

**NATIONAL Assessment Centre Services.**

[sent 1 Jan'03]

MLA 20072717

Date In: 25/08/2020 11:47	Job description	Date & Time Completed	Done by
Ref No: NBR/MXG 2000898914	SAS e-filing		
Veh No: 8KV 3168R	E-mail (Vehicle Insr, AIG Insr)		
D.O.A: 25/08/2020 07:55	I-Motor Claims Form		
(CID) TP / Reporting Only	I-Motor W/O (Vehicle: OD Insr, TP Insr)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

**Tuli**

**Fax:**

**Top 10 difficulties:**

Veh No:

INC( ) / Non-INC( )

Owner / Driver: (

**Tel:**

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

**Times**

Insured/Driver Liability: (            %) [Note-Est Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: (

Warranty: YES ( ) / NO ( )

Excess: (3

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# VLS ( ) / NO ( ) ; Towing Co: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

## 2) QC Check / Post Repair Inspection

3) Upload Resurvey Photo [Repair Cost &gt; \$3000]

*Injury :*

X/A2004/172

Driver/Owner:

Order No:

Damaged Portion:

CC Checked by (Engr-In-Charge):

[Architects' Comments](#)

391

213

1) AIR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) T/T: Towing Fee	\$405.45
4) P/T: Follow-Through Survey	\$110
5) P/T: Follow-Through Survey (Resurvey)	\$30
Forfeiture against INC Only (over 10 in 24 mos)	
6) TR: Re-inspection	\$75
7) NI: Idas DA + EMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
• NS: Courtesy Car / Tpt Allowance	\$3
• NR: Repair Coordination	\$10
• NR: Post Repair Inspection	\$25
• NR: DV / Collect Unacc Coordination	\$3
TP (NI) / TP (NA INC) against INC	\$25
9) NI: Idas 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	25/08/2020 11:47
Date Of Accident	25/08/2020 07:35
Exact Location Of Accident	BUKIT PURMEI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV3763R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BEH WEIJIE CYRUS
NRIC No	SXXXX303H
Email Address	ELAINETAN4@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98915332
Alternative Phone No	OTHERS-94456782
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	SEND CHILD TO SCHOOL
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 300169691 QMY
Cover Note Number	
<b>Driver</b>	
Name of Driver	ELAINE TAN
NRIC No	SXXXX159I
Date Of Birth	04/12/1983
Occupation	INDOOR
Date Of Driving Pass	08/12/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98915332
Fax Number	
Contact Number	OTHERS-94456782
EMail Address	ELAINETAN4@GMAIL.COM

Address	BLK 5 MOUNT FABER ROAD #06-09
Postcode	099197
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200825/7003

#### 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	FBG200D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

UNKNOWN RIDER

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBG200D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

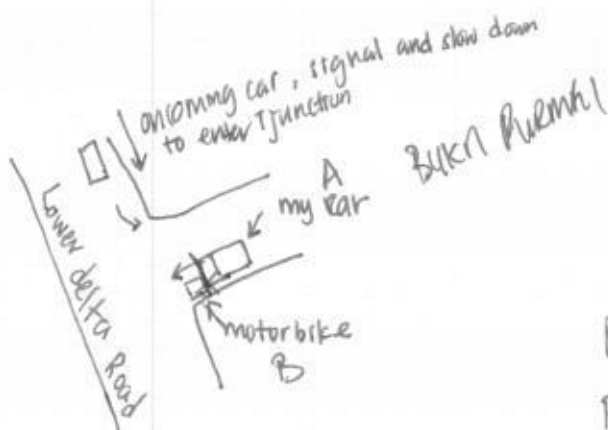
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

25/8/2020 11:20am

25/8/2020  
Rosh WAAAM3

# SKETCH PLAN



A) SKV 3763R

B) FBG 200D

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report 1/20200825/7003

## 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: 25/8/2020 11:20am

Reporting Centre Personnel's Signature  
Name: Redi  
NRIC/FIN No.: 25/08/2020



## ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 08 / 2020) (DD/MM/YYYY), TIME: (7 : 35) (HH:MM)

LOCATION: Bukit Purmei Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 3763 R  
b) INSURANCE COMPANY: msig  
c) POLICY NUMBER: D 300169691 QMY  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hyundai Elantra  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: send child to school  
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: Beh Weeie Cyrus (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8213303H CONTACT: 98915332  
c) ADDRESS: 5 Mount Faber Road  
#06-09 S 009197

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Elaine Tan (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8378159I CONTACT: 94456782  
c) ADDRESS: 5 Mount Faber Road #06-09  
S 009197

\* d) DATE OF BIRTH: (4 / 12 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 8/12/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: spouse

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) clear

b) ROAD SURFACE: (DRY / WET / OTHERS) dry

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: FB9 200D MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT: 9068 0522

### 9. THIRD PARTY VEHICLE

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

email = elainetan4@gmail.com

VIDEO



# SINGAPORE POLICE FORCE



T/20200825/7003

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20200825/7003

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/08/2020 10:32		Vide Report No.: A/20200825/0031		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ELAINE TAN			Address: APT BLK 5 MOUNT FABER ROAD #06-09 SINGAPORE 099197		
ID Type / ID No.: NRIC NO / S8378159I			Contact No.: Home/Office: Mobile: 94456782		
Nationality: MALAYSIAN			Email: elainetan4@gmail.com		
Sex: Female	Age: 36	Date of Birth: 04/12/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Actuary			Driving Licence Information: Class: 3A		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2020 07:35	Type of Location: T-Junction
Location:  BUKIT PURMEI ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKV3763R	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





# SINGAPORE POLICE FORCE



T/20200825/7003

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20200825/7003

**CONTINUATION OF REPORT**

Driver			
Name	ELAINE TAN	ID No.	S8378159I
Related Vehicle	SKV3763R (Car)	Contact No.	94456782
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	25/08/2020	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

**Brief Details.**

I was driving my car to exit the T junction between Bukit Purmei Road and Lower Delta road. I was stopped at the stopped signed and there was a motorbike stopped at the front left corner of my car. Lower delta road was clear, except for one car that was signalling to turning into the Bukit Purmei Road. As the car slowed down to turn into Bukit Purmei Road, I drove forward to exit the T junction and knocked the exhaust pipe of the motorcycle infront. I thought he had moved when the car slowed down to turn, but he decided to stop and wait for the car to make a full turn into the junction before proceeding.

I took some photos/videos of the accident scene.

The accident took place close to lamp post 91/1.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20200825/7003

3 of 3

Report No. T/20200825/7003

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
MUHAMMAD ZICKIE BIN AHMAD SUYUTI  
Contact No.: 65476356

Authentication Stamp  
NP168

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

Date/Time:  
25/08/2020 10:32

Classification Of Case:



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. D 300169691 QMY

Excess : SGD0

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SKV3763R

2. Name of Policyholder  
Beh Weijie Cyrus

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
16/09/2019

4. Date of Expiry of Insurance  
15/09/2020

5. Persons or Classes of Persons entitled to drive\*  
Beh Weijie Cyrus

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