

NATIONAL Assessment Centre Services

Date In: 02/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/MS420000087/13	SAS e-filing		
Veh No: SQ 7799T	E-mail (within 8hrs. A/C 2hrs)		
D.O.A: 31/12/19 1245	i-Motor Claim Form		
OD: (TP) 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: (N-5T	Tel:	Fax:
TP Particulars:	Veh No: XD 7695A	INC () / Non-INC ()
Owner / Driver: ((TRA18122)	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

NA2000817	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile \$30		
Cat. 2/3:	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	02/01/2020 17:21
Date Of Accident	31/12/2019 12:45
Exact Location Of Accident	JUNC OF PENNEFATHER RD & CEYLON RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SQ7799T
Insured/Policyholder	
Name Of Registered Owner	WAN LAI TIM
NRIC No	SXXXX119Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97324287
Alternative Phone No	OTHERS-97324287
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
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	P 90437711 DMA
Cover Note Number	
Driver	
Name of Driver	WAN LAI TIM
NRIC No	SXXXX119Z
Date Of Birth	05/08/1954
Occupation	INDOOR
Date Of Driving Pass	11/12/1972
Driving Experience	47 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97324287
Fax Number	
Contact Number	OTHERS-97324287
EMail Address	NOEMAIL

Address	BLK 167B SIMEI LANE #10-14
Postcode	522167
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191231/2126

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	XD7695A
Vehicle Make/Model/Colour	(TRA1812Z)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SHAO WENBO
NRIC/Passport Number	
Contact Number	82386967
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

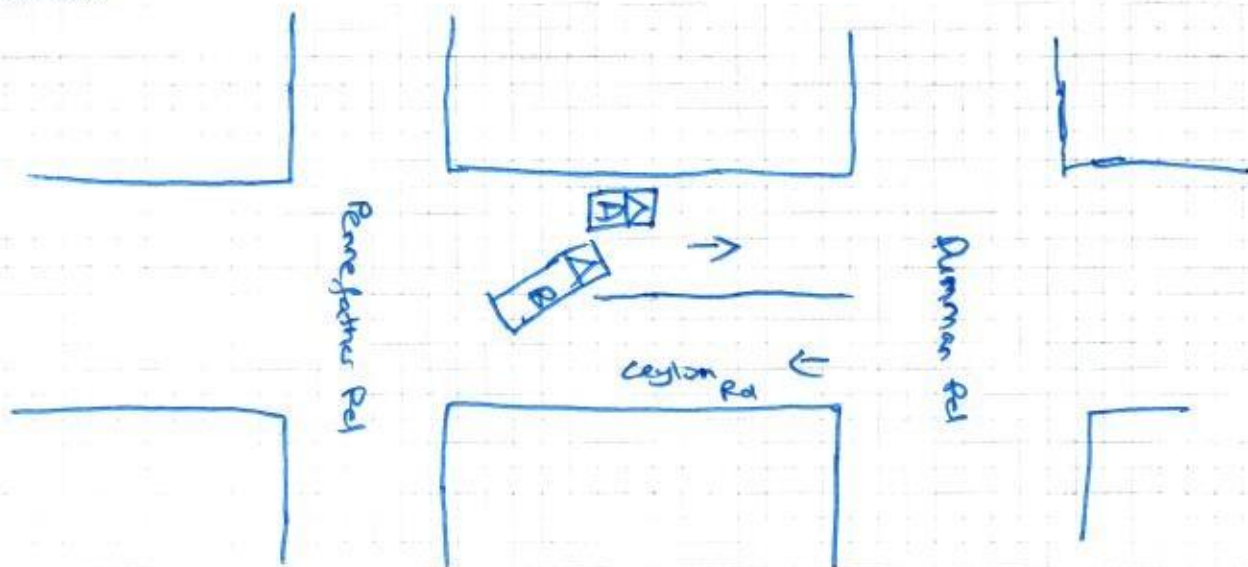
8

Wank2
Policyholder's Signature
Date & Time:

Wank2
Driver's Signature
(If driver is not the policyholder)
Date & Time:

sfym 02/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police report NO: 7/2019/231/2126

A - SQ 7199 T

B - XD 7695 K / TRA 1912 Z

[A large blue 'Z' mark is drawn across the remaining lines of this section.]

DECLARATION

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

8 Wank

Policyholder's Signature

Date & Time:

Wank

Driver's Signature

(If driver is not the policyholder)

Date & Time:

sfym 02/01/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191231/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2019 18:39	Vide Report No.: G/20191231/0095	Station Diary No.: 50
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Informant's Particulars

Name of Informant: WAN LAI TIM			Address: APT BLK 167B SIMEI LANE #10-14 SINGAPORE 522167	
ID Type / ID No.: NRIC NO / S0092119Z			Contact No.: Home/Office:	Mobile: 97324287
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 65	Date of Birth: 05/08/1954	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Dentist (general)			Driving Licence Information: Class:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/12/2019 12:45	Type of Location: Straight Road
Location: Junction of Road 1 and Road 2 PENNEFATHER ROAD CEYLON ROAD Lamp Post Number: 14				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SQ7799T	Car	TOYOTA	ALTIS	Black	Seriously Damaged	0
TRA1812Z	TRAILER	SCANTRUCK				0

Details of Person Involved

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



Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191231/2126

CONTINUATION OF REPORT

Vehicle Owner			
Name	WAN LAI TIM	ID No.	S0092119Z
Related Vehicle	SQ7799T (Car)	Contact No.	97324287
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SHAO WENBO	ID No.	NIL
Related Vehicle	TRA1812Z (TRAILER)	Contact No.	82386967
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 31/12/2019 at about 0915hrs, I parked my vehicle near lamppost 14 near to the junction of Ceylon Road and Pennefather Road.

At about 1730hrs I returned to get my vehicle and saw that the right rear door had been crushed in. I saw there was 3 notes written in Chinese stuck on the front wind screen saying "sorry, I was waiting here for very long, I cannot find you and no way to contact you, seek your forgiveness, please contact me 91080804, 84386967." and another 2 similar saying "sorry sir/madam, 91080804, 82386967 I am very sorry". There was also a traffic police case card at the front wind screen which stated that my vehicle was involved in an accident with the other vehicle TRA1812Z at 1248hrs at the said location.

At about 1750hrs I called the IO Joe which was stated at the back of the case card and he informed me to lodge a traffic accident report vide G/20191231/0095.

At about 1753hrs, I called 91080804 and she told me call her manager. She gave me the contact of Kylin Lim, her manager of Chang Cheng Logistics Pte Ltd 83218480, she asked if we could settle privately, and said sorry. I obtained the details of the driver and the company from her through WhatsApp.



SINGAPORE
POLICE FORCE



T/20191231/2126

3 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20191231/2126

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:

G /
Staff Sgt WONG XINGYI, SEAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151



Authentication Stamp
NP168

Signature Of Informant:

Wantr

Date/Time:
31/12/2019 18:39

Classification Of Case:

SIGNATURE

Vehicle No.	SG 7797	Model / Make	Toyota Amaris
Date of Accident	31/12/2019		
Time of Accident	12.45 pm	HRS	
Location of Accident	Pennefather Rd x Ceylon Rd		
Exact purpose use during accident	for use		
Name of Owner	Wai Lai Tin		
Telephone No.	H/P : 97324287	Home :	Office : 6342572
NRIC	S00921192		
Address	B16 (b7B, b7C) Lane #10-14, S C 522163		
Claim type	OD	(THIRD PARTY)	REPORTING ONLY
Insurance Company	MSI		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	P90237711	OMA	
Name of Driver	As Above	If No,	
NRIC		Any Passengers :	M1
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date	4/12/1972		
Gender	(C) Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	(C) Clear	Raining	Other
Road Surface	(C) Dry	Wet	Other
Any Injuries	(C) No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	XD 7095A / TRA 18122	Any Passengers :	Unknown
Name of Driver		Contact No. :	
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		Witness Contact :	
Accident Portion	Right Rear Portion		
Camera Recorder	Yes / (C) No		
Email Address			
PARTICULAR WORKSHOP	NSI		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Harvey		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	Sales @ nsi.com.sg		



MSIG

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
A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**DRIVESHIELD - PREMIER
Comprehensive**

Certificate No. P 90437711 DMA

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

5Q7799T

2. Name of Policyholder

Wan Lai Tim

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

29/12/2019

4. Date of Expiry of Insurance

28/12/2020

5. Persons or Classes of Persons entitled to drive*

Wan Lai Tim

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 Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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

Craig Ellis
Chief Executive Officer

SGSGAMLW201911271415

抱歉、我在这里等了很久、因为找不到你看、也无法联络
所以请你原谅、请您联络我

电话：9108 0804
8238 6967

对不起 (先生、女士)

电话：9108 0804
8238 6967

I am very sorry

先生、女士)

9108 0804
8238 6967

-Y sorry