

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MA10031397-01**

| | | | |
|----------------------------------|--|-----------------------|---------|
| Date In: 21/02/05 | Job description | Date & Time Completed | Done by |
| Ref No: HA/MJH/2008/91/24 | SAS e-filing | | |
| Veh No: JMUN2154 | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 2/02-1650 | i-Motor Claim Form | | |
| OD: (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: 5710252 | 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:- | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616) | | |
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| Date/Time | Actions |
|-----------|---------|
| | |
| | |
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| | |
| | |

| | | | | |
|--|---|-------------|----------|----------|
| HA2004375 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Cat. 1: Cat. 2 / 3: | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | 1) AR: Accident Reporting (\$30); | | 1st Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF: 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:- | | | |
| Q1* *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 | 21/08/2020 12:20 |
| Date Of Accident | 20/08/2020 16:50 |
| Exact Location Of Accident | SLE (BKE) BEFORE LENTOR EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------------|
| Vehicle Registration Number | SMU2185Y |
| Insured/Policyholder | |
| Name Of Registered Owner | WONG VI LING (HUANG HUILING) |
| NRIC No | SXXXXX014C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-94378730 |
| Alternative Phone No | OFFICE-94378730 |
| Vehicle Particulars | |
| Manufacturer | MAZDA |
| Model | MAZDA3 5DR 1.5 AT M-HYBRID ELEGANCE |
| 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 | A300342264QMY |
| Cover Note Number | |
| Driver | |
| Name of Driver | WONG VI LING (HUANG HUILING) |
| NRIC No | SXXXXX014C |
| Date Of Birth | 10/12/1979 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/09/1999 |
| Driving Experience | 20 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-94378730 |
| Fax Number | |
| Contact Number | OFFICE-94378730 |
| Email Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 127 POTONG PASIR AVENUE 1 #03-239 |
| Postcode | 350127 |
| 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 | 3 |
| 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) | 2 |
| Passenger 1 | NAME: JULIAN FRANCIS CORT GENDER: MALE |

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? | YES |
| Remarks/ Reasons: | VIDEO FOOTAGE WITH DRIVER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|---------------------|
| Vehicle Registration Number | SJT1025Z |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | WILLIE LIM WEI MING |
| NRIC/Passport Number | SXXXX918C |
| Contact Number | 84289527 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC1351U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

TAN CHENG HUI

NRIC/Passport Number

SXXXXX287J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 willful misrepresentation is a breach of contract and may allow insurers or companies to **repudiate policy liability**.
4. The insured's acceptance of this form by insurers or companies is not an admission of policy liability on the part of the insurer or 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) and having paid that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging 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 insurers, 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 Ministry Authority of Singapore and any relevant government agency/authority (such as the police, fire, etc.) in relation to:
 - (i) assessing, settling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) settling 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 claim 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/are disclosed by any of the Insurers and/or GIA to their third party service providers (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 claim 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 in (a);
 - (ii) for complying with requirements under any regulations, laws or court orders;


Policyholder's Signature
Date & Time

20 AUG 2020

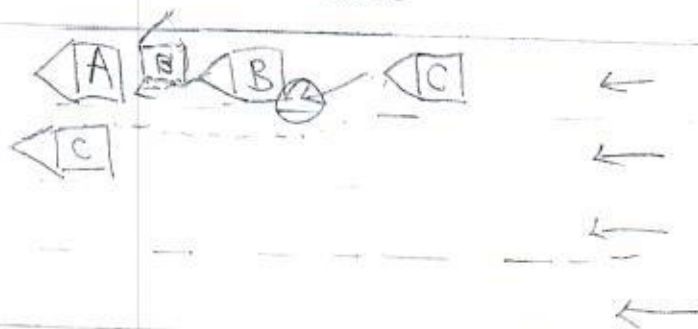

Driver's Signature
If driver is not the policyholder

Date & Time

20 AUG 2020


Reporting Centre Personnel's Signature
Name
NRIC/SIN No

SLE



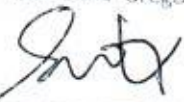
VEHICLE A: SMU 2185Y
VEHICLE B: SIT 1025Z
VEHICLE C: SHC 1351 U


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/08/2020 AROUND 16:50 HR I WAS TRAVELLING ON SLE BEFORE LORNE EXIT ON LANE 1. I SAW THE CAR IN FRONT STOPPED SO I ALSO SLOW DOWN AND STOPPED. SAW VEHICLE B BEHIND SLOWDOWN FROM THE REAR MIRROR AND HEAR A LOUD BANG AND FELT A COLLISION FROM MY REAR. VEHICLE C COLLIDED INTO VEHICLE B AND VEHICLE B COLLIDED INTO MY REAR.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

X 
Policyholder's Signature
Date & Time: 20 AUG 2020

X 
Driver's Signature
(If driver is not the policyholder)
Date & Time: 20 AUG 2020


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

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 20/08/20 (dd/mm/yy) Time of Accident: 16:50 (24-HR-FORMAT)
Vehicle No: SMU 2185 Y Vehicle Make & Model: MAZDA 3
Exact location of Accident: SLE (BKE) BEFORE LENTOR EXIT.
Policyholder's Name / IC No.: WONG VI LING (S7939014C)
Driver's Name / IC No.: _____ (As Above) ☒
Driver's Contact No.: 9437 8730 Company Contact No.: _____
Driver's Address: BLK 127 POTONG PASIR AVENUE 1 #03-239
Insurance Company: MSIG Email address (if any): SALES@KARAKERB.COM.SG

Relationship between Owner & Driver:

☒ Owner / Spouse / Children / Friend / Parent

or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 02

Passenger Name: Juhan Francis Cora

Gender: male

Passenger Name: _____

Gender: _____

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: WILLIE LIM NG MINH (S9524918C) Vehicle No: SJT 1025 Z

Driver's Contact No.: 84299527 Insurance Company (If any): _____

2. Driver's Name / IC No.: TAN CHENG HUI (S6900287J) Vehicle No: SHC 1351 U

Driver's Contact No.: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA/2007/397 Vehicle Registration No: 1MH 2854

Name(as shown in NRIC) : WONG VI LING NRIC/FIN/Passport No : S7939014e

(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore()

Contact (Tel) : _____ Mobile No. : _____

Email Address : SALES@GARAGE13.COM.SG

Date of Accident : 23/7/20 Time of Accident : 16:50

Place of Accident : SLE (SKE) before Motor Exit

Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Was video captured - yes.

2. Vehicle B driver name - Willie Lim Wei Ming

Intx

Policyholder / Driver's Signature

Date: 20 AUG 2020



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date:

**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 300342264 QMY**Excess :** SGD500**Windscreen Excess :** SGD100

1. **Index Mark and Registration Number of Vehicle**
SMU2185Y

2. **Name of Policyholder**
Wong Vi Ling (Huang Huling)

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
30/07/2020

4. **Date of Expiry of Insurance**
29/07/2021

5. **Persons or Classes of Persons entitled to drive***
Wong Vi Ling (Huang Huling), Henry Julian Cort
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