

# NATIONAL Assessment Centre Services.

[ver 1 Jan 06]

2/11/22/1

Date In: 26/08/2009 14:33	Job description	Date & Time Completed	Done by
Ref No: NCA/MSC/90149547	SAS e-filing		
Veh No: SCJ 7653L	E-mail (guide sheet, AIC sheet)		
D.O.A: 23/08/2009 14:45	1-Motor Claims Form		
OD: TP (Reporting Only)	1-Motor W/O (with: OD sheet, TP sheet)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SCJ 8422L	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% P: 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 repair.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

Injury: \_\_\_\_\_

Date of Incident: _____	Location: _____
Time of Incident: _____	Weather: _____
Police Report No: _____	Police Station: _____

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engi-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$23	
	*N8: DV / Collect Excess Coordination \$3	
	*N9: DV / Collect Excess Coordination \$20	
	TP (NI): TP (Non INC) against INC \$0	
	9) NI: Idao Mobile	
	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	26/08/2019 14:15
Date Of Accident	23/08/2019 14:45
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR LORONG 6 EXIT 16A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ7653L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN WEN LI
NRIC No	S7532528B
Email Address	TANWENLI23@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97498972
Alternative Phone No	OTHERS-87258910
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	GOING TO TANAH MERAH FERRY TERMINAL
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 27688146 QMY
Cover Note Number	
<b>Driver</b>	
Name of Driver	KIM DANIEL DAERYOO
NRIC No	G3168855N
Date Of Birth	24/11/1969
Occupation	INDOOR
Date Of Driving Pass	23/05/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97498972
Fax Number	
Contact Number	OTHERS-87258910
Email Address	TANWENLI23@YAHOO.COM.SG

Address	38 DRAYCOTT DRIVE #10-01
Postcode	259428
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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: : TAN WEN LI 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	SBJ8422L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN PIN EDDIE
NRIC/Passport Number	S1745419F
Contact Number	90088867
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

### 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: 26 Aug 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: Aug 26, 2019  
9:35am

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_

NRIC/FIN No.:

# SKETCH PLAN

PIC Towards ONRAMP KARL LER 6 EXIT 16A

Driving Direction → East

→ A) SKJ7653L

→ B) SBJ 8422L

→

→

THIRD PARTY ME

B A

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving eastbound PIE around Car 6 Exit 16A on outermost lane.  
~~stopped~~ Traffic was heavy and we had to stop and go. We braked to a stop after the car in front of us braked suddenly and the driver behind us must have been following too closely as we heard his tires screeched after which the rear end collision happened.

## DECLARATION

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

Policyholder's Signature

Date & Time: 26 Aug 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: Aug 26, 2019

9:25am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/08/2019  
 Ross Linton

# ACCIDENT STATEMENT

ACCIDENT DATE: 23/08/2019 (DD/MM/YYYY), TIME: 14:45 (HH:MM)

LOCATION: PE towards Changi, near Lor 6 Exit 16A

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 7653L  
 b) INSURANCE COMPANY: M310  
 c) POLICY NUMBER: A 77688146 QMY  
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Volkswagen Golf  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to Tanah Merah Ferry Terminal  
 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: Tan Wen Li (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S75329285 CONTACT: 97498972  
 c) ADDRESS: 101 Hill View Rise #10-02 S667981

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Daniel Kim (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 6316885N CONTACT: 87258910  
 c) ADDRESS: 38 D'Almeida Drive #10-01 S259428

\* d) DATE OF BIRTH: 24/11/1969 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 25/23 May 2016

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

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: S658422L MODEL: Mercedes  
 b) DRIVER'S NAME: Tan Pin Eddie  
 c) NRIC/FIN/PASSPORT: S1745419F CONTACT: 9008 8867

## 9. THIRD PARTY VEHICLE

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

email = tanwenli23@yahoo.com.sg

VIDEO

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**SG SECURITIES (SINGAPORE) PTE LTD**

**For LKK/NAC Use Only**

Name:  
**KIM DANIEL DAEYOO**

Occupation:  
**DIRECTOR**

FIN:  
**G3168855N**

Date of Application:  
**22-11-2017**

Date of Issue:  
**10-01-2018**

Date of Expiry:  
**10-01-2020**

**L8559639**




**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G3168855N**

Name:  
**KIM DANIEL DAEYOO**

**For LKK/NAC Use Only**

Birth Date: **24 Nov 1969**

Issue Date: **23 May 2016**

Valid Till: **22/05/2021**

**002570111B**




**VISIT PASS**  
Immigration Regulations

Name:  
**KIM DANIEL DAEYOO**

**For LKK/NAC Use Only**

Date of Birth: **24-11-1969** Sex: **M** Nationality: **AMERICAN**

FIN: **G3168855N** Date of Issue: **10-01-2018** Date of Expiry: **10-01-2020**

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




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

**EFFECTIVE DATE**  
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg 23 May 2016

**For LKK/NAC Use Only**

NP 428A





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

ORIGINAL

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 PLUS**  
**Comprehensive**

Certificate No. A 27688146 QMY

Excess : SGD800

Windscreen Excess : SGD100

**1. Index Mark and Registration Number of Vehicle**

SKJ7653L

**2. Name of Policyholder**

Tan Wen Li

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

09/05/2019

**4. Date of Expiry of Insurance**

08/05/2020

**5. Persons or Classes of Persons entitled to drive\***

Tan Wen Li

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 ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED 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.

  
13/04/2019  
Signature / Date

Counter-Signatory:  
KH Agency Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
Amy Ler  
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XKHAPLCHWP2019041209483368

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MAY19112211 Vehicle Registration No: SKJ 7652L  
Name (as shown in NRIC) : Kim Dhanu Dhanu NRIC/FIN/Passport No : 83168855N  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 872890  
Email Address : \_\_\_\_\_  
Date of Accident : 28/08/2019 Time of Accident : 14:45  
Place of Accident : PIN Jambak Chuan / AKAH LOR 6 F&17 16A  
Insurance Company : M816

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① Insured name to Tan Wen Li

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Policyholder / Driver's Signature  
Date:

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