

NATIONAL Assessment Centre Services. (part 1 Jan 2006) *MA 2004 357*

Date In: <i>18/08/2000 18:07</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NA/MS/2000/8662/4</i>	SAS e-illing		
Veh No: <i>SLA 8022L</i>	E-mail (by date time, AIC time)		
D.O.A: <i>10/08/2000 14:48</i>	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (with: OD time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wire		

Preferred Wkep / INC Assign Wkep / OW: ()
 Yeh: () Fax: ()

TP Particulars: Veh No: *SLA 8022L* 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 ()

() 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

<i>MA 2004 357</i>			
Driver/Owner:	1) All: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)		
Damage Portion:	3) TP: Towing Fee \$40/45		
IC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: 1000 DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NI: Courtesy Car / Tpt Allowance \$3		
	*NI: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$25		
	*NI: DV / Collect Excess Coordination \$3		
	TP (NI) TP (Non-INC) against DRG \$10		
	*NI: Idea Mobile \$6		
	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	18/08/2020 18:07
Date Of Accident	10/08/2020 14:45
Exact Location Of Accident	BEDOK NORTH STREET 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8022L
Insured/Policyholder	
Name Of Registered Owner	KUO LI LIAN ELAINE (GUO LILIAN ELAINE)
NRIC No	SXXXX874H
Email Address	SYKUO21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82885796
Alternative Phone No	OTHERS-82885796

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA-1.6 (A)
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 300274378 QMY
Cover Note Number	

Driver

Name of Driver	KUO SUEW YEE @ KEH CHEW GEE
NRIC No	SXXXX606J
Date Of Birth	27/01/1938
Occupation	INDOOR
Date Of Driving Pass	25/07/1968
Driving Experience	52 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82885796
Fax Number	
Contact Number	OTHERS-82885796
Email Address	SYKUO21@GMAIL.COM

Address 21 WEST COAST WAY
 Postcode 127000
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured PARENT
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident NO 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 2
 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) 2
 Passenger 1
 NAME: : WIFE
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name ALEXANDRA NPP
 Police Station Address ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO STATEMENT AND POLICE REPORT T/20200818/2091

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 SKW8028S
 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

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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:

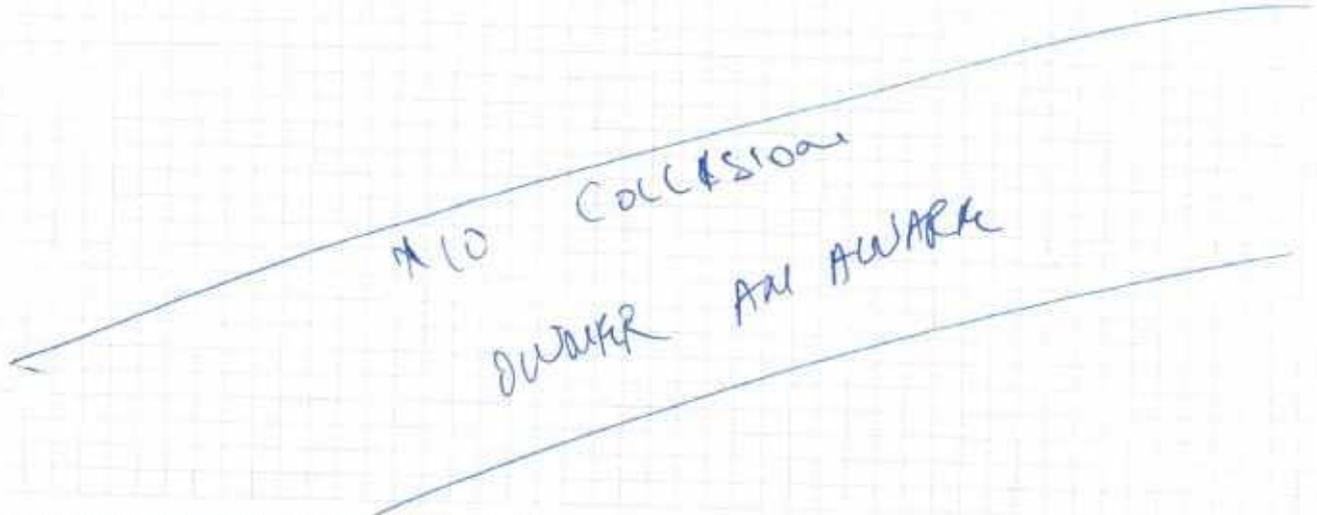


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I wished to state that there was no accident on the
said date, 10th Aug 2020.

I, hereby, ~~made~~ make a report because I have received a letter
from the insurance and traffic police.

Police Report 1/20200818/2021

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.:



**SINGAPORE
POLICE FORCE**



T/20200818/2091

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

1 of 3

Report No. T/20200818/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/08/2020 17:15		Vide Report No.:		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: KUO SIEW YEE			Address: 21 WEST COAST WAY SINGAPORE 127000		
ID Type / ID No.: NRIC NO / S1157606J			Contact No.: Home/Office: Mobile: 97599946		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 82	Date of Birth: 27/01/1938	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Retiree			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 18/08/2020 14:45	Type of Location:
Location: BEDOK NORTH STREET 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA8022L	Car				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20200818/2091

Police Station Of Origin:
Alexandra NPP
46 Tanglin Halt Road #01-328 SINGAPORE
140462
Tel No: 1800-4739999

2 of 3

Report No. T/20200818/2091

CONTINUATION OF REPORT

Brief Details.

Reference to a letter TP/IP/34235/2020 that I received from Traffic Police today on 18th August 2020, I wish to state that there was no accident on the said date of 10th August 2020. I have also received a letter from my insurance company yesterday. The vehicle owner belongs to my daughter but I was the driver.

I was with my ~~nieces~~ inside the car.

wife ↓



**SINGAPORE
POLICE FORCE**



T/20200818/2091

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140462
Tel No: 1800-4739999

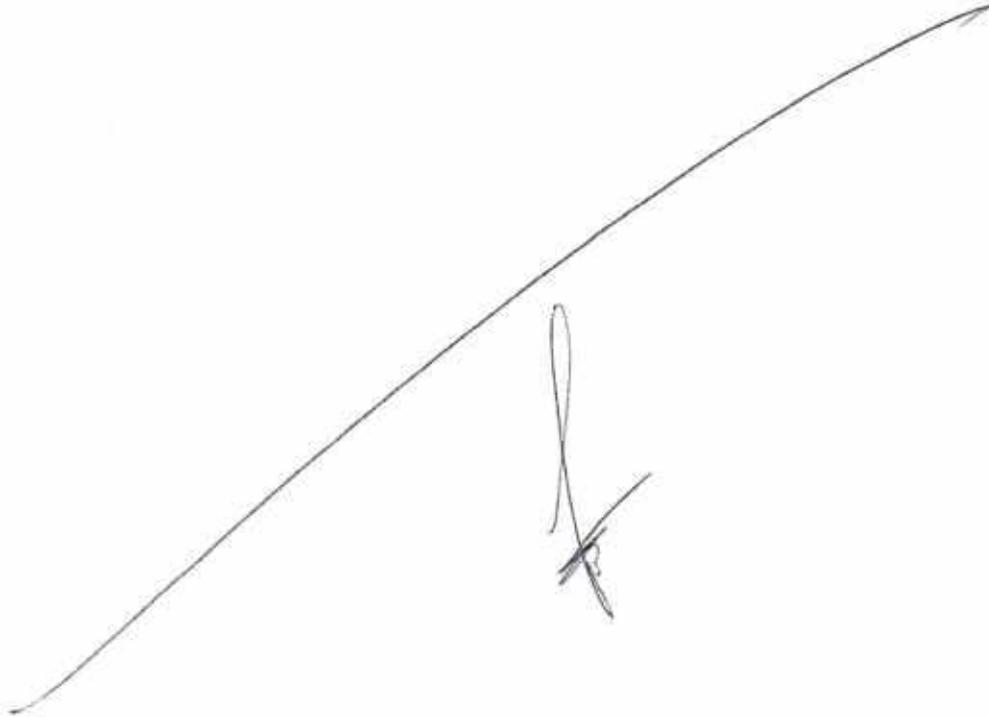
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Report No. T/20200818/2091

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: D / Sgt 3 DAMIEN LEONG JUN SIAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2020 17:15
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: <div style="border: 1px solid black; padding: 5px; display: inline-block;">SN 47</div>
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; display: inline-block;">  SIGNATURE </div>



Police Report

PERSONAL PARTICULARS

Date of Accident: 10 / 08 / 2020

Time of Accident: 2 43pm (24Hrs)

Vehicle No: SLA8022L

Vehicle Make/Model: Toyota AHD 1.6A

Exact Location of Accident: Bedok North Street 2

Owner's Name/NRIC: Kuo Li Lian Elaine / 575 38874H

Driver's Name/NRIC: Kuo Siew Yee / 5115766J

Driver's Contact: 8288 5796

Insurance Co & Policy No: MSIG

Driver's Email Address: sykuo21@gmail.com / hancarrepairs@gmail.com

Relationship between Owner & Driver: Spouse / Children / Friend / Parents / Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use / Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor / Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes / No

If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: SKW80285

Insurance Company: _____

Driver's Contact: -

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (if Any): _____ Contact: _____

Preferred Workshop (if Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.



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
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. A 300274378 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SLA8022L
2. **Name of Policyholder**
Kuo Li Lian Elaine
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
17/03/2020
4. **Date of Expiry of Insurance**
16/03/2021
5. **Persons or Classes of Persons entitled to drive***
Kuo Li Lian Elaine

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 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 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