

# NATIONAL Assessment Centre Services

Ref: J-102

Date In: 08/01/20	Job description	Date & Time Completed	Done by
Ref No: NA/MSG20000511/13	SAS e-filing		
Veh No: SL2 769L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 03/08/20 1230	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: (	Tel:	Fax:
TP Particulars:	Veh No: PEDESTRIAN	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 ( )	

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

NA2000500	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Dat. 1:	6) TR: Re-inspection \$75		
Dat. 2/3:	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	on:		
	*N3: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idas Mobile \$0		
	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	08/01/2020 12:22
Date Of Accident	03/08/2019 12:30
Exact Location Of Accident	1 SIGLAP RD @ MANDARIN GARDENS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ769L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE LIN JENISE
NRIC No	SXXXX239F
Email Address	NEEZ91@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93661231
Alternative Phone No	OTHERS-93661231
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HARRIER
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80468450 QMY
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE LIN JENISE
NRIC No	SXXXX239F
Date Of Birth	14/02/1972
Occupation	INDOOR
Date Of Driving Pass	02/04/1996
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93661231
Fax Number	
Contact Number	OTHERS-93661231
EMail Address	NEEZ91@HOTMAIL.COM

Address	1 SIGLAP ROAD #06-05
Postcode	448906
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	COLLIDED INTO PEDESTRIAN
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	1
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?	YES
If Yes, Please state which Police Station	
Police Station Name	JOO CHIAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 267 ONAN ROAD , POSTCODE: 424773 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3459999 - FAX NO: 64474181
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20190804/2130

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	BLANCHE ONG
NRIC/Passport Number	
Contact Number	97516892
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	BLANCHE ONG
Approximate Age	
Injuries Sustain	CHEST PAIN(PEDESTRIAN)
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### Accident Sketch Plan

### SKETCH PLAN

IMPORTANT NOTICE

1/1/2020

### Accident Sketch Plan

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT: G20190804/2130

## DECLARATION

*Zusch*

Date & Time: 7/1/2020

sfy 08/01/20

Report of Centre for Migration Migration



# Individual Statement



SINGAPORE  
POLICE FORCE



G/20190804/2130

1 of 2

POLICE REPORT (NP299)

Report No: G/20190804/2130

Police Station Of Origin  
Joo Chiat NPP  
267 Oran Road SINGAPORE 424773  
Tel No: 1800-3459999

Date/Time Report Made 04/08/2019 21:33	Vide Report No G/20190308/2129	Station Diary No 23
Name Of Informant JENISE LEE LIN	Address 1 SIGLAP ROAD #06-05 SINGAPORE 448906	
ID Type / ID No NRIC NO / S7206239F	Contact No Home/Office	Mobile 93661231
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Housewife	Sex Female	Age 47
	Date of Birth 14/02/1972	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 03/08/2019 12:30	Location Of Incident 1 SIGLAP ROAD MANDARIN GARDENS SINGAPORE 448906	
	Ground level open space carpark lot number 629	

## Brief details.

On 03/08/2019 at about 1230hrs I was driving my vehicle bearing the plate number SLZ769L (Toyota Harrier) inside my condo (Mandarin Garden) open space carpark. I was about to park my vehicle when I realized that there was a group of 4 people standing at the building. I came to a stop to allow the group to cross over to the carpark. After which I maneuvered my vehicle into the parking lot. As I was reversing and I noticed the group was behind my vehicle via my rear view mirror. While I continued to reverse back slowly, suddenly I heard a loud bang and came to a complete stop.

Signature Of Officer Recording The Report G / Sgt 2 MAK YIK MENG EUGENE	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 04/08/2019 21:33
Officer In-Charge Of Case G / Bedok Police Divisional Investigation Branch / Staff Sgt MOHAMAD RAFEEQ BIN HAJI MOHAMAD RASHID Contact No: 62447200	Classification Of Case
Authentication Stamp 	

# Individual Statement



SINGAPORE  
POLICE FORCE



G/20190804/2130

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190804/2130

I quickly alighted from my vehicle to make a check and noticed a female (Blanche Ong, h/p: 97516892) standing at my left rear vehicle. I went up to her to make sure that she was fine. I informed her to let me park my vehicle first before we continued further. After I parked my vehicle, I walked her to my lobby. She informed me that she was feeling some discomfort in her chest area and there was no visible injuries on her. After which I suggested to bring her to the nearest GP to make a check. But she declined as she informed that she had an appointment to attend to at Newton by 1330hrs. She also mentioned that GP was useless as such I suggested to bring her to CGH instead. She did not accept the offer as she has appointment to attend to. We exchanged particulars with each other and she left. After she left I dropped her a WhatsApp message however she did not respond to it.

I tried to calm myself down after the incident. At about 1630hrs I proceed to Joo Chiat NPP and spoke to officer Glen Chang about the matter. The officer advised me that a report was not necessary because if the other party lodged a police report, I will be notified as well. I then left the police post.

On 04/08/2019 at about 1353hrs I received a call from Inspector Leong from Bedok Police division and was told to meet him there for statement in regards to yesterday incident as Blanche had contacted the police on the evening of 03/08/2019. After the statement I spoke to my insurance agent and was advised to lodge a police report. This police report is for record purpose.

Signature Of Officer Recording The Report

G / Sgt 2 MAK YIK MENG, EUGENE

Signature Of Interpreter  
Not applicable

Officer In Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Staff Sgt MOHAMAD RAFEEQ BIN HAJI MOHAMAD  
RASHID  
Contact No. 62447200

Authentication Stamp

Signature Of Informant

Date/Time  
04/08/2019 21:33

Classification Of Case



## Addendum Sheet

GENERAL  
INSURANCE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
100, North Bridge Road, Singapore 079100  
Tel: 6733 4000 Fax: 6733 6224  
Email: gias@iasa.org.sg Website: www.iasa.org.sg  
GST Reg. No. S96501778

**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: MNA/20003322 Vehicle Registration No: SLZ769L  
Name of Insured: LEE LIN JENISE NRIC/FIN/Passport No: SXXXX239E  
[\* Vehicle Driver / Vehicle Owner] [\*] Please delete as appropriate.  
Address: 1 SIGLAP ROAD H06-05 Singapore: 448906  
Contact (Tel): \_\_\_\_\_ Mobile No: 93661231  
Email Address: \_\_\_\_\_  
Date of Accident: 03/08/20 Time of Accident: 12:30  
Place of Accident: 1 SIGLAP ROAD @ MANDARIN GARDENS  
Insurance Company: MSIG

#### (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:

AMEND GENDER OF THE DRIVER

Policyholder / Driver's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

2/Jan 09/01/20  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No: \_\_\_\_\_  
Date: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**  
SAFEGUARDING EVERY DAY

Report No : G/20190803/2129

**RECIPIENT'S COPY**

**STERN WARNING**

1. Investigations against you, Jenise Lee Lin, NRIC: S7206239F, into the following offence(s):

ALLEGED OFFENCE(S)				
S/No	Offence	Legislation	Date & time committed	Place
1	Negligent Causing Hurt	Section 337(b), Penal Code (Chapter 224)	3 August 2019 at 12.30pm	1 Siglap Road Singapore 448906

have been completed.

2. After careful consideration of the facts of the case, and with the concurrence of the Attorney-General's Chambers, you are warned to refrain from any criminal conduct. If you commit any offence in future, the same leniency may not be shown towards you.

**INSP MOHD Hidayat**  
**OC GENERAL INVESTIGATION SQUAD 8**  
**BEDOK DIVISION**

17 SEP 2019  
DATE

### **NOTE**

A. This stern warning is issued to you because while an assessment that you have committed the offence(s) listed in paragraph 1 has been made, a decision has been taken not to prosecute you in court for the offence(s).

B. This stern warning:

- i. does not amount to a conviction for an offence or a finding of guilt by a court of law;
- ii. does not mean that you now have a criminal record of the offence(s) listed in paragraph 1;<sup>1</sup>
- iii. will not be raised by the Prosecution as a criminal record against you in any future court matters for purposes of enhancing a sentence; and
- iv. does not affect any of your legal rights, interests, or liabilities.

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<sup>1</sup> As defined in the Registration of Criminals Act (Cap 268, 1985 Rev Ed.)



## ACCIDENT STATEMENT

ACCIDENT DATE: 03 / 08 / 19 (DD/MM/YYYY), TIME: 12 : 30 (HH:MM)

LOCATION: 1 SIGLAP RD MANDARIN GARDENS

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 769L  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA HARRIER  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: LEE LIN JENISE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 95661281  
c) ADDRESS: \_\_\_\_\_

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

### DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

### 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) JOO CHIAT NIP

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PEDESTRIAN MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: BLANCHE ONG  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97516890

### 9. THIRD PARTY VEHICLE

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

FRONT ONLY

07/01/20

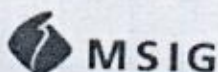
waiting for CI

Email =

fax =

VIDEO =





MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807  
Tel: (65) 6827 7886 Fax: (65) 6827 7880  
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.Y.1  
Individual Ownership

**MOTOR MAX PLUS**  
Comprehensive

Certificate No. A 80468450 QMY

Excess: SGD700  
Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle  
SLZ769L
2. Name of Policyholder  
Lee Lin Jenise
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
23/04/2019
4. Date of Expiry of Insurance  
22/04/2020
5. Persons or Classes of Persons entitled to drive\*

Lee Lin Jenise

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.

Signature / Date

Counter-Signatory:

Valupac Solutions

25 MAR 2019

**VALUPAC SOLUTIONS**

Email: valupac@singnet.com.sg

Mobile : (65) 9720 5012

Telephone: (65) 6100 3688

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.

XVAL YKK2019032510168672





# MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
www.msig.com.sg

Your Ref : SLZ769L  
Our Ref : 615842 (Please quote our reference when replying)

27 Dec 2019

URGENT

LEE LIN JENISE  
1 SIGLAP ROAD  
#06-05 MANDARIN GARDENS  
SINGAPORE 448906

Dear Sir/Madam

**Accident involving SLZ769L and PEDESTRIAN along TBA**

Policy No : 80468450QMY  
Date of Accident : 03 Aug 2019

We have received an injury claim from third party. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

  
Koh Ming Shao  
Senior Executive Officer  
Claims Services (Motor)  
Tel : 6594 2546  
Fax : 6827 7800  
Email : mingshao\_koh@sg.msig-asia.com

CC Valupac Solutions

A Member of MS & AD INSURANCE GROUP