

# NATIONAL Assessment Centre Services.

(not to be used)

2 MAY 2010 0002

Date In: 12/4/2020 17:37	Job description	Date & Time Completed	Done by
Ref No: N/A 2006061	SAS e-filing		
Veh No: SMA 2607C	E-mail (to John, Alice, etc)		
D.O.A: 22/10/2020 23:00	I-Motor Claim Form		
OID: 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Principal:	Veh No: CUKAWNA	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 Refor 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: ( )	
Damage: ( )	
Other: ( )	

Driver/Owner:	NA2006061
Contact No:	
Damaged Portion:	
QC Checked by (Engn-In-Charge):	
Author's Comments:	
Date:	2/2

Item	Amount
1) AIR Accident Reporting (\$30)	
2) DA Damage Assessment (\$100)	
3) TP Towing Fee	\$120
4) PT Follow-Through Survey	\$30
5) PT Follow-Through Survey (Resurvey)	
For claimant's last INC Only (w/ 10 Jan 2010)	\$75
6) TR: TR Inspection	\$160
7) NI: NI DA + SMRT Survey	
8) NTUG Additional Services	
ON:	
* Nt: Courtesy Car / Tpl Allowance	\$3
* Nt: Repairs Coordination	\$25
* Nt: Post Repair Inspection	\$3
* Nt: DV / Collect Excess Coordination	\$20
TE (NI) TP (N/A) INC against INC	\$0
9) Nt: Idm Mobile	
Invoice dated	
Invoice dated	

Fee Charged  
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	13/11/2020 17:37
Date Of Accident	22/10/2020 23:00
Exact Location Of Accident	ALONG CLUB STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2607C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOON LAY ENG
NRIC No	SXXXX150E
Email Address	JUNEF0096@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92363687
Alternative Phone No	OTHERS-81951819

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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 29144251 AT2
Cover Note Number	

### Driver

Name of Driver	FOO JIUN NING
NRIC No	SXXXX463I
Date Of Birth	28/02/1996
Occupation	INDOOR
Date Of Driving Pass	19/06/2015
Driving Experience	5 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92363687
Fax Number	
Contact Number	OTHERS 81951819

Address	23 HILLVIEW AVENUE #03-09
Postcode	699557
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : FRIEND GENDER: : FEMALE
Passenger 2	NAME: : FRIEND GENDER: : FEMALE
Passenger 3	NAME: : FRIEND GENDER: : FEMALE
Passenger 4	NAME: : FRIEND GENDER: : MALE

#### 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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO



## 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:

12/11/2020  
5.17 PM

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

13/11/2020  
Name: [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020/112/2011

DECLARATION

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

12/11/2020 5:17 PM

13/11/2020





**SINGAPORE  
POLICE FORCE**



T/20201112/7011

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

1 of 3  
Report No. T/20201112/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 12/11/2020 11:37		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: FOO JIUN NING			Address: 23 HILLVIEW AVENUE #03-09 SINGAPORE 669557		
ID Type / ID No.: NRIC NO / S9609463I			Contact No.: Home/Office: Mobile: 81951819		
Nationality: SINGAPORE CITIZEN			Email: JUNEFOO96@GMAIL.COM		
Sex: Female	Age: 24	Date of Birth: 28/02/1996	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Financial/Investment adviser		Driving Licence Information: Class: Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2020 23:00	Type of Location: Straight Road
Location:  CLUB STREET				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMA2607C	Car					0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20201112/7011

2 of 3

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

Report No. T/20201112/7011

**CONTINUATION OF REPORT**

Driver			
Name	FOO JIUN NING		ID No. S9609463I
Related Vehicle	SMA2607C (Car)		Contact No. 81951819
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details:

With reference to Ref No: TP/IP/48883/2020, a traffic police report was filed against SMA2607C for a traffic accident that occurred at Club Street at 11 PM.

I was the driver of SMA2607C and I was at Club Street on 22 October, I parked from 7.16PM to 8.31PM. I have a picture of the Parking SG mobile app to show the end time of my parking at Club Street. After I parked the vehicle at 7.16PM, and before I left the parking lot at 8.31PM, I did a habitual check of my car as well as the cars behind and in front of me to make sure that there was no issue. From what I recall, there were no scratch marks or any other indication of a traffic accident that occurred during my parking. There were 3 other passengers who followed me to leave Club Street and they did not notice or mention anything related to a car accident.

At approximately 10.45PM, I left Wan Wan Thai Cafe (127A Bencoolen St, Singapore 189637) with 4 friends and they followed me to the car for a lift to Little India station.

At 11PM, I was leaving or have left The Bencoolen Mall Shopping centre located along Bencoolen Street. The entrance/exit to the carpark is along Bencoolen Link. I was driving from Bencoolen Street to Middle Road to Selegie Road, and then to the main road (Bukit Timah Road) between the timing of 11:00-11:15PM.

If an accident occurred at Club Street at 11PM (or after 8.31PM), it is likely to be another vehicle that caused it.



**SINGAPORE  
POLICE FORCE**



T/20201112/7011

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

3 of 3

Report No. T/20201112/7011

**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 /  
NORHIDAYAH BINTE MOHAMED LATIF  
Contact No.: 65476393

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:  
12/11/2020 11:37

Classification Of Case:





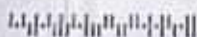
SINGAPORE  
POLICE FORCE

Traffic Police  
Singapore Police Force  
11, 11A Avenue 3  
Singapore 438888  
Tel : 6547 6000  
Fax : 6547 6206

Date: 07 Nov 2020

Your Ref  
Our Ref: TPSP48882020

KOON LAY ENG  
APT BLK 23 HILLVIEW AVENUE  
#03-09  
SINGAPORE 659557



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING BMA260TC ALONG CLUB STREET ON 22 OCT 2020 @  
11.00 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epcc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer NEO ZHI YUAN at his / her office number 65476079 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (SUPT)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7600  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2018 (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.

Form M.X.1  
 Individual Ownership

Toyota DriveElite 300  
 Comprehensive

Certificate No. A 29144251 AT2

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle  
 SMA2607C

2. Name of Policyholder  
 Koon Lay Eng

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 31/05/2020

4. Date of Expiry of Insurance  
 30/05/2021

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

Koon Lay Eng

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.

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or any workshop of your choice. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

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.

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

*[Signature]*  
 for Chief Executive Officer



0/11/2020  
**ACCIDENT STATEMENT**

ACCIDENT DATE: 22/10/2020 (DD/MM/YYYY), TIME: 23:00 (HH:MM)

LOCATION: CLUB STREET

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMA 2607C  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A29144251 AT2  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: TOYOTA VIOS  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: OWN 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: KOON LAY ENG (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1501150E CONTACT: 92363687  
c) ADDRESS: 23, HILLVIEW AVENUE #03-09 5669557

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

DRIVER

- a) NAME: FOO JIUN NING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 89609463I CONTACT: 81951819  
c) ADDRESS: 23, HILLVIEW AVENUE #03-09 5669557

\* d) DATE OF BIRTH: 28/02/1996 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 19/6/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

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

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ 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: \_\_\_\_\_

email = JUNEFOO96@GMAIL.COM  
VIDEO