

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MAHAY007671**

Date In: <b>26/12-12:48</b>	Job description	Date & Time Completed	Done by
Ref No: <b>141/MSH2009492/24</b>	SAS e-filing		
Veh No: <b>EN31396</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>27/12-12:55</b>	i-Motor Claim Form		
OD: <b>TP</b> 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>141/MSH2009492/24</b>	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

<b>Claimant's Particulars:-</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Est Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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		
<b>QC Checked by (Engr-In-Charge):</b>	Invoice dated	Fee Charged	
<b>Auditors' Comments :-</b>	Invoice dated	Fee Charged	
<b>Ref. 1:</b>			
<b>Ref. 2 / 3:</b>			



## 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	07/09/2020 10:48
Date Of Accident	05/09/2020 13:55
Exact Location Of Accident	JUNC NEWTON RD & THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	EN3139G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WONG LOKE LIN AILEEN
NRIC No	SXXXX205B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96872139
Alternative Phone No	OFFICE-96872139

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS STANDARD AUTO
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	B300307018QMY
Cover Note Number	

### Driver

Name of Driver	WONG LOKE LIN AILEEN
NRIC No	SXXXX205B
Date Of Birth	28/02/1978
Occupation	INDOOR
Date Of Driving Pass	20/01/1998
Driving Experience	22 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96872139
Fax Number	
Contact Number	OFFICE-96872139
Email Address	NOEMAIL

Address	2 TOH TUCK WALK
Postcode	596582
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

#### 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?	
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: : VINCENT FOO KOK SENG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 427 CLEMENTI AVENUE 3 , POSTCODE: 120427 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7759999 - FAX NO: 67764246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200905/2077.

#### 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	SMS567C
Vehicle Make/Model/Colour	BMW X1
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHERRY ZHU
NRIC/Passport Number	
Contact Number	81282446

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 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:

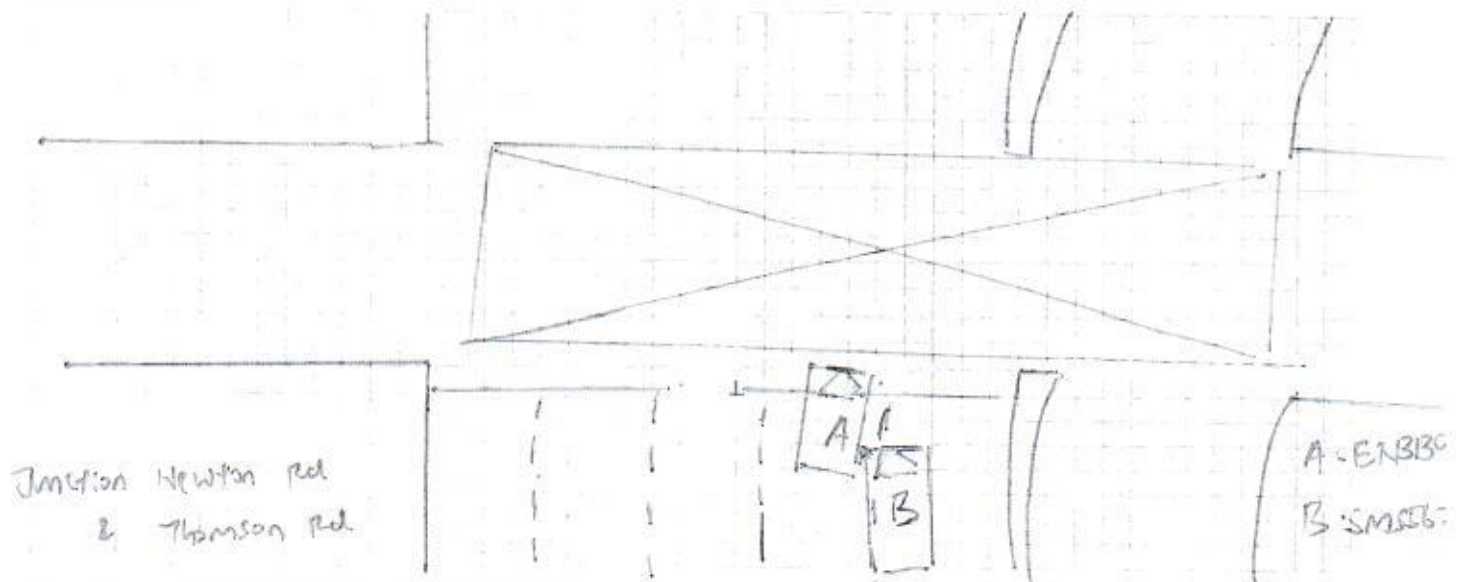
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 7/9/2020

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2200905/2022.

## DECLARATION

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

Policyholder's Signature

Date & Time: 8/9/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 05 / 09 / 2020 (DD/MM/YYYY), TIME: 13 : 55 (HH:MM)

LOCATION: Junction of Newton Rd & Thomson Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: KEH3139G  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: 300304018  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Toyota Corolla Altis Standard Auto  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use  
 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: Wong Lok Lin Aileen (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 87804805B CONTACT: 96872139  
 c) ADDRESS: 2 Toh Tuck Walk, Singapore 596582

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

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 28 / 02 / 1978 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 22+

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: 8M856FC MODEL: BMW X1

b) DRIVER'S NAME: Cherry Zhu

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 81282446

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

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

Vincent Foo Kok  
 Song

\*No of passenger  
 (Including driver)  
(3)

\*No of passenger  
 (Including driver)  
( )

Email =

fax = 67429003

VIDEO = ✓



Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

Report No. T/20200905/2077

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2020 18:32	Vide Report No.: E/20200905/0100	Station Diary No.: 26
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**Informant's Particulars**

Name of Informant: WONG LOKE LIN AILEEN			Address: 2 TOH TUCK WALK SINGAPORE 596582		
ID Type / ID No.: NRIC NO / S7804205B			Contact No.: Home/Office:		Mobile: 96872139
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 42	Date of Birth: 28/02/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Accountant			Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/09/2020 13:55	Type of Location: X-Junction
Location:  NEWTON ROAD				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EN3139G	Car	TOYOTA	COROLLA ALTIS STANDARD AUTO	Grey	Slightly Damaged	1
SMS567C	Car	BMW	X1	White	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20200905/2077

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Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

Report No. T/20200905/2077

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
EN3139G	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300307018	26/04/2020	25/04/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	VINCENT FOO KOK SENG		ID No.	S6925913H
Related Vehicle	EN3139G (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	WONG LOKE LIN AILEEN		ID No.	S7804205B
Related Vehicle	EN3139G (Car)		Contact No.	96872139
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ZHU HUA		ID No.	NIL
Related Vehicle	SMS567C (Car)		Contact No.	81282446
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20200905/2077

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Report No. T/20200905/2077

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**CONTINUATION OF REPORT**

**Brief Details.**

On 05/09/2020 at about 1355hrs, I was driving my grey Toyota Corolla Altis reg no: EN3139G together with my husband. The road surface was wet as it was raining. I stopped my car on lane 2 at the traffic light junction of Newton Road and Thomson Road. I was going straight towards Moulmein Road direction.

When the traffic light turned green, I drove my car forward and heard a bump on the right side of my car. I realized a white BMW car reg no: SMS567C who was on the 1st lane had collided onto the right side of my car. I then stopped in the middle of the junction and decided to make a U-turn to meet up with the BMW car however the said BMW car continues driving, turning right towards Thomson Road. At this juncture, I was already making the U-turn thus my husband alighted from the car to chase after the said BMW car. The said car then stopped before Essex Road. After the car stopped and while my husband waiting for me to arrive, a Police car stopped to check and assist.

After I managed to locate the said BMW car, I stopped behind the Police car. I approached the officer and told them my side of story. After that, I went to the driver of the said BMW car to exchange name and contact numbers. I also saw two kids in the said car however no medical assistance was required.

I then made a check on my car and it sustained dents and scratches on the right side of the car from the front driver door to rear passenger door. My car is equipped with in-car camera and it is working and I will try to retrieve the video footages.

For the said BMW car, it sustained dents and scratches on the left side of the front bumper.

I am lodging this report for Traffic Police necessary actions.





**SINGAPORE  
POLICE FORCE**



T/20200905/2077

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Report No. T/20200905/2077

Police Station Of Origin:  
Clementi NPP  
427 Clementi Avenue 3 #01-456  
SINGAPORE 120427  
Tel No: 1800-7759999

**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 /  
Sr Staff Sgt ABDUL KHABIR BIN MOHAMED  
YUSOF

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/09/2020 18:32

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

## MOTORMAX PLUS RENEWAL CERTIFICATE

### POLICYHOLDER INFORMATION

<b>Name</b>	: Wong Loke Lin Aileen	<b>Date of Issue</b>	: 21/04/2020
		<b>Policy No.</b>	: B 300307018 QMY
<b>Address</b>	: 2 Toh Tuck Walk Golden Rise Estate Singapore 596582	<b>Account No.</b>	: 1344
		<b>Period of Insurance</b>	: 26/04/2020 to 25/04/2021
		<b>Premium</b>	: SGD828.97 (inclusive of GST)

### RISK NUMBER 1

#### Insured Details

<b>Registration No.</b>	: EN3139G	<b>Year of Registration</b>	: 2018
<b>Make/Model</b>	: Toyota Altis 1.6	<b>Capacity</b>	: 1598 C.C.
<b>Engine No.</b>	: 1ZR0B32575	<b>Seating Capacity</b>	: 05 (Incl. Driver)
<b>Chassis No.</b>	: MR053REH604581315	<b>Off-peak Car</b>	: No
<b>Financial Interest</b>	: Hong Leong Finance Limited as Hire Purchase Owners		

#### Coverage Details

<b>Type of Cover</b>	: Comprehensive	<b>Sum Insured</b>	: Market Value at the Time of Loss
<b>Windscreen</b>	: Unlimited	<b>Windscreen Excess</b>	: SGD100
<b>No Claim Discount</b>	: 50%	<b>NCD Protector</b>	: Covered
<b>Annual Premium</b>	: SGD774.74	<b>Good Driver Discount</b>	: 5%
<b>Excess</b>	: SGD500 (Own Damage Excess)		
<b>Authorized Driver(s)</b>	: Wong Loke Lin Aileen Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		

**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.

### Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

#### **Automobile and Medical Assistance Services Endorsement**

The Automobile and Medical Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE  
(65) 6337 1208