

NATIONAL Assessment Centre Services. part 1 2008

SWGA20070009

Date In: 07/12/2020 19:09	Job description	Date & Time Completed	Done by
Ref No: X10A/MSG20014396/4	SAS e-filing		
Veh No: SLG 5557	E-mail (e-judge files, AIC files)		
D.O.W: 06/11/2020 15:28	I-Motor Claims Form		
(ID) : TP / Reporting Only	I-Motor W/O (with/for OD files, TP files)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Witness		

Preferred Wkep / INC Assign Wkep / OW: ( )

TP Particulars: Veh No: **SLG 5557 U** 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 reporter.

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

NA 2006585

Driver/Owner:	1) AIC Accident Reporting (\$30)	INC (10)
Contact No:	2) DA / Damage Assessment (\$100)	\$40/45
Damage Portion:	3) TP Towing Fee	\$120
QC Checked by (Bug-In-Charge):	4) PT Follow-Through Survey	\$20
	5) PT Follow-Through Survey (Resurvey)	\$20
	6) TR: Re-inspection	\$160
	7) NI: 1 Day DA + EMRI Survey	
	8) NTUC Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$10
	*NI: Post Repair Inspection	\$25
	*NI: DV / Collect Licenses Coordination	\$3
	*NI: DV / Collect Licenses Coordination	\$30
	TE (NI) TP (Non INC) against 245	\$0
	TP NI: 1 Day 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 Submission	07/12/2020 19:00 (SGT)
Date of Accident	06/12/2020 15:25 (SGT)
Exact Location of Accident	Chin Swee Rd, Singapore
Additional Location Information	NEAR BLOCK 52
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	3LG5655Z
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAY CHIEW LANG
NRIC No	SXXXX800H
Email Address	kokokjong@gmail.com
Mobile Phone No	(Phone) +65-96503311
Alternative Phone No	+65-96503311

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
Variant	-
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?	Yes
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 29146780 QMY
Cover Note Number	-

### DRIVER

Name of Driver	KO KOK YONG @ KO KOK JONG
NRIC No	SXXXX878Z

Date Of Driving Pass	21/07/1986
Driving experience	34 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96503311
Alt. Phone Number	-
Email Address	kokokjong@gmail.com
Address	BLK 128 #09-46
Address complement	BUKIT MERAH VIEW
Postcode	150128
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20201227/2057

#### 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	SMG5554U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIEM KHAU CHUA

Contact Number \_\_\_\_\_  
Address \_\_\_\_\_  
Address complement \_\_\_\_\_  
Postcode \_\_\_\_\_  
Insurance Company Name \_\_\_\_\_  
Nature Of Damage \_\_\_\_\_  
Details of property damaged in accident \_\_\_\_\_  
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:



Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

Date of Accident	Time of Accident	Exact Location of Accident
06/12/20	3:25 pm	near BIK 52 Chin Swee Road

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	SLA 5655 Z
Name of Owner:	Tay Chiew Hong
Owner IC:	Mitsubishi Outlander
Vehicle Make (Audi/Toyota etc)	S1235800H
Type of Vehicle (bicycle, big truck, bus, coupe, CRV, Jeep, Lorry mixer, truck, motorcycle, MPV, prime mover, saloon, van, others)	Saloon
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party / Reporting Only
Vehicle Category	Private / Commercial / Motorcycle
Insurance Company	M&H
Type of Policy	Comprehensive / Commercial / Third Party
Policy Number	A 29146780 GMY

DRIVER	
Name of Driver	Ko Kok Young
Driver IC	KO. KOK LONG
Date of Birth	22001878 Z 21/04/1963
Occupation	Industri
Yrs of Driving Experience	21/07/1986
Gender	Male
Contact No.	96503311
Address	BIK 128 BUKIT MERAH WARD #04-46 SE 150 128
Email Address	kokkokjong@gmail.com
Employee of Insured's Company?	-
If no, state relationship of Driver with Insured.	Spouse
Driver's own vehicle no. & Insurance company	-

DETAILS OF WITNESS	
Name	
Phone	
Email Address	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	rear/side
Weather Conditions	Clear / Raining / Others (pls state)
Road Surface	Wet / Dry / Others
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
if yes, state which police station	
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	SMH 5554 U
Vehicle Make / Model / Colour / Properties	
Name of Driver	Lim Kiat Chuan
IC / FIN / Passport Nbr	S 703131 C
Contact Nbr	
Address	
Insurance Company	
Nature of Damage	

DETAILS OF INJURED PERSONS 1	
Name	
Address	
Approximate age	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	Yes / No



MSIG Insurance (Singapore) Pte. Ltd.  
 # Shenton Way, # 21-01, SOX Centre 2, Singapore 068807  
 Tel: +65 6827 7888, Fax: +65 6827 7800  
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G



MSIG  
 陳兄弟保險代理有限公司  
 TAN BROTHERS INSURANCE AGENCIES PTE LTD  
 10 ANSON ROAD, #11-16  
 INTERNATIONAL PLAZA SINGAPORE 079903  
 TEL: (65) 6220 1822 FAX: (65) 6224 6806  
 E-MAIL: tan.brothers@tpsgroup.com.sg

## 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.

Form M.K.1  
 Individual Ownership

MOTOR MAX PLUS  
 Comprehensive

Certificate No. A 29146780 QMY

Excess: SGD1,000

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle  
 SLG5655Z
2. Name of Policyholder  
 Tay Chiew Lang
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 05/10/2020
4. Date of Expiry of Insurance  
 04/10/2021
5. Persons or Classes of Persons entitled to drive\*  
 Tay Chiew Lang  
 Ko Kok Yong  
 Ko Ching Kwei, Martin  
 Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.
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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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).

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 passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

for Chief Executive Officer



**SINGAPORE  
POLICE FORCE**



T/20201227/2057

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 3

Report No. T/20201227/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/12/2020 15:56		Vide Report No.:		Station Diary No.: 42	
Name of Informant: KO KOK YONG			Address: APT BLK 128 BUKIT MERAH VIEW #09-46 SINGAPORE 150128		
ID Type / ID No.: NRIC NO / S2001878Z			Contact No.:		Mobile: 96503311
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 06/04/1953	Type of Informant: Driver		
Race: Chinese		Language: Chinese		Institution / School Name:	
Occupation: Chef		Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 06/12/2020 15:30	Type of Location: Straight Road
Location: CHIN SWEE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: REAR TO SIDE				Anyone conveyed by ambulance: No

Date	Time	Plate No.	Vehicle	Damage	Severity
		SLG5655Z	Car	Slightly Damaged	0
		SMG5554U	Car	Slightly Damaged	0

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



**SINGAPORE  
POLICE FORCE**



T/20201227/2057

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 3

Report No. T/20201227/2057

**CONTINUATION OF REPORT**

Name	KO KOK YONG		ID No.	S2001878Z
Related Vehicle	SLG5655Z (Car)		Contact No.	96503311
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Name	LIM KIAT CHUA		ID No.	S7031131C
Related Vehicle	SMG5554U (Car)		Contact No.	0
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 the 06/12/2020 at about 1530hrs, I was reversing out from the parking lot and suddenly, I collided into the right side of a car bearing number plate: SMG5554U. The Collision is rear to side. No one was injured. We exchanged particulars and went for our own insurance claims. I wish to state that, I parked into the lot head in, and therefore, I had to reverse my car in order to leave the carpark, after I am done with my groceries. I do not have any camera footage available.

However, on the 26/12/2020 at about 2100hrs, I opened my letter mail box and discovered a letter from Traffic Police ref. TP/IP/55369/2020 and advised me to lodge a police report relating to the accident. That is all



**SINGAPORE  
POLICE FORCE**



T/20201227/2057

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

3 of 3

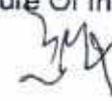
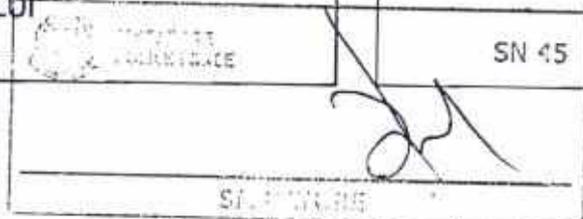
Report No. T/20201227/2057

**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 / Staff Sgt DARRICK TOH JIAN RONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2020 15:56
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  SN 45
Authentication Stamp NP168	

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SN0820670009 Vehicle Registration No: SLG 5665 Z  
 Name (as shown in NRIC) : KO Kok Yong @ KO Kok Jeng NRIC/FIN/Passport No : SXXXX878Z  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Blk 128 Bukit Merah View #09-46 Singapore (150128)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 96503311  
 Email Address : kokkokjeng@gmail.com  
 Date of Accident : 06/12/20 Time of Accident : 15:25  
 Place of Accident : Chin Swee Road near block 52  
 Insurance Company : MSIG

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach police report T/20201227/2057

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[Signature]  
 Policyholder / Driver's Signature  
 Date:

[Signature] 28/12/2020  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: