

NATIONAL Assessment Centre Services. [part 1 Jan 2005] MNA 1200 95640

Date In: 30/10/20 17:28	Job description	Date & Time Completed	Done by
Ref No MA/MSG 200 11868/44	SAS e-filing		
Veh No SL2 7138 L	E-mail (within 3hrs, AIC 2hrs)		
TPA 30/10/20 00:25	I-Motor Claim Form		
(1) (TP) 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/Wk312		

Preferred Wksp / INC Assgn Wksp / QW: { } Tel: { } Fax: { }

TP Particulars: Veh No: SHB 8043T. 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: ()

Reminders: (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	Action

MA2005699		Invoice Preparation Checklist		Amo (\$)	By: AIC (S)
Claimant's Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30);		30.00	
Contact No:	Damaged Portion:	2) DA: Damage Assessment (\$100); INC (\$30)			
QC Checked by (Engr-In-Charge):		3) TP: Towing Fee \$40/\$45			
Auditors Comments:		4) FT: Follow-Through Survey \$120			
		5) PT: Follow-Through Survey (Resurvey) \$30			
		For claimant against INC Only (wef 19 Jan 2005)			
		6) TR: Re-Inspection \$75			
		7) NI: Idea DA + SMRT Survey \$160			
		8) NTUC Additional Services:			
		ON*			
		*N5: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Coordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
		TP (N11): TP (Non INC) against INC \$20			
		9) N12: Idea 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	30/10/2020 17:28
Date Of Accident	30/10/2020 00:25
Exact Location Of Accident	HOUGANG AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7138L
Insured/Policyholder	
Name Of Registered Owner	STRENGTH PTE LTD
Co Reg No	2XXXXX295M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93400218

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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 80470144 MCX
Cover Note Number	

Driver

Name of Driver	LEE TING CHOI
NRIC No	SXXXX342D
Date Of Birth	03/08/1965
Occupation	INDOOR
Date Of Driving Pass	21/05/2002
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93400218
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 313 HOUGANG AVE 5 #07-169
Postcode	530313
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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)	0

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
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

REFER TO POLICE REPORT T/20201030/2012

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	SHB8043T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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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.:

SKETCH PLAN

A: SLZ7138L
B: SHB8043T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. T/20201030/2012

[Handwritten signature]

[A large diagonal line is drawn across the remaining lines of this section.]

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.:

[Handwritten signature]



**SINGAPORE
POLICE FORCE**



T/20201030/2012

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

1 of 3

Report No. T/20201030/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/10/2020 09:34		Vide Report No.: F/20201030/0005		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE TING CHOI			Address: APT BLK 313 HOUGANG AVENUE 5 #07-169 SINGAPORE 530313		
ID Type / ID No.: NRIC NO / S2690342D			Contact No.: Home/Office: Mobile: 93400218		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 03/08/1965	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: PROJECT COORDINATOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2020 00:25	Type of Location: Car Park
Location: HOUGANG AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB8043T	Van	KIA	OPTIMA 1.7(A)	Silver		0
SLZ7138L	Car	HONDA	SHUTTLE 1.5G CVT	Silver	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201030/2012

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201030/2012

CONTINUATION OF REPORT

Vehicle Owner			
Name	LEE TING CHOI	ID No.	S2690342D
Related Vehicle	SLZ7138L (Car)	Contact No.	93400218
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

Brief Details.

ON 30/10/2020 AT AROUND 0830HRS, I INTENDED TO TAKE MY CAR (SLZ7138L) WHICH PARKED THE CARPARK AT BLK 313 HOUGANG AVENUE 5 FOR WORK.

UPON REACHING THE PARKING LOT, I REALIZED THAT THE FRONT PART OF MY CAR WAS DAMAGED, INCLUDING THE FRONT BUMPER AND CAR NUMBER PLATE. THERE ARE SOME SCRATCHES ON MY FRONT CAR BODY AND SOME CRACKS ON THE BUMPER. BESIDES, RED COLOUR PAINTING REMAINED ON THE FRONT PART OF MY CAR.

UPON NOTICING, I IMMEDIATELY VISITED TPHQ AND LODGED A POLICE REPORT. THAT'S ALL.

IO IN CHARGE: IO JEYA



**SINGAPORE
POLICE FORCE**



T/20201030/2012

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

3 of 3

Report No. T/20201030/2012

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:
TP /
ONG PENG HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/10/2020 09:34

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: 



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

COPY

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.4
Company Ownership

MOTORMAX-COMMERCIAL
Comprehensive

Certificate No. A 80470144 MCX

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLZ7138L

2. Name of Policyholder

Strength Pte Ltd

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

16/05/2020

4. Date of Expiry of Insurance

15/05/2021

5. Persons or Classes of Persons entitled to drive*

Chong Quack Tong
Aaron Tan Wee Kar

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.

Y. Name

Signature / Date

Counter-Signatory:

Insuremycar.com.sg

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler

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.

XIMCYOLX2020050511438569

Date of Accident : 30/10/2020 Accident Time: 0025 (24-HR-Format)
Accident Place : Hougang Ave 5
Vehicle No. (Car Plate No.) : SLZ7138L Make/Model: Honda Shuttle
Insurance Company : MS16 Policy No: A80470144 MCX
Owner or Company Name /IC No. : Strength Pte Ltd (200506295M)
Owner or Company Contact No. : _____ Owner's Hp 93400218 Company Tel _____
DRIVER'S Name / IC No. : Lee Ting hoi (S2690342D)
DRIVER'S Date Of Birth : 03/08/1965 DRIVER'S License Pass Date 21/05/2002
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 313 Hougang Ave 5 #07-169
DRIVER'S Contact No./ Alt No. : 1) 93400218 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): _____
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: SHB8043T
Vehicle Make/Model: Optima 1.7 A
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

