

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

Min 20061779

Date In: 2/3/05-14:27	Job description	Date & Time Completed	Done by
Ref No: 16/20061779/24	SAS e-filing		
Veh No: 4P3738J	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/3/05-16:15	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: 4P61095	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 ()	

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 (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac 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		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	22/07/2020 14:27
Date Of Accident	20/07/2020 16:55
Exact Location Of Accident	ESSO TELOK BLANGAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP3738J
Insured/Policyholder	
Name Of Registered Owner	CHONG CAI YIN CAROL
NRIC No	SXXXX727F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96674296
Alternative Phone No	OFFICE-96674296

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA5 5-DOOR WAGON 2.0L SP.6EAT SUNROOF
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	B300306062QMY
Cover Note Number	

Driver

Name of Driver	CHONG CAI YIN, CAROL (ZHONG JIAYAN, CAROL)
NRIC No	SXXXX727F
Date Of Birth	08/11/1982
Occupation	INDOOR
Date Of Driving Pass	27/09/2002
Driving Experience	17 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96674296
Fax Number	
Contact Number	OFFICE-96674296
Email Address	NOEMAIL

Address	32 KEPPEL BAY DRIVE #06-63
Postcode	098651
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	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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : KWAN WAI NGA NATALIE GENDER: : FEMALE
Passenger 2	NAME: : KWAN YU HUM KAYENNE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION)
Police Station Address	ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7740000 - FAX NO: 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - D/20200721/7026.

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	SKP6109S
Vehicle Make/Model/Colour	WISH
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)

DETAILS OF INJURED PERSON 1

Name	CHONG CAI YIN, CAROL (ZHONG JIAYAN, CAROL)
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLP3738J
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.:

A SLP3T38T

B SKP6109S

See police Report

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

© 1997 by S. Karger AG, Basel

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

ACCIDENT STATEMENT

ACCIDENT DATE: (20/07/2020) (DD/MM/YYYY), TIME: (4:55) (HH:MM) Pm

LOCATION: ESSO Telok Blangah rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP3738J
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mazda 5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: CHONG CAI YIN CAROL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8236727F CONTACT: 96674996
c) ADDRESS: 32 KEPPEL BAY DRIVE #06-63 5098351

*d) DATE OF BIRTH: (08/11/1982) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17

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)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: BKP6109S MODEL: WISH
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

*No of passengers
(Including driver)
(2)
2 female

*No of passenger
(Including driver)
()

*No of passenger
(Including driver)
()

Email = leang2259@gmail.com

fax = 69093046

VIDEO =



SINGAPORE POLICE FORCE



D/20200721/7026

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Report No. D/20200721/7026

Date/Time Report Made 21/07/2020 14:42	Vide Report No.	Station Diary No.
Name Of Informant CHONG CAI YIN, CAROL	Address 32 KEPPEL BAY DRIVE #06-63 SINGAPORE 098651	
ID Type / ID No. NRIC NO / S8236727F	Contact No. Home/Office:	Mobile: 96674296
Nationality SINGAPORE CITIZEN	Email Address carol8@gmail.com	
Occupation Sales and marketing manager	Sex Female	Age 37
Institution/School Name	Date of Birth 08/11/1982	Race Chinese
Date/Time Of Incident 20/07/2020 16:55 - 20/07/2020 17:10	Language English	
	Location Of Incident TELOK BLANGAH ROAD ESSO TELOK BLANGAH SINGAPORE 098837	

Brief details.

Incident happened on 20/7/2020 at approximately 4.55PM at ESSO Telok Blangah. I was driving my car, a black Mazda 5 2.0 (Car number: SLP3738J) out of the petrol station after finished pumping petrol at pump 8 and making payment. Behind the driver's seat as my passengers are my 2 daughters (Kwan Wai Nga Natalie, T1127540G and Kwan Yu Hum Kayenne, T1517365Z). Both are belted and on car seats.

As I was driving out of pump 8, I noticed a blue Toyota Wish car number: SKP 6109S in front of me. I stopped a safe distance behind him. Suddenly, the driver by the name of Mr. Seah Thoh (NRIC:

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: 21/07/2020 14:42
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



SINGAPORE POLICE FORCE



D/20200721/7026

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200721/7026

S1463678A) reversed and banged into the front left side of my car. I had giddy spells after the accident. As my daughters and myself did not feel well, we went to see a doctor the next day. I was given 3 days medical leave and some medication.

Subjects Involved			
Victim			
Person Name	CHONG CAI YIN, CAROL		
ID Type	NRIC NO	ID No	S8236727F
Gender	Female	Age	37
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address Type	
Address	32 KEPPEL BAY DRIVE #06-63 SINGAPORE 098651	Mobile No	96674296
Is Informant A Victim?	Yes		
Person Name	KWAN WAI NGA NATALIE		
ID Type	OTHERS / BIRTH CERTIFICATE	ID No	T1127540G
Gender	Female	Age	9
Race	Chinese	Language	English
Occupation	Student	Address	32 KEPPEL BAY DRIVE #06-63 CARIBBEAN @ KEPPEL BAY SINGAPORE 098651

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

21/07/2020 14:42

Classification Of Case:



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200721/7026

Mobile No	96674296	Relation To Informant	DAUGHTER
Person Name	KWAN YU HUM KAYENNE		
ID Type	OTHERS / BIRTH CERTIFICATE	ID No	T1517365Z
Gender	Female	Age	5
Race	Chinese	Language	English
Occupation	Student	Address	32 KEPPEL BAY DRIVE #06-63 CARIBBEAN @ KEPPEL BAY SINGAPORE 098651
Mobile No	96674296	Relation To Informant	DAUGHTER
Person Name	CHONG CAI YIN, CAROL (Informant)		

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: 21/07/2020 14:42
Officer In-Charge Of Case:	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
A Member of **MS&AD** INSURANCE GROUP

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.

MOTORMAX PLUS Comprehensive

Certificate No. B 300306062 QMY

Excess : SGD700

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**

SLP3738J

2. **Name of Policyholder**

Chong Cai Yin Carol

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

01/06/2020

4. **Date of Expiry of Insurance**

31/05/2021

5. **Persons or Classes of Persons entitled to drive***

Chong Cai Yin Carol

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 Risk and Compensation) Act (Chapter 189) and Chapter 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. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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 offense 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

Craig Ellis
Chief Executive Officer