

NATIONAL Assessment Centre Services. [ver 1 Jan 00] **MAY 2000 4596**

Date In: 10/01/2020 16:51	Job description	Date & Time Completed	Done by
Ref No: XIA/M8420000674	SAS e-illing		
Veh No: 905 5354X	E-mail (to date then, AIC then)		
D.O.A: 10/01/2020 12:05	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (withln: OD then, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: **SGF 126G** 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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repolar.

() 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/Time	Action

XIA20003559			
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance	\$3	
	*N6: Repairs Coordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (NI) / TP (Non INC) against INC	\$20	
	9) NI: Idao 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	10/01/2020 16:51
Date Of Accident	10/01/2020 12:05
Exact Location Of Accident	CTE TOWARDS CITY WHEN ENTERING TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDJ5354X
Insured/Policyholder	
Name Of Registered Owner	TAY NOOI CHENG
NRIC No	SXXXX354H
Email Address	WARRENONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96247060
Alternative Phone No	OTHERS-92216425

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	A 80471521 QMY
Cover Note Number	

Driver

Name of Driver	ONG MING WU, WARREN (WENG MINGWU)
NRIC No	SXXXX041B
Date Of Birth	16/01/1990
Occupation	INDOOR
Date Of Driving Pass	27/10/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96247060
Fax Number	
Contact Number	OTHERS-92216425
Email Address	WARRENONG@GMAIL.COM

Address	BLK 198 CANBERRA DRIVE #02-59
Postcode	767961
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	6
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)	3
Passenger 1	NAME: : COLLEAGUE GENDER: : FEMALE
Passenger 2	NAME: : COLLEAGUE 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF126G
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMIL BIN JONO
NRIC/Passport Number	SXXXX302F
Contact Number	93888951
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLQ5752Z
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SEAH SEOW YEONG
NRIC/Passport Number
Contact Number 9451468
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBB3237E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver MUHAMMAD HASBULLAH
NRIC/Passport Number
Contact Number 97299240
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKP5913T
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TIMOTHY LUKE SEBASTIAN
NRIC/Passport Number
Contact Number 97686170
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SML9479B
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver TAN BOON CHYE WILLIAM
NRIC/Passport Number

Contact Number 98249168
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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:

10/01/2020

4:30pm

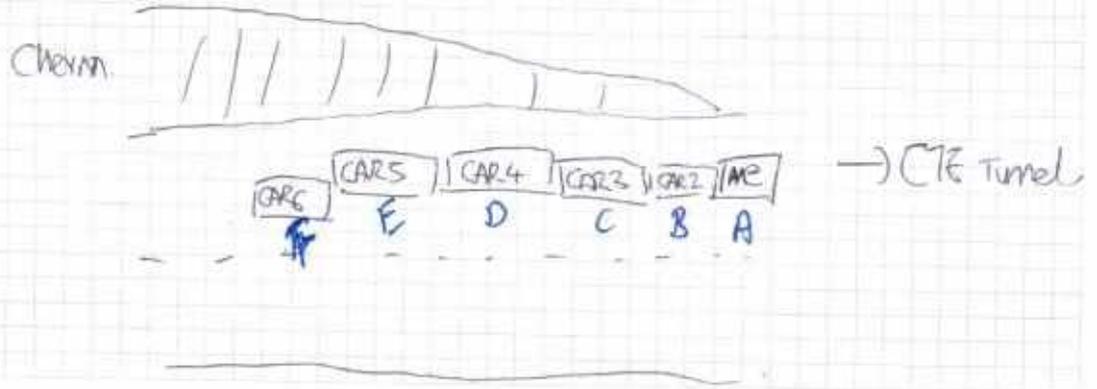


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

C1E TOWARDS CITY, WITHIN FORTHBRIDGE TUNNELL

- A) SDJ 5254X
- B) 8GF 126 GF
- C) SCQ 5752Z
- D) GBB 3237E
- E) SKP 5918T
- F) SML 9479B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving towards C1E tunnel towards city. I stopped stationary due to slow traffic. As I was about to drive as the car in front of me started moving. Suddenly, the car behind (8GF126GF) hit me from behind. Fortunately, the my car did not move far ahead enough to ~~have~~ hit the car in front.

Upon exiting the car to exchange particulars, I noticed that it was a 6-car accident, mine was right in front of the chain

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 10/01/2020 (DD/MM/YYYY), TIME: 12:05 (HH:MM)

LOCATION: AEE CTE towards city, when entering tunnel towards city

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SD153547
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: A80471521 QMY
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: HONDA JAZZ
- 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/)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAY NODI OWENG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1285354H CONTACT: 96247060
- c) ADDRESS: 136A HILLVIEW AVENUE #02-08
566906

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: ONG MUNS WU WARREN (MALE / FEMALE)
- e) NRIC/FIN/PASSPORT: S902041B CONTACT: 92216425
- f) ADDRESS: 198 ANBERA DRIVE #02-59 SINGAPORE 763961

* d) DATE OF BIRTH: 16/01/1990 (DD/MM/YYYY)

- a) OCCUPATION: (INDOOR / OUTDOOR)
- b) DATE OF DRIVING PASS: 27/10/2009

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

- 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: SGF126G MODEL: MITSUBISHI
- b) DRIVER'S NAME: JAMIL BIN JONO
- c) NRIC/FIN/PASSPORT: S7028302F CONTACT: 93988951

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLQ5752Z MODEL: 94521468
- e) DRIVER'S NAME: SEAH SEOW YONG
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

GRB 3237E SEAN MUHAMMAD HASBILAH 97299240
SLP5913T TIMOTHY LUCE SEASTIAN 94521468
SML9479B HASBILAH 97686170
TIMOTHY SEASTIAN 97686170
TAN BUN CHYE 98249168
WILLIAM

email =

VIDEO

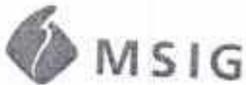
wanrong@gmail.com

Carikan (2 F)

*#No of passengers
(including driver)
(3)*

*#No of passenger
(including driver)
()*

*#No of passenger
(including driver)
()*



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
 Tel: (65) 6827 7868 Fax: (65) 6827 7900
 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 80471521 QMY

Excess : SGD500
 Windscreen Excess : SGD100

- 1. Index Mark and Registration Number of Vehicle**
SDJ5354X
- 2. Name of Policyholder**
TAY NOOI CHENG
- 3. Effective Date of the Commencement of Insurance for the purposes of the Act**
10/08/2019
- 4. Date of Expiry of Insurance**
09/08/2020
- 5. Persons or Classes of Persons entitled to drive***

TAY NOOI CHENG
 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.

Jo-an Tan
 Quotigo Pte Ltd
 Senior Manager
 60 Paya Lebar Road
 Paya Lebar Square #11-41
 Singapore 409051

Signature / Date

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

Amy Ler
 Senior Vice President, Agencies

Counter-Signatory:
 Quotigo Pte. Ltd.

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.

XMEMPJTY2019061417397773
 Email : joan@quotigo.com
 Website: www.quotigo.com