACT: 97856564
 c) ADDRESS: B1C 763 Pasir Ris St 11 #14-230 S(510763)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHIN MIN HUI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9937573F CONTACT: 9069 7588
 c) ADDRESS: B1C 763 Pasir Ris St 11 #14-230 S(510763)

*d) DATE OF BIRTH: (20 / 11 / 1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 1 year 2 months

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

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: SHC 5564L MODEL: BMW 523i
 b) DRIVER'S NAME: NATALIE NG SHIN I
 c) NRIC/FIN/PASSPORT: S8421527I CONTACT: 9055 5535

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 (8)

Jason Chin (male)
 Nicholas (male)
 Gabriel (male) - 3yo
 Unel (male) - 1yo++
 YiYuan (male)
 Kelly (female)
 Sally (female)
 Shirley (female)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

13/08/19

waiting for ci

submit report
 on 14/08/19
 only.

Email = shirleychinminhui@gmail.com

fax =

video =

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9937573F

CHIN MIN HUI

For LKK/NAC Use Only

Valid Date: 20 Nov 1999
Expiry Date: 17 May 2018

002804101F

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9937573F

CHIN MIN HUI

For LKK/NAC Use Only

CHINESE
Date of birth: 20-11-1999
Country/Place of birth: SINGAPORE

Sex: F

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

EFFECTIVE DATE: 17 May 2018

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

For LKK/NAC Use Only

Licence No: S9937573F

MP 428A

5328004

For LKK/NAC Use Only

NRIC No: S9937573F

Date of issue: 10-07-2014

Address: APT BLK 763 PASIR RIS STREET 71 #14-230 SINGAPORE 510763

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. 2004122126, GST Reg No. 20-04122126

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 29040660 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKL24627

2. Name of Policyholder

CHUA CHOON HONG

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

17/10/2018

4. Date of Expiry of Insurance

16/10/2019

5. Persons or Classes of Persons entitled to drive*

Chua Choon Hong

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 Insurer

for Chief Executive Officer