

NATIONAL Assessment Centre Services. [part 1 Jan 09] MMA 120098920.

Date In: 9/11/20 15:12	Job description	Date & Time Completed	Done by
Ref No MA/MSG 20012252/64	SAS e-filing		
Veh No SKU 6934A	E-mail (within 2hrs, A/C 2hrs)		
IPDA 7/11/20 15:05.	I-Motor Claim Form		
(D) (P) 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SGN 8801X	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 ()	

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

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 6710/6710)	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	Action

<p>NA2005920</p> <p>Comments/Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Bngr-In-Charge):</p> <p>And/or Comments:</p> <p>Tel: 1:</p> <p>2: 2/3:</p>	<p>Invoice/Repairation Credit</p> <p>1) AR: Accident Reporting (\$30); INC (\$30)</p> <p>2) DA: Damage Assessment (\$100); INC (\$30)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claim against INC Only (wa 10 Jan 2009)</p> <p>6) TR: Re-Inspection \$75</p> <p>7) NI: Idea DA + EMRT Survey \$140</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>• NS: Courtesy Car / Tpt Allowance \$5</p> <p>• NG: Repair Co-ordination \$10</p> <p>• NF: Post Repair Inspection \$25</p> <p>• NH: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (INC) against INC \$20</p> <p>9) N12: Idea Mobile \$0</p> <p>Invoice dated Fee Charged</p> <p>Invoice dated Fee Charged</p>
--	--

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	09/11/2020 15:12
Date Of Accident	07/11/2020 15:05
Exact Location Of Accident	COMMONWEALTH AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6934A
Insured/Policyholder	
Name Of Registered Owner	TOH KIAN HOCK
NRIC No	SXXXX363H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94500569
Alternative Phone No	OFFICE-94500569

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	D 300217474 QMY
Cover Note Number	

Driver

Name of Driver	TOH KIAN HOCK
NRIC No	SXXXX363H
Date Of Birth	01/08/1966
Occupation	INDOOR
Date Of Driving Pass	20/12/1984
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94500569
Fax Number	
Contact Number	OFFICE-94500569
EMail Address	NOEMAIL

Address	BLK 980 JURONG WEST ST 93 #05-349
Postcode	640980
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	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	3
Passenger 1	NAME: : FOO MONG NEE GENDER: : FEMALE
Passenger 2	NAME: : GERMAIN TOH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201109/2034

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	SGN8801X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 TOH KIAN HOCK
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKU6934A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name FOO MONG NEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKU6934A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name GERMAIN TOH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SKU6934A
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode


SKETCH PLAN

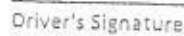
IMPORTANT NOTICE


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:


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

Refer

to

Sketch

DESCRIBE THE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201109 / 2034

DECLARATION

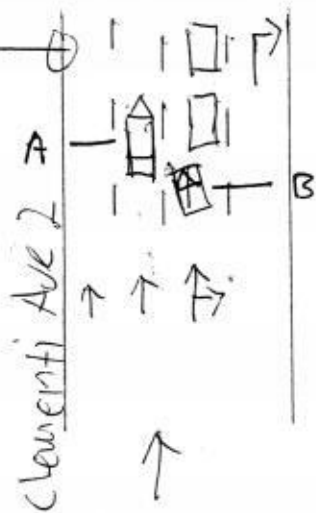
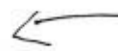
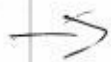
We declare the foregoing particulars are true in every respect.

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.:

Commonwealth Ave -



A = SKU 6934A

B = SGN 8801X



SINGAPORE POLICE FORCE



T/20201109/2034

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 4

Report No. T/20201109/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 12:30		Vide Report No.: .		Station Diary No.: 17	
Informant's Particulars					
Name of Informant: TOH KIAN HOCK			Address: APT BLK 980 JURONG WEST STREET 93 #05-349 SINGAPORE 640980		
ID Type / ID No.: NRIC NO / S1828363H			Contact No.: Home/Office: Mobile: 94500569		
Nationality: SINGAPORE CITIZEN			Email: marktoh1@yahoo.com.sg		
Sex: Male	Age: 54	Date of Birth: 01/08/1966	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Chief operating officer/General Manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/11/2020 15:05	Type of Location: X-Junction
Location: COMMONWEALTH AVENUE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGN8801X	Car	CITROEN	GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R	Grey	Slightly Damaged	1
SKU6934A	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Beige	Slightly Damaged	2



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU6934A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300217474	07/12/2019	06/12/2020

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	GOH KEH SHENG	ID No.	S7323502B
Related Vehicle	SGN8801X (Car)	Contact No.	91180996
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	TOH KIAN HOCK	ID No.	S1828363H
Related Vehicle	SKU6934A (Car)	Contact No.	94500569
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/11/2020	Date Discharge	09/11/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/11/2020 at about 1505hrs, I was travelling on the junction of Clementi Ave 2 and Commonwealth Avenue. There were 4 lanes. The first lane was meant for right turning vehicles only and the second lane was for vehicles turning right or straight. My vehicle was on the third lane, while the other vehicle bearing registration number SGN8801X was on the second lane. When the traffic light turned green, the vehicles on the second lane in front of SGN8801X did not move forward. As such the driver of SGN8801X turned left into my lane and hit my rear right door. We then stopped along Clementi Ave 2 to exchange particulars. Nobody was injured at the point of time.

Because of the collision, my car had a dent on the rear right door and the other car had scratches on its front right bumper. My car does not have in car camera. The other car had an in car camera and have captured the accident.

On 08/11/2020 morning, I felt slight discomfort on my back. I then went to Mount Alvernia Hospital to seek treatment on 09/11/2020 and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20201109/2034

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

4 of 4

Report No. T/20201109/2034

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:

G /

Sgt 2 QUEK MAY MAY

Signature Of Interpreter:

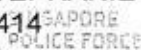
Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414



Signature Of Informant:

Date/Time:

09/11/2020 12:30

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20201109/2034

Police Station Of Origin:

3 of 4

Bedok South N.P.C

Report No. T/20201109/2034

20 Chai Chee Drive SINGAPORE 469045

Tel No: 1800-2448999

CONTINUATION OF REPORT

**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. D 300217474 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKU6934A

2. Name of Policyholder
 Toh Kian Hock

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 07/12/2019

4. Date of Expiry of Insurance
 06/12/2020

5. Persons or Classes of Persons entitled to drive*
 Toh Kian Hock

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

VEHICLE NO: SKU 6934A

MAKE & MODEL: Toyota AhiS.

AUTO / MANUAL

DATE OF ACCIDENT	7 / 11 / 20	*C.C.
TIME OF ACCIDENT	15:05	AM / <u>PM</u>
LOCATION OF ACCIDENT	Commonwealth Ave.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Toh Kian Hock Email:	
TELP NO	Mobile: 94500569	Office: Home:
NRIC		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO.		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.		
NAME OF DRIVER	<u>AS ABOVE</u> / IF NO:	
NRIC		
DATE OF BIRTH	/ /	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	/ /	
GENDER	Male / Female	
CONTACT NO.	Mobile:	Office: Home:
EMAIL:		
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / <u>No</u> owner.	
WEATHER CONDITION	Clear / Raining / Other, Drizzling	
ROAD SURFACE	Dry / <u>Wet</u> / Other,	
ANY INJURIES	No / If yes, Who?	Soo Mong Nee
CONTACT NO.		Germain Toh.
POLICE REPORT	No / If yes, Where?	Bedok South MPC.
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES, WHO?	
VEHICLE B NO.	SGN 8801X.	Any Passenger :
NAME		
CONTACT NO.		
VEHICLE C NO.	Any Passenger :	
VEHICLE D NO.	Any Passenger :	
VEHICLE E NO.	Any Passenger :	
VEHICLE F NO.	Any Passenger :	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES / NO		

Fax: 67476918

Email: phbm5@yahoo.com