

NATIONAL Assessment Centre Services

(wef 1 Jan 05) NAJ000834

Date In: 21/1/20 - 14:21	Job description	Date & Time Completed	Done by
Ref No: H41M3620 W24E124	SAS e-filing		
Veh No: SKJ 1883	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 15/1/20 - 16:33	i-Motor Claim Form		
OP: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: JMB 1468M	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

NAJ000834	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idan DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (N-a INC) against INC \$20		
Ref 1:	9) N12: Idan Mobile \$0		
Ref 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 as a record.

ACCIDENT STATEMENT	
Date Of Report	21/01/2020 14:21
Date Of Accident	19/01/2020 16:30
Exact Location Of Accident	BUKIT TIMAH RD TWDS DUNEARN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ288D
Insured/Policyholder	
Name Of Registered Owner	NG LAY CHOO
NRIC No	SXXXX232J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96206011
Alternative Phone No	OFFICE-96206011
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLA 200 AMG
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80468414QMY
Cover Note Number	
Driver	
Name of Driver	YAP JING WEN, VENESSA
NRIC No	SXXXX849D
Date Of Birth	24/06/1993
Occupation	INDOOR
Date Of Driving Pass	22/09/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91522141
Fax Number	
Contact Number	OFFICE-91522141
Email Address	NOEMAIL

Address	5 JALAN AMPAS #10-01
Postcode	329506
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 - CHANGE/CROSS LANE
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?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

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	SMB1468M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 8) **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

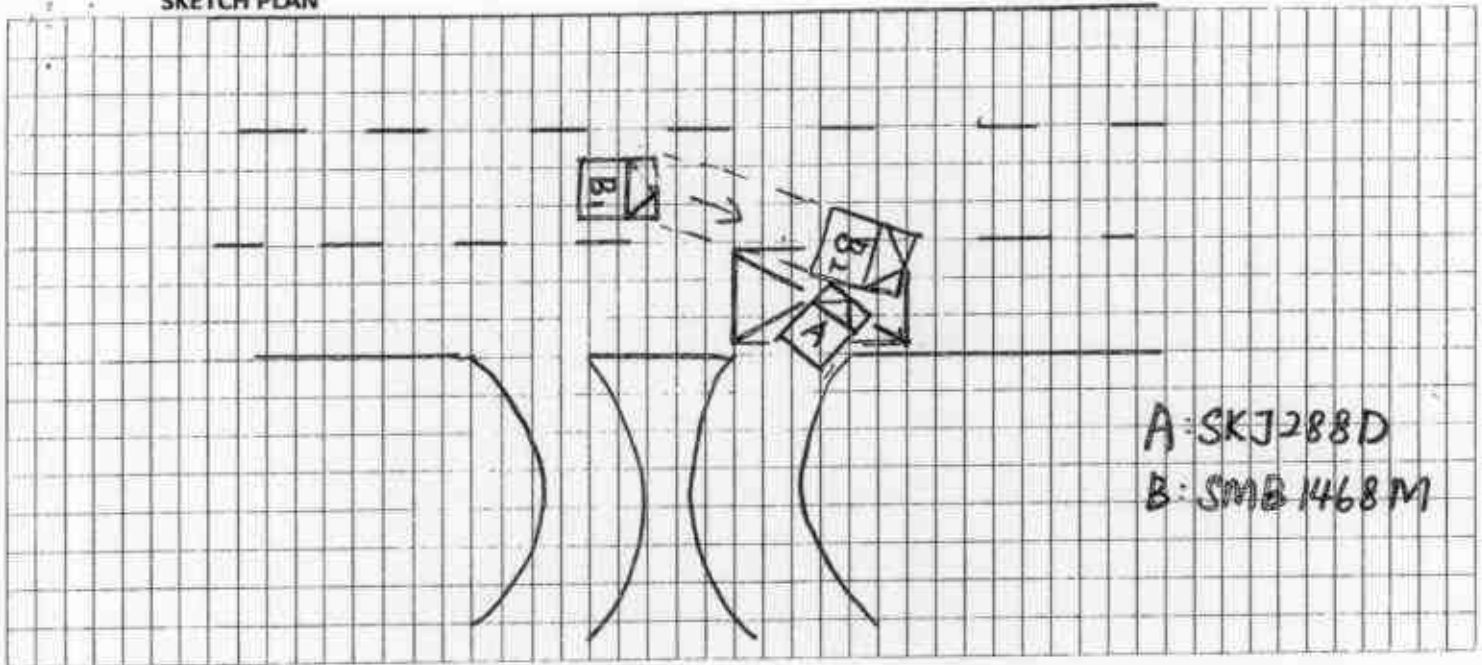
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bukit Timah Road turning out onto Dunearn Road. When my vehicle almost completely at the first lane, vehicle B which was at the middle lane suddenly cut into the first lane and collided onto my vehicle.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

ACCIDENT DETAILS

Date of accident	19/01/2020	(DD/MM/YY)
Time of accident	1630	(HH:MM)
Exact location of accident	Along Bukit Timah Road towards Dunearn Road	

DETAILS OF VEHICLE

Vehicle registration number	BKJ288D		
Vehicle make and model	Mercedes GLA 200		
Type of vehicle	Saloon ☐	MPV ☐	CRV ☐ Van ☐
	Lorry ☐	Bus ☐	Motorcycle ☐ Others: _____
Vehicle category	Private ☒	Commercial ☐	Motorcycle ☐
Purpose of using at said time			
Are you claiming under your own insurance company?	Yes ☒	No ☐	if no, please select: Third part claim ☐ Reporting only ☐

INSURANCE INFORMATION

Insurance company	MSIG		
Policy number			
Type of policy	Comprehensive ☐	Third party fire & theft ☐	TP only ☐

INSURED / POLICY HOLDER

Name	Ng Lay Choo	Male ☐	Female ☒
NRIC / Fin / Passport number	S1789232J		
Contact	9620 6011		
Address			

DRIVER

SAME AS INSURED ABOVE ☐ (SKIP TO D.O.B)

DRIVER		Male ☐	Female ☒
Name	Yap Jing Wen Venessa		
NRIC / Fin / Passport number	S9323849D		
Contact	9152 2141		
Address	5 Jalan Ampas #10-01 S(329 506)		
Email address			
Date of birth	24/06/1993		
Occupation	Indoor ☒ Outdoor ☐		
Driving date pass	22/09/2012		

GENERAL INFORMATION OF THE ACCIDENT	
Was driver an employee of the insured's company?	Yes ☐ No ☒
Accident captured by camera?	Yes ☐ No ☒
Weather condition	Clear ☒ Raining ☐ Others: _____
Road surface	Dry ☒ Wet ☐
No of passenger	01 (Inclusive of driver)

PASSENGER 1	
Name	
Gender	Male ☐ Female ☐

PASSENGER 2	
Name	
Gender	Male ☐ Female ☐

PASSENGER 3	
Name	
Gender	Male ☐ Female ☐

PASSENGER 4	
Name	
Gender	Male ☐ Female ☐

PASSENGER 5	
Name	
Gender	Male ☐ Female ☐

PASSENGER 6	
Name	
Gender	Male ☐ Female ☐

OTHER INFORMATION	
Was anybody injured?	Yes ☐ No ☒
Was other vehicle damaged?	Yes ☒ No ☐

DETAILS OF POLICE STATION ACTION	
Reported to police?	Yes ☐ No ☒ If yes, please state which police station.
Police station name	

WITNESS 1	
Name	

WITNESS 2	
Name	

THIRD PARTY VEHICLE 1	
Vehicle registration number	SMB 1468 M
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 2	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 3	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 4	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 5	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 6	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

THIRD PARTY VEHICLE 7	
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 2

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 3

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 4

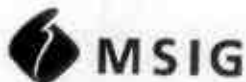
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 5

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐

INJURED PERSON 6

Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes ☐	No ☐
Was injured conveyed to hospital by ambulance?	Yes ☐	No ☐



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

MOTOR MAX PLUS
Comprehensive

Certificate No. A 80468414 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKJ288D

2. Name of Policyholder
 NG LAY CHOO

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 06/04/2019

4. Date of Expiry of Insurance
 05/04/2020

5. Persons or Classes of Persons entitled to drive*

NG LAY CHOO

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
 Signature:
 600 Paya Lebar Road
 Paya Lebar Square #11-41
 Singapore 409051
 Counter-Signatory:
 Quotigo Pte. Ltd.
 DID : 62881866 Mobile : 88380007
 Email : joan@quotigo.com
 Website : www.quotigo.com

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.

XMEMPJTY2019032210488
 Website : www.quotigo.com