

# NATIONAL Assessment Centre Services

[ref: 1 Jan 05] **MANA011289**

Date In: <b>20/8/14-14:57</b>	Job description	Date & Time Completed	Done by
Ref No: <b>142/14/14/15030/24</b>	SAS e-filing		
Veh No: <b>2734165</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>20/8/14-19:15</b>	i-Motor Claim Form		
OD: <b>TP</b> 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 / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>2734165</b>	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 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

<b>NA190645</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b>	<b>Amt (\$)</b>
		<b>Est Bill</b>	<b>Add Bill</b>
<b>Claimant's Particulars:-</b>	1) AR: Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
	5) RT: 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:-		
	ON*		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments:-</b>	*N8: DV / Collect Excess Coordination \$3		
<b>Ref 1:</b>	TP (N11): TP (Non INC) against INC \$20		
<b>Ref 2 / 3:</b>	9) N12: Idac Mobile 30		
	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 14:57
Date Of Accident	24/08/2019 19:15
Exact Location Of Accident	BKE TWDS WOODLANDS BEFORE BUKIT PANJANG RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3416S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LOH YI FENG
NRIC No	S7270776A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94517266
Alternative Phone No	OFFICE-94517266

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200 AUTO
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80462910QMX
Cover Note Number	

### Driver

Name of Driver	LOH YI FENG
NRIC No	S7270776A
Date Of Birth	23/04/1972
Occupation	INDOOR
Date Of Driving Pass	29/10/1993
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94517266
Fax Number	
Contact Number	OFFICE-94517266
Email Address	NOEMAIL

Address	BLK 815C CHOA CHU KANG AVENUE 7 #09-55
Postcode	683815
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?	NO
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?	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)	1

#### 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

REFER TO STATEMENT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC2725Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	JALAL BIN MEN
NRIC/Passport Number	
Contact Number	88171337
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	LOH YI FENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLT3416S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



## 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:



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

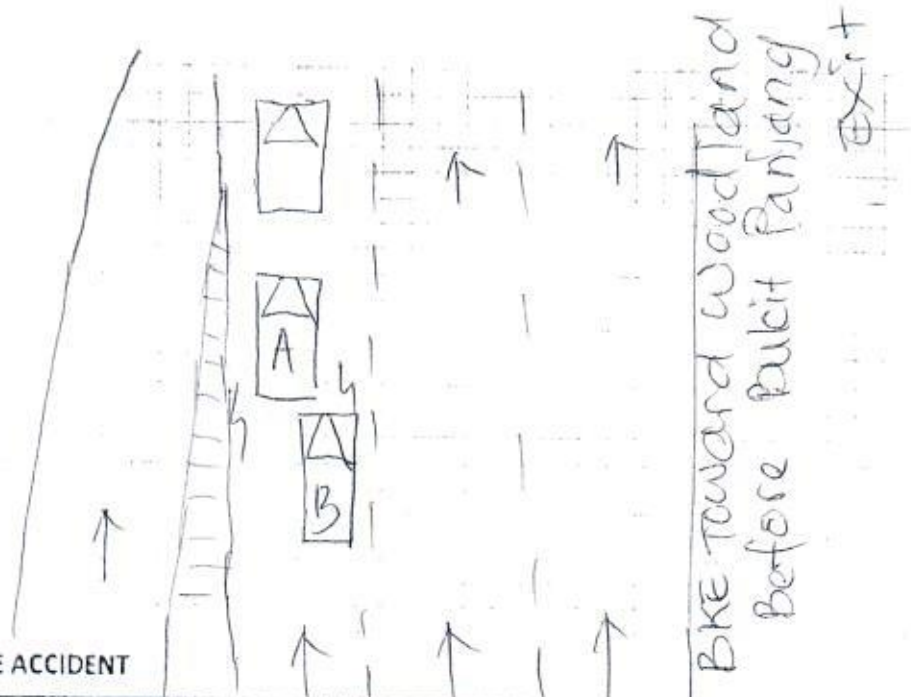


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**SKETCH PLAN**

A - SLT 3416S

B - PC 2725Z



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 24/08/2019 at about 1913 hrs, I was driving my car SLT3416S along BKE toward Woodland, some where before Bukit Panjans exit, when in front vehicle slow down due to traffic heavy I also slow down and stop. Suddenly I felt a strong impact from my back. And I alight my car and realised vehicle 'B' PC 2725Z had hit my car from the back.

After the incident, I felt my back and neck was felt discomfort.

**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.:



Vehicle No.	SLT 34163		Model / Make	MERCEDES C200	
Date of Accident	24/08/2019				
Time of Accident	1913 HRS				
Location of Accident	BKE TOWARD Woodland Before Exit Buta Parkway				
Exact purpose use during accident	Private Use				
Name of Owner	Loh Yi Feng				
Telephone No.	H/P: 94517266		Home:	Office: 62564914	
NRIC	S7270746A				
Address	B1K815C Choa Chu Kang Ave 7 # 08-55 S'683815				
Claim type	OD (THIRD PARTY) REPORTING ONLY				
Insurance Company	Meig				
Type of Coverage	(Comprehensive) Third Party Third Party / Fire / Theft				
Policy No.	A 80H62910 QMX				
Name of Driver	As Above If No, Loh Yi Feng				
NRIC	S7270746A Any Passengers: 0				
Date of birth	23/04/1972				
Occupation	Outdoor / (Indoor)				
Driving License Pass Date	29 OCT 1993				
Gender	(Male) / Female				
Contact No.	H/P: 94517266		Home:	Office: 62564914	
Address	B1K815C Choa Chu Kang Ave 7 # 08-55 S'683815				
Driver have any own vehicle	(No) If yes, Reg No.				
Relationship	Employee, If no, state				
Weather condition	(Clear) Raining Other				
Road Surface	(Dry) Wet Other				
Any Injuries	No, (If Yes, Who? Loh Yi Feng)				
Name And Contact No.					
Name And Contact No.					
Police Report	(No) If Yes, Where?				
Vehicle B No.	PC2725Z		Any Passengers:	0	
Name of Driver	Jalal Bin Men		Contact No.:	88171337	
Vehicle C No.			Any Passengers:		
Vehicle D No.			Any Passengers:		
Vehicle E no.			Any Passengers:		
Vehicle F No.			Any Passengers:		
Vehicle G No.			Any Passengers:		
Witness Name	Rear Portion		Witness Contact:		
Accident Portion					
Camera Recorder	(Yes) / No				
Email Address	leslie.loh@efsoftware.com.sg				
PARTICULAR WORKSHOP	TwinCar Automotive Pte Ltd				
CONTACT NO.	6842 0051 / 6744 0510				
CONTACT PERSON					
FAX NO	6741 0510				
WORKSHOP Email ADDRESS	sales@n5i.com.sg				



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7270776A



Name

LOH YI FENG

羅翊峰

Race

CHINESE

Date of birth

23-04-1972

Sex

M

Country of birth

MALAYSIA

S7270776A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7270776A

Name

LOH SIONG ON

Birth Date: 23 Apr 1972

Issue Date: 16 Dec 2002



1000041874K



4823619

NRIC No. S7270776A



Date of issue

11-02-2012

APT BLK 815C CHOA CHU KANG AVENUE 7 #09-55  
SINGAPORE 683815

NRIC No: S7270776A

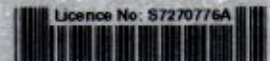
Date: 09/10/2016

For LKK/NAC Use Only

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

PASS DATE

Class 2B	Motorcycles not exceeding 200 cc	29 Oct 1993
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Oct 1993



License No: S7270776A

NP 428A

2





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**  
**Comprehensive**

Certificate No. A 80462910 QMX

Excess : SGB400

Windscreen Excess : SGD100

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

SLT3416S

**2. Name of Policyholder**

Loh Yi Feng

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

26/10/2018

**4. Date of Expiry of Insurance**

25/10/2019

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

Loh Yi Feng

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 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.

Signature / Date

Counter-Signatory:

Ting See Ping

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.

XTSPTSP2018101007525256

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

Amy Ler  
Senior Vice President, Agencies