

NATIONAL Assessment Centre Services.

(ref: Jan 00)

1/19/2009 16:04

Date In: 10/10/2009 16:04	Job description	Date & Time Completed	Done by
Ref No: 1/19/2009 16:04	SAS e-filing		
Veh No: 8000 9997m	E-mail (within 2hrs, A/C 2hrs)		
DOA: 23/07/2009 10:50	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 / INC Assgn Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

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 ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury:

Date:

Time:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Eng-In-Charge):

Auditor's Comments:

Ref:

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (110)

3) TP: Towing Fee \$40/45

4) PT: Follow-Through Survey \$120

5) PT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (year 10 Jan 2000)

6) TR: Re-inspection \$75

7) NI: Idea DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpt Allowance \$3

*N6: Repairs Coordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$3

*N9: NI / TP (Non INC) against INC \$20

*N10: NI / TP (Non INC) against INC \$20

*N11: NI / TP (Non INC) against INC \$20

*N12: NI / TP (Non INC) against INC \$20

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	10/10/2019 16:04
Date Of Accident	23/07/2019 10:50
Exact Location Of Accident	MARINA GOLF DRIVING RANGE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9997M
Insured/Policyholder	
Name Of Registered Owner	KUM CHENG KIONG
NRIC No	S1408264F
Email Address	CHOYSOON.CHUA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97565656
Alternative Phone No	OTHERS-92327263

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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 80420276 AVW
Cover Note Number	

Driver

Name of Driver	CHUA CHOY SOON
NRIC No	S1489991Z
Date Of Birth	11/02/1961
Occupation	INDOOR
Date Of Driving Pass	14/03/1989
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92327263
Fax Number	
Contact Number	OTHERS-97565656
Email Address	CHOYSOON.CHUA@YAHOO.COM

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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: *Rishi*
NRIC/FIN No.:

unknown no collision

Per police report 7/20190731/2173

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

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



**SINGAPORE
POLICE FORCE**



T/20190731/2173

1 of 3

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

Report No. T/20190731/2173

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2019 22:01		Vide Report No.:		Station Diary No.: 71	
Informant's Particulars					
Name of Informant: CHUA CHOY SOON			Address: 206 OCEAN DRIVE #04-08 SINGAPORE 098627		
ID Type / ID No.: NRIC NO / S1489991Z			Contact No.: Home/Office:		Mobile: 92327263
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 11/02/1961	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/07/2019 10:50	Type of Location: Car Park
Location: RHU CROSS Carpark with public access next to Marina Golf Driving Range				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKW9997M	Car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190731/2173

3 of 3

Report No. T/20190731/2173

Police Station Of Origin:

Tiong Bahru NPP

128 Kim Tian Road #01-123 SINGAPORE
160128

Tel No: 1800-2739999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

A /

Sgt 2 CHEAH FOOK WEI, LEONARD

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/07/2019 22:01

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: 23.7.2019 (DD/MM/YYYY), TIME: 10.50 (HH:MM) about
LOCATION: Marina Golf Driving Range Car Park

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SKWM97M
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A 804 20276 AWW
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: VOLKSWAGEN POLO
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME:
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: KUM CHENG KIONG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1408264 F CONTACT: 97565576
c) ADDRESS: 22 Jalan Novena Barat
Singapore 308616
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER NOT POLICY HOLDER

* No of passenger
(including driver)
()

DRIVER
d) NAME: CHUA CHOY SOON (MALE / FEMALE)
e) NRIC/FIN/PASSPORT: H299912 CONTACT: 92327263
f) ADDRESS: 206 OCEAN DRIVE #04-08
S. 048627

* d) DATE OF BIRTH: 11/02/1961 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 14.3.1989

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: INSURED IS NATURAL FATHER
OF MY STEPSON

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: TIONG BAHRU NPP

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = choyson.chua@yahoo.com

VIDEO



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

VW DRIVEEASY
Comprehensive

Certificate No. A 80420276 AVW

Excess : SGD2,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKW9997M

2. Name of Policyholder
Kum Cheng Kiong

3. Effective Date of the Commencement of Insurance for the purposes of the Act
25/11/2018

4. Date of Expiry of Insurance
24/11/2019

5. Persons or Classes of Persons entitled to drive*

Kum Cheng Kiong

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 VOLKSWAGEN CENTRE SINGAPORE.

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:

Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Lee
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.

XWCPLIKS201811020080661