

NATIONAL Assessment Centre Services.

Part 1 (2nd/00)

SN/020070000

Date In: 07/12/2020 10:41	Job description	Date & Time Completed	Done by
Ref No: XBA/M8420014397/4	SAS e-filing		
Veh No: SL8 833X	E-mail (to/for the, A/c the)		
D.O.A: 06/12/2020 17:30	I-Motor Claims Form		
OID: TP: Reporting Only	I-Motor W/O (with/without OD the, TP the)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Handle Owner/Witness		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SKY 928P.4	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 ()	

() Wall-In Customer: Customer's information strictly Confidential & Strictly NO Refor of repair.

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

Drive-In () / Towed-In () : Invoices: 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: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

QC Checked by (Engr-In-Charge): ()

NA 2006586	1) All Accident Reporting (\$300)	INC (\$10)
	2) DA: Damage Assessment (\$100)	\$40/\$40
	3) TP: Towing Fee	\$110
	4) PT: Follow-Through Survey	\$70
	5) PT: Follow-Through Survey (Resurvey)	\$70
	6) TR: Re-inspection	\$160
	7) NI: 1 Day DA + EMRT Survey	
	8) NTUC Additional Services	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$5
	*NI: Repairs Coordination	\$10
	*NI: Post Repair Inspection	\$5
	*NI: DV / Collect Warrants Coordination	\$5
	TE (NI): TP (NA INC) against LNC	\$0
	NI: 1 Day Mobile	
	Invoice dated	
	Invoice dated	

2/2

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 20:41 (SGT)
Date of Accident	06/12/2020 17:30 (SGT)
Exact Location of Accident	Old Choa Chu Kang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS833X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAM WEI CHOONG
NRIC No	SXXXX680B
Email Address	lam.aspects@gmail.com
Mobile Phone No	(Phone) +65-96384971
Alternative Phone No	+65-96384971

VEHICLE PARTICULARS

Manufacturer	Opel
Model	CASCADA
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 80461129 QMY
Cover Note Number	-

DRIVER

Name of Driver	MRS LAM WEI CHOONG NEE LEE KUO PEI
NRIC No	SXXXX711J

Date Of Driving Pass	16/10/1979
Driving experience	41 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93897275
Alt. Phone Number	-
Email Address	lam.aspects@gmail.com
Address	4 JALAN KEBAYA
Address complement	-
Postcode	827292
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE PIK KHUEN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201207/7044

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	SKU9248C
Vehicle Manufacturer	Volkswagen

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AFANDI BIN ABU BAKAR
NRIC No	SXXXX808C
Contact Number	(Phone) +65-96865447
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MRS LAM WEI CHOONG NEE LEE KUO PEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS833X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE PIK KHUEN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLS833X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

Name	LEE PIK KHUEN
Phone	-
Email	-

SKETCH PLAN

Veh A: SLS 833X
Veh B: SKV 9248C

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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature

Date & Time:

7/12/20 5:55 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

7/12/20 5:55 pm

Reporting Centre Personnel's Signature

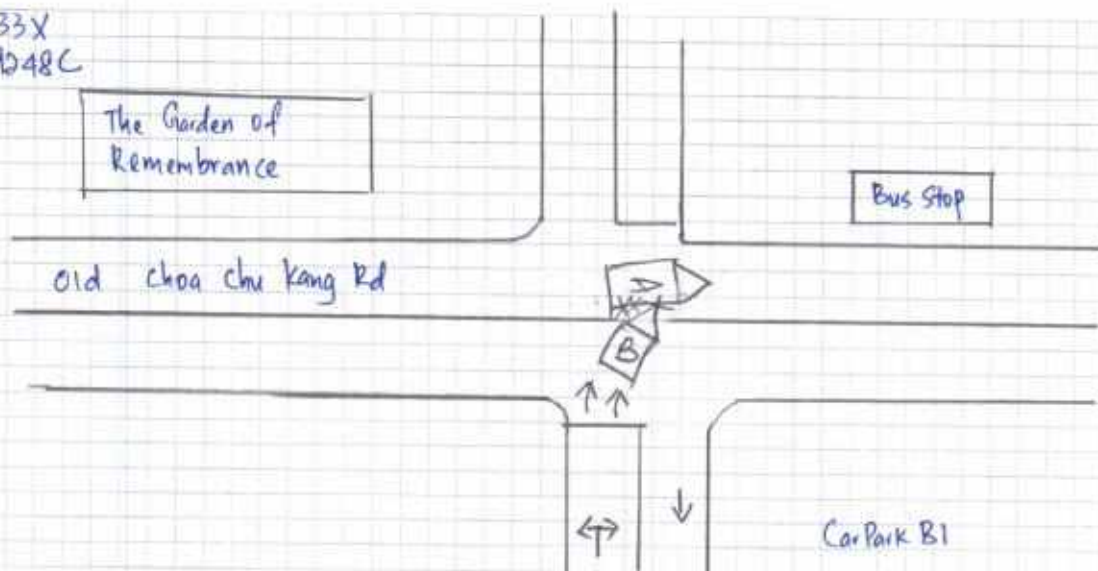
Name:

NRIC/FIN No.:

SKETCH PLAN

Veh A: 9LS 833X

Veh B: 3KV 9D48C

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Please Refer To Police Report No. T/20201207/7044

DECLARATION

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

Policyholder's Signature

Date & Time:

7/12/20 5:55pm

GIAHMA Sketch Plan Form_V2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

7/12/20 5:55pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident

Motor Accident Report

*Date of Accident: 6/12/20

*Time of Accident: 5:30 PM

*Accident Location: OLD CHOA CHU KANG ROAD

Vehicle Details

*Vehicle Number: SLS 833X

*Make & Model: OPEL CASCADE (1598 cc)

Insured / Policyholder

*Owner Name: LAM WEI CHOONG

*NRIC: S1185680B

*Address: 4, JALAN KERAYA 8278292

*Email: lam.aspects@gmail.com

*HP: 96384971

*Occupation: CONSULTANT

(Indoor / Outdoor)

*Tel / H / Other:

Driver () same as above

*Driver Name: MRS LAM WEI CHOONG nee LEE KUD PEI

*NRIC: S11517117

*Address: 4, JALAN KERAYA 8278292

*Date of Birth: 02/11/56

*Driving Pass Date: 18/06/10/19

*HP: 93897275

*Email: lam.aspects@gmail.com

*Gender: Male (Female)

*Occupation: Retired

(Indoor / Outdoor)

*Tel / H / Other:

*Driver an employee: Yes (No) *If no, what is relationship with the policyholder: spouse

Passengers Details

*P/Name: MS LEE PIK KHUEN

(Male/Female)

P/Name:

(Male/Female)

*P/Name:

(Male/Female)

*P/Name:

(Male/Female)

Insurance Company

*Insurer: MS SIGN

*Coverage: C / TPET / TPO

*Policy No:

Detail of other vehicle / Property 1

Vehicle No.: SKU 9248C

Make & Model: VOLKSWAGEN

Vehicle Category:

Name of Driver: AFAN BIN ABU BAKAR

NRIC : S1750808C

HP : 96865447

No. of Passengers (Including Driver): 1

Detail of other vehicle / Property 2

Vehicle No.:

Make & Model:

Vehicle Category:

Name of Driver:

NRIC :

HP :

No. of Passengers (Including Driver):

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: HEAD - SIDE

*Weather conditions: Clear / Raining / others: CLEAR

*Any video cam: Yes / No

*Road Surface: Dry / Wet / others: DRY

*Witness: Yes (No) (Name: LEE PIK KHUEN

NRIC :

HP:

*Accident reported to police: Yes (No)

*Summon against whom:

*Injured party: Yes / No

No. of passengers (include driver): 2

-I/Name: MRS LAM WEI CHOONG

*Fasten seat belt: Yes (No)

*Conveyed by Ambulance: Yes / No

-I/Name: MS LEE PIK KHUEN

*Fasten seat belt: Yes (No)

*Conveyed by Ambulance: Yes / No



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2020 17:05		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MRS LAM WEI CHOONG NEE LEE KUO PEI			Address: 4 JALAN KEBAYA SINGAPORE 278292		
ID Type / ID No.: NRIC NO / S1151711J			Contact No.: Home/Office: Mobile: 93897275		
Nationality: SINGAPORE CITIZEN			Email: lam.aspects@gmail.com		
Sex: Female	Age: 64	Date of Birth: 02/11/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Retiree			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: 06/12/2020 17:30	Type of Location: Straight Road
Location: OLD CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SKU9248C	Car	VOLKSWAGO N		Silver	Slightly Damaged	0
SLS833X	Car	OPEL	Cascada	Silver	Seriously Damaged	1



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

Report No. T/20201207/7044

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LEE PIK KHUEN	ID No.	S1363557I
Related Vehicle	SLS833X (Car)	Contact No.	NIL
Hospital/Clinic	HO MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/12/2020	Date	07/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	MRS LAM WEI CHOONG NEE LEE KUO PEI	ID No.	S1151711J
Related Vehicle	SLS833X (Car)	Contact No.	93897275
Hospital/Clinic	HO MEDICAL CENTRE PTE LTD	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	07/12/2020	Date	07/12/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I drove out of The Garden of Remembrance onto Old Choa Chu Kang Road and was approaching Jin Bahar when a silver Volkswagen license number SKU9248C, came out of the minor road off Cemetery South Street 18 and Car Park B1 and hit my car on the driver's side, with its left front corner.

I did not feel well after the accident and went to see a doctor this morning. Doctor gave me a 3 day medical certificate.

My front passenger, Ms Lee Pik Khuen felt traumatized and has gone to seek medical attention. She also received a 3 day medical certificate.



**SINGAPORE
POLICE FORCE**



T/20201207/7044

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

3 of 3

Report No. T/20201207/7044

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 /
BOON YEN KIAN EVE
Contact No.: 65476172

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:
07/12/2020 17:05

Classification Of Case:



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 PLUS
Comprehensive

Certificate No. A 80461129 QMY

Excess : SGD800
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLS833X

2. Name of Policyholder
Lam Wei Choong

3. Effective Date of the Commencement of Insurance for the purposes of the Act
28/08/2020

4. Date of Expiry of Insurance
27/08/2021

5. Persons or Classes of Persons entitled to drive*

Lam Wei Choong

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 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).

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

Counter-Signatory:
insuremycar.com.sg

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.

XIMCMTLB2020082211251321