

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MMA 1200 17677

Date In: 8/12/20 13:58	Job description	Date & Time Completed	Done by
Ref No: MAI M86 20002206/44	SAS e-illing		
Veh No: SLT 4863C	E-mail (within 3hrs, AIC 2hrs)		
IPFA: 7/12/20 16:30	I-Motor Claim Form		
IP: <input checked="" type="radio"/> 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/Work		

Produced Wesp / INC Assign Wesp / GW: (Tel:	Fax:
TP Particulars: Veh No: SMN 5273L INC () / Non-INC ()	Tel:	
Owner / Driver: (
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 ()		

General Remarks:

() 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: ()

Reminders: (INC 4000 6700 6616)	Date Claim Complete	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

MA 200 1231	Invoice Information Checklist	Amc (\$)	Adj (\$)
Claimants Particulars	1) All: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: 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 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao 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		
	TE (N11): TP (Non INC) against INC \$20		
	9) N12: 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	08/02/2020 13:58
Date Of Accident	07/02/2020 16:30
Exact Location Of Accident	PIE NEAR TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT4863C
Insured/Policyholder	
Name Of Registered Owner	KWONG WAN LING
NRIC No	SXXXX541E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92306891
Alternative Phone No	OFFICE-92306891

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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 29135759 AT2
Cover Note Number	

Driver

Name of Driver	KWONG WAN LING
NRIC No	SXXXX541E
Date Of Birth	12/07/1985
Occupation	INDOOR
Date Of Driving Pass	28/08/2007
Driving Experience	12 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92306891
Fax Number	
Contact Number	OFFICE-92306891
Email Address	NOEMAIL

Address	BLK 122 JURONG EAST ST 13 #08-43
Postcode	600122
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	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	7
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200207/2123

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TP TOOK THE MEMORY CARD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMN5273T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NOR MOHAMMAD SOFIAN BIN JOBRI
NRIC/Passport Number	SXXXX949J
Contact Number	91011489
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLV5778Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO.: SLT 4863 C
INSURER : MSIG
DATE & TIME: 07/02/2020
1630 hrs.

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:

8 February 2020
11:15am



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

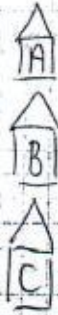
8 February 2020
11:15am



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

SKETCH PLAN

PIC (Near Toa Payoh)



A: SLT4863C

B: SMN 5273T

C: SLV 57788

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Police Report Attached

T | 2020 0207 | 2123

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

8 February 2020

11:15am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 8/2/2020 11:15am

() Claim Own Policy () Claim Third Party () Reporting Only
(✓) Claim OD/TP at other workshop (C.S. Ong Auto P.L.)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Particular of Insured / Driver & Details of the Accident

(Pls circle where applicable)

Location of Accident: PIE (Near Toa Payoh)

Date & Time of Accident: 07/02/2020 @ 1630 hrs

Purpose when vehicle was used at the time of accident: Private used
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SLT 4863C

Make / Model: Toyota Altis

Vehicle Category: Saloon

Claiming Own Insurance: YES ☒ NO

If No, Reporting only ☒ Third Party Claim

Name of Preferred workshop: C.S. Ong Auto Pte Ltd Contact: 64841933

Insured / Policy Holder

Name of Registered Owner: Kwong Wan Ling NRIC: S8570541E

Address: Blk 122 Jurong East St. 13 #08-43 (S) 600122

Mobile No: 9230 6891 Other Contact: Home No. / Office / Others: 64841933

Email: bonnie.kwong.712@gmail.com

Driver

Name of Driver: "As Insured"

NRIC/ Fin: As Insured

Driving License Pass Date: 28 Aug 2007

DOB: 12 July 1985

Address: As Insured

Occupation: ☒ INDOOR ☐ OUTDOOR

Mobile No: 9230 6891

Gender: MALE ☒ FEMALE

Other Contact: Home No. / Office / Others: -

Email: -

Driver an employee: YES ☒ NO

If no, what is relationship with the policyholder: -

If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES ☒ NO

Policy Number: A2913 5759
AT2

Type of Coverage: comprehensive

General Information of Accident

Type of Accident: ☒ HEAD-REAR / SIDE SWIPE / OTHERS: -

Weather Conditions: ☒ CLEAR / RAINING / OTHERS: -

Road Surface: ☒ DRY / WET

Any video captured by car camera?: YES ☒ NO

*Any witness?: YES ☒ NO

Any police report made: YES ☒ NO

*Injured party: YES ☒ NO

(*If Yes, pls provide name & tel)

For Injured Party details, it must be supported by police report

No. of Passenger (Including Driver): 1

Details of Passenger 1

Name of Passenger: _____

Gender: _____

Details of Passenger 3

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 1

Vehicle Registration No: SMN 5273T

Vehicle Make / Model / Colour: Silver M/Benz A200

Name of Driver: Nor Mohammad Sofian Bin Jobri

No. of Passenger (Including Driver): 1

NRIC: S8926949J

Contact Number: 9101 1489

Nature of Damage: Front x Rear

Vehicle Category: Private

Details of Passenger 2

Name of Passenger: _____

Gender: _____

Details of Passenger 4

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 2



**SINGAPORE
POLICE FORCE**



T/20200207/2123

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20200207/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2020 18:59		Vide Report No.: E/20200207/0103		Station Diary No.: 80	
Informant's Particulars					
Name of Informant: KWONG WAN LING			Address: APT BLK 122 JURONG EAST STREET 13 #08-43 SINGAPORE 600122		
ID Type / ID No.: NRIC NO / S8570541E			Contact No.: Home/Office: Mobile: 92306891		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 34	Date of Birth: 12/07/1985	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: MARKETING			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2020 16:30	Type of Location: Expressway
Location: Along Road 1 PAN ISLAND EXPRESSWAY 10KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ9225B	Car					0
SKC3789S	Car					0
SLT4863C	Car				Slightly Damaged	0
SLV5778Z	Car					0
SMD7478J	Car					0



**SINGAPORE
POLICE FORCE**



T/20200207/2123

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20200207/2123

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMK33T	Car					0
SMN5273T	Car					0

Brief Details.

On 07/02/2020 at about 1630hrs, I was driving along PIE near Toa Payoh when I met with an accident.

I was driving along PIE on the rightmost lane when suddenly the traffic came to a standstill. I subsequently stopped my vehicle as well, the vehicle behind me(SMN5273T) managed to stop as well however the third car (SLV5778Z) did not manage to stop in time and hit onto the second car. Subsequently more car piled up behind and it become a 7 car chain collision. The car in front of me had moved off just in time to avoid being in the chain collision. After the accident we got out of our vehicle to check on each other, traffic police and ambulance then came and one person was conveyed to the hospital.

I have dashcam footage of the accident, I have already given the SD Card to the Traffic Police that attended to the incident.



**SINGAPORE
POLICE FORCE**



T/20200207/2123

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3





Report No. T/20200207/2123

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: F / Sgt 2 LEE TAT HENG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2020 18:59
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168  Signature:  Singapore Police Force	



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

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.

Form M.X.1
Individual Ownership

Toyota DriveElite 360
Comprehensive

Certificate No. A 29135759 AT2

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLT4863C

2. Name of Policyholder
Kwong Wan Ling

3. Effective Date of the Commencement of Insurance for the purposes of the Act
31/10/2019

4. Date of Expiry of Insurance
30/10/2020

5. Persons or Classes of Persons entitled to drive*

Kwong Wan Ling

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.

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or any workshop of your choice. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

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