

NATIONAL Assessment Centre Services [Rev. 1 Jan 2005]

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 14/01/20 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MSG20000846/13 | SAS e-filing | | |
| Veh No: SMH2319R | E-mail (within 8hrs, AIG 2hrs) | | |
| D.O.A: 13/01/20 1735 | 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: SLT8092J | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|-----------|-----------|
| Claimant's Particulars:- | Invoice Preparation Checklist | | Am't (\$) | Am't (\$) |
| | | | In Bill | Add Bill |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$50) | | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | | |
| Auditors' Comments:- | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| Dat. 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Dat. 2/3: | 6) TR: Re-inspection \$75 | | | |
| | 7) NI: Idno DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | ON: | | | |
| | *N5: 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: Idno 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 | 14/01/2020 12:12 |
| Date Of Accident | 13/01/2020 17:35 |
| Exact Location Of Accident | SLE TWDS CTE B4 WOODLANDS AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | SMH3319R |
| Insured/Policyholder | |
| Name Of Registered Owner | TAY CHER YAN JEFFERY(ZHENG ZHIYUAN JEFFERY) |
| NRIC No | SXXXX560E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96908299 |
| Alternative Phone No | OTHERS-96808299 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | CHR |
| 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 29114501 QMY |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------------|
| Name of Driver | TAY JING HAO JOSHUA(ZHENG JINGHAO) |
| NRIC No | TXXXX815Z |
| Date Of Birth | 06/06/2000 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/10/2018 |
| Driving Experience | 1 YEAR AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96808299 |
| Fax Number | |
| Contact Number | |
| EMail Address | JOSHUAATJH66@GMAIL.COM |

| | |
|---|---|
| Address | BLK 771 BEDOK RESERVOIR VIEW #17-169 |
| Postcode | 470771 |
| 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 | 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? | NO |
| 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 | BEDOK DIVISION HQ |
| Police Station Address | ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , 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:G/20200114/7029

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------------|
| Vehicle Registration Number | SLT8092J |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | KOH KIAT SIONG |
| NRIC/Passport Number | SXXXX002E |
| Contact Number | 86611818 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------------|
| Name | TAY JING HAO JOSHUAA(ZHENG JINGHAO) |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | SMH3319R |
| 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)**

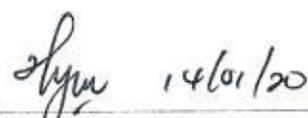
I understand, acknowledge, agree and consent that:

- (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:



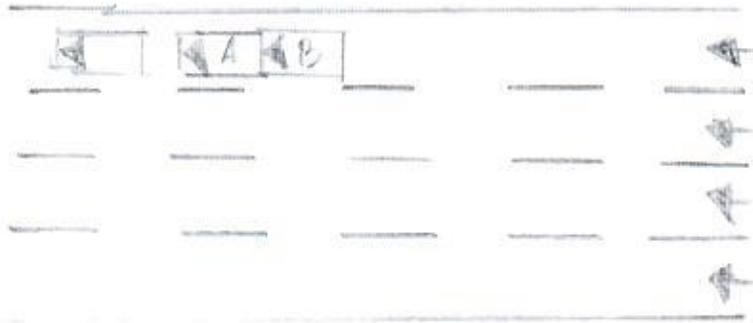
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

SLE TOWNS CTE BY
WOODMAN'S AVE 2

A - SMH3319R

B - SLT8092J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: G/20200144/7029

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:

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

Signature 14/01/20



**SINGAPORE
POLICE FORCE**



G/20200114/7029

1 of 2

POLICE REPORT (NP299)

Report No. G/20200114/7029

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

| | | |
|--|--|---------------------|
| Date/Time Report Made 14/01/2020 11:48 | Vide Report No. | Station Diary No. |
| Name Of Informant TAY JING HAO JOSHUA | Address APT BLK 771 BEDOK RESERVOIR VIEW #17-169 SINGAPORE 470771 | |
| ID Type / ID No. NRIC NO / T0019815Z | Contact No. Home/Office: | Mobile: 96808299 |
| Nationality SINGAPORE CITIZEN | Email Address JOSHUAATJH66@GMAIL.COM | |
| Occupation Student | Sex Male | Age 19 |
| Institution/School Name | Date of Birth 06/06/2000 | Race Chinese |
| Date/Time Of Incident 13/01/2020 05:35 - 13/01/2020 17:50 | Location Of Incident APT BLK 771 BEDOK RESERVOIR VIEW #17-169 SINGAPORE 470771 | |

Brief details.

I was driving (SMH3319R) along SLE towards CTE before woodlands avenue 2, the traffic was heavy and when i came to a stop another car (SLT8092J) hit my car from behind, and i have a 2 days medical certificate

| |
|--------------------------|
| Subjects Involved |
| Suspect |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 14/01/2020 11:48 |
| Officer In-Charge Of Case: | Classification Of Case: |

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200114/7029

| | | | |
|------------------------|---|--------------|-----------|
| Person Name | KOH KIAT SIONG | | |
| ID Type | NRIC NO | ID No | S7815002E |
| Gender | Male | Age | 40-41 |
| Race | Chinese | Language | English |
| Occupation | Taxi driver | Mobile No | 86611818 |
| Relation To Informant | - | | |
| Victim | | | |
| Person Name | TAY JING HAO JOSHUAA | | |
| ID Type | NRIC NO | ID No | T0019815Z |
| Gender | Male | Age | 19 |
| Race | Chinese | Language | English |
| Occupation | Student | Address Type | |
| Address | APT BLK 771 BEDOK RESERVOIR VIEW #17-169 SINGAPORE 470771 | Mobile No | 96808299 |
| Is Informant A Victim? | Yes | | |
| Person Name | TAY JING HAO JOSHUAA (Informant) | | |

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
14/01/2020 11:48

Classification Of Case:

Authentication Stamp



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

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 29114501 QMY

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SMH3319R

2. Name of Policyholder

Tay Cher Yan Jeffery (Zheng Zhiyuan Jeffery)

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

18/01/2019

4. Date of Expiry of Insurance

17/01/2020

5. Persons or Classes of Persons entitled to drive*

Tay Cher Yan Jeffery (Zheng Zhiyuan Jeffery)

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.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

for Chief Executive Officer

SACM201902011349