

# NATIONAL Assessment Centre Services.

part 1 Jan 2007

NA2005177

Date In: 28/10/2006 11:48	Job description	Date & Time Completed	Done by
Ref No: NA/M89200/11782/1	SAS e-filing		
Veh No: SLQ 16394	E-mail (Update Status, AIC Status)		
D.O.A: 28/10/2006 11:00	I-Motor Claims Form		
OD: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/VKhan		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: PHONSTRAN	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Dates:	Times:
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 ( )	

( ) Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.

( ) 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: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NA2005177	1) AIC: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$20
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$20
_____	For claim against INC Only (over 10 Jan 2007)	\$75
_____	6) TR: Re-inspection	\$160
_____	7) NI: Idea DA + SMRT Survey	
_____	8) NTUC Additional Services:	
_____	ON:	
_____	* NS: Courtesy Car / Tpl Allowance	\$3
_____	* NS: Repairs Coordination	\$10
_____	* NT: Post Repair Inspection	\$25
_____	* NS: DV / Collect Excess Coordination	\$3
_____	TP (NI) / TP (Non INC) against DTC	\$20
_____	9) NI: Idea Mobile	\$0
_____	Invoice dated	
_____	Invoice dated	



## 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	29/10/2020 11:48
Date Of Accident	28/10/2020 11:00
Exact Location Of Accident	ALONG CLEMENTI AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1639U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUEK HOCK SIONG
NRIC No.	SXXXX515A
Email Address	GRACEONG.0328@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90050081
Alternative Phone No	OTHERS-94563798

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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 REPORTING ONLY

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 80480257 QMX
Cover Note Number	

### Driver

Name of Driver	ONG MARY GRACE CANDIA
NRIC No	SXXXX971J
Date Of Birth	28/03/1990
Occupation	INDOOR
Date Of Driving Pass	08/06/2017
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90050081
Fax Number	
Contact Number	OTHERS-94563798

Address	BLK 91A TELOK BLANGAH STREET 31 #21-217
Postcode	101091
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	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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 POLICE REPORT D/20201029/7002

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

\* 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:

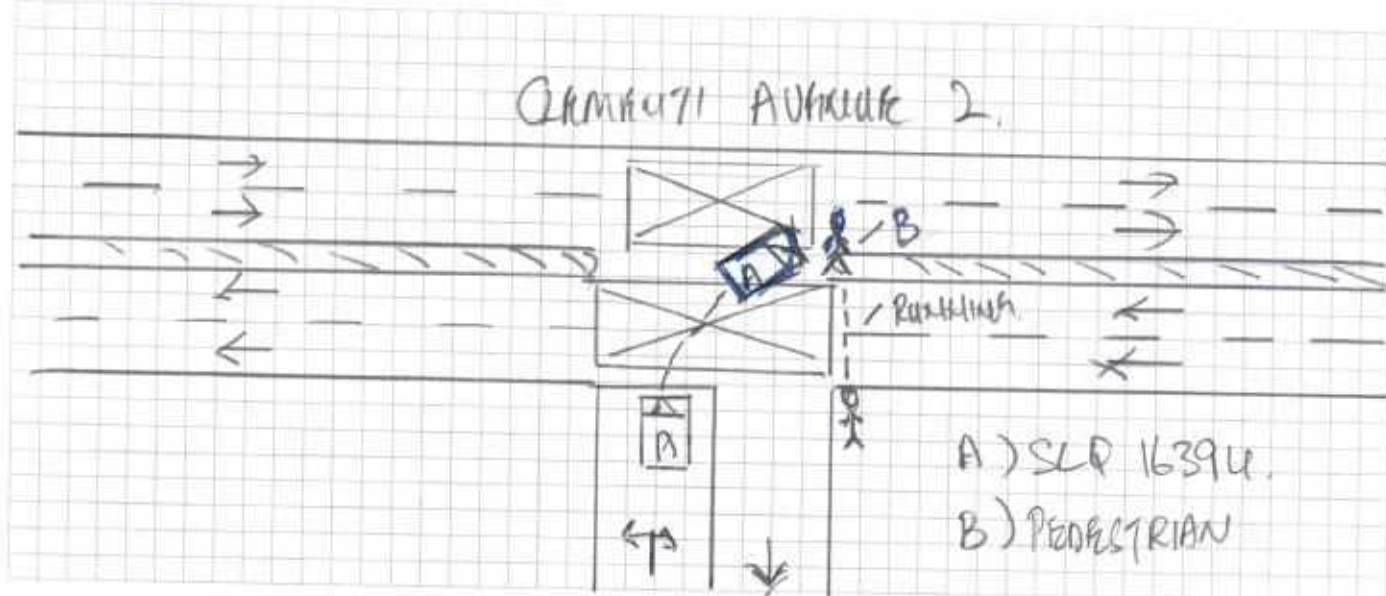
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11:22 am

29/10/2020

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report D/20201029/7002

## 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: 11:22 am  
29/10/2020

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

## ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 10 / 2020 (DD/MM/YYYY), TIME: 11 : 00 (HH:MM) AM

LOCATION: Clementi Avenue 2

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLQ 1639 4  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A80420257  
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: 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: QUEK HOCK SIONG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9240515A CONTACT: 90050081  
c) ADDRESS: Blk 91A Telok Blangah St. 31 #21-217

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

### DRIVER

- a) NAME: Que Mary Grace (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9077971J CONTACT: 94563798  
c) ADDRESS: Blk 91A Telok Blangah St. 31 #21-217

\* d) DATE OF BIRTH: 28 / 03 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/06/2017

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)  
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: Traffic Police

### B. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: Pedestrian MODEL: \_\_\_\_\_  
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 passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = graceong.0328@gmail.com  
VIDEO





**SINGAPORE  
POLICE FORCE**



D/20201029/7002

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20201029/7002

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

Date/Time Report Made 29/10/2020 03:36	Vide Report No.	Station Diary No.
Name Of Informant ONG MARY GRACE CANDIA	Address 91A TELOK BLANGAH STREET 31 #21-217 SINGAPORE 101091	
ID Type / ID No. NRIC NO / S9077971J	Contact No. Home/Office:	Mobile: 94563798
Nationality FILIPINO	Email Address graceong.0328@gmail.com	
Occupation Admin	Sex Female	Age 30
Institution/School Name	Date of Birth 28/03/1990	Race Filipino
Date/Time Of Incident 28/10/2020 11:00 - 28/10/2020 11:10	Location Of Incident 91A TELOK BLANGAH STREET 31 #21-217 SINGAPORE 101091	

**Brief details.**

- 1.Type of Accident : Pedestrian Jay walking accident
- 2.Location : coming out from carpark (CLC6) turning right towards Clementi avenue 2
- 3.Weather :Clear
- 4.No. of pedestrian injured :1

**Brief details;**

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: 29/10/2020 03:36
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



D/20201029/7002

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201029/7002

On the above mentioned date, time and location. I was driving my car (SLQ1639U) Turning right from car park (CLC6) towards Clementi avenue 2.

I was looking from my right and left side to see if there are incoming vehicles. when I confirmed that it was cleared, no incoming vehicles on my right and left side, I proceeded to make a right turn.

when I am about to go into the first lane, I saw the pedestrian rushing to cross the road without noticing my car coming. Immediately I stepped into my brake but because she was fast, the front of my car almost hit her.

she was carrying heavy stuffs and she fell down on the road. Immediately I rushed down to check if she was ok and brought her to the nearest polyclinic. I followed her to the clinic to check and did Xray. so far there were no injuries other than her left wrist.

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: 29/10/2020 03:36
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

## Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

**MOTOR MAX**  
**Comprehensive**

Certificate No. A 80480257 QMX

Excess : SGD500

Windscreen Excess : SGD100

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

SLQ1639U

**2. Name of Policyholder**

QUEK HOCK SIONG (INSURED NOT DRIVING)

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

29/06/2020

**4. Date of Expiry of Insurance**

28/06/2021

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

QUEK HOCK SIONG (INSURED NOT DRIVING)  
QUEK JOO TENG

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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT 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 offence 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.

  
Signature / Date  
24/06/2020

Counter-Signatory  
Casa Meraki Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
Amy Ler  
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XCMPLLYK2020062418015272