

NATIONAL Assessment Centre Services

Form 1 January

MAY 19 2014

Date In: 15/08/2013 18:45	Job description	Date & Time Completed	Done by
Ref No: NBS/MSG/9014264/4	SAS e-filing		
Veh No: 88Y V800M	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 15/08/2013 08:55	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 / MNC Assign Wksp / QW: ()

TP Particulars:	Veh No: 88X 1349D	INC () / Non-INC ()
Owner / Driver: ()	Tel: ()	Fax: ()
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 handling: 0788 6616)

1) Apply for Transport Allowance () / Courtesy Car ()	Date & Time Completed	Done by
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Action

NA/906208

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$10);	In Bill	Add. Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	Enclosing against INC Only (wef 10 Jan 2013)		
	6) TR: Re-inspection \$75		
	7) NI: Idm DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	* NI: Courtesy Car / Tpt Allowance \$5		
	* NI: Repair Co-ordination \$10		
	* NI: Post Repair Inspection \$25		
	* NI: DV / Collect Excess Coordination \$5		
	* TP (NI): TP (NI-INC) against INC \$20		
	* NI: Idm Mobile \$30		
	Invoice dated	Pen Charged	
	Invoice dated	Fee Charged	

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07-MAY-2018 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 15/08/2019 18:45
 Date Of Accident 15/08/2019 08:55
 Exact Location Of Accident ALONG SHANGHAI ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBV4400M
 Insured/Policyholder
 Name Of Registered Owner BOH CHEE YIH (MO ZHIYI)
 NRIC No S8235220A
 Email Address CALLIE.BOH@GMAIL.COM
 Mobile Phone No (LOCAL) +65-97502013
 Alternative Phone No OFFICE-92763054
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 B 27397536 SMP
 Cover Note Number
Driver
 Name of Driver BOH MEEI MEEI (MO MEIMEI)
 NRIC No S7920899Z
 Date Of Birth 20/07/1979
 Occupation INDOOR
 Date Of Driving Pass 19/08/1998
 Driving Experience 20 YEARS AND 11 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-92763054
 Fax Number
 Contact Number OFFICE-97502013
 EMail Address CALLIE.BOH@GMAIL.COM

Address 31 JALAN MUTIARA
#19-01
Postcode 249206

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SIBLING

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) 2

Passenger 1
NAME: : MOTHER
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

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 SLX1389D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver GAY BOON SENG

NRIC/Passport Number S1662146C

Contact Number 83337172

Address

Postcode

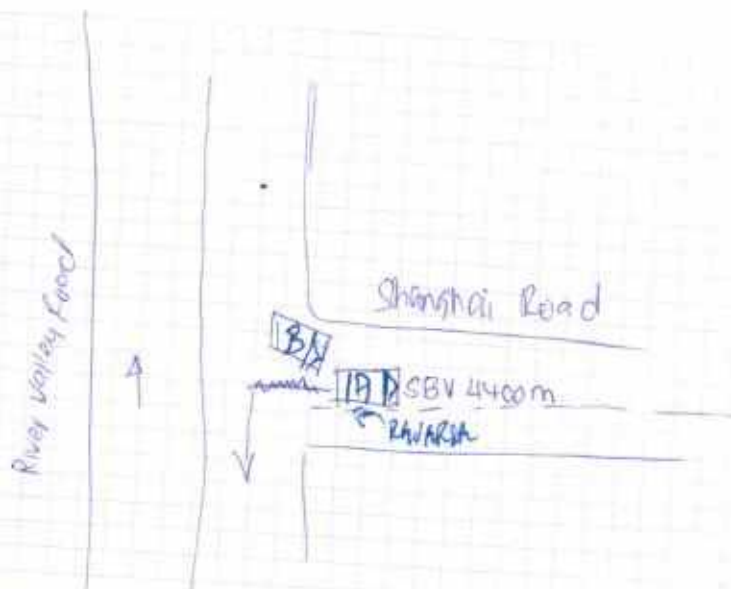
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN



A) SBV 4400M
B) SLX 1389D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was turning right into Shanghai Road from River Valley Road ~~and~~ (main Road)
Tried to turn out from Shanghai Road back to main Road (River Valley Road) by
reversing out
Road was clear while reversing then the red car (SLX1389D) appeared and hit the car.

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: 15 Aug 2019 @ 10.36am.

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

15/08/2019
Rafael Chong

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 08 / 2019) (DD/MM/YYYY), TIME: (08 : 55) (HH:MM)

LOCATION: Shanghai Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBV 4400 M
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: B27397536 SMP 1 2018 KN
 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
 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: Boh Mee Yin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8235220A CONTACT: 97502013
 c) ADDRESS: 31 Jalan Mutiara #19-01 S1249206

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: BOH MEEI MEEI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7922899Z CONTACT: 92763054
 c) ADDRESS: 31 Jalan Mutiara #19-01 S1249206

* d) DATE OF BIRTH: (20 / 07 / 1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: brother (family member)

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: SLX 1389 D MODEL: _____
 b) DRIVER'S NAME: Gay Boon Seng
 c) NRIC/FIN/PASSPORT: S1662146C CONTACT: 83337172

9. THIRD PARTY VEHICLE

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

email = Callie.boh@gmail.com

VIDEO

REPUBLIC OF SINGAPORE DRIVING LICENCE



BOH MEEI MEEI
(MO WEE MEI)

For LKK/NAC Use Only

Identity No. S 7920899Z

Pass Expire 20 Jul 1979
Licence Expire 12 Aug 2003

0007406588

NP-430A

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cycle and Motor Tractors the weight of which (including load) does not exceed 200 kilograms

PASS DATE 19 Aug 1979

For LKK/NAC Use Only

License No. S 7920899Z

NP-430A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7920899Z



BOH MEEI MEEI

For LKK/NAC Use Only

Name BOH MEEI MEEI

Race CHINESE

Date of Birth 20-07-1979

Sex F

Country of Birth SINGAPORE

S7920899Z

4470039

0007406588

NAME No. S7920899Z

For LKK/NAC Use Only

Date of Issue 30-09-2009

31 JALAN MUTIARA #19-01
SINGAPORE 249206

Phone No. S7920899Z

Date 30/04/2011 No. 6788043

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

Sime Darby Insurance
Brokers (Singapore) Pte Ltd
Tel: 6729 2744
Fax: 6729 2745
100 Robinson Road, #10-01, Singapore 068911

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

SIME MOTOR PRIVATE
Comprehensive

Certificate No. B 27397536 SMP

Excess: SGD750

1. Index Mark and Registration Number of Vehicle
SBV4400M
2. Name of Policyholder
Boh Chee Yih (Mo Zhiyi)
3. Effective Date of the Commencement of Insurance for the purposes of the Act
28/09/2018
4. Date of Expiry of Insurance
27/09/2019
5. Persons or Classes of Persons entitled to drive*

Boh Chee Yih (Mo Zhiyi)
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 CAN BE CARRIED OUT AT PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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