

# NATIONAL Assessment Centre Services. (Part 1 Jan 05) SM 09212A 000D

Date In: 10/2/21 13:52	Job description	Date & Time Completed	Done by
Ref No: NAI MSG 21002008/h4	SAS e-ling		
Veh No: SLS 5720E	E-mail (within 2hrs, A/C 2hrs)		
IP A: 9/2/21 17:00	I-Motor Claim Form		
Q1: <input checked="" type="checkbox"/> Reporting, Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SKE 4100L	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 repairer.

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

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

NAI 01595	Invoice Itemization Checklist	
1) AR: Accident Reporting (\$30)	30	
2) DA: Damage Assessment (\$100); INC (\$40)		
3) TF: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (w/c 10 Jan 2005)		
6) TR: Re-inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
QD:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NT: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$3	
*TP (NI1): TP (Non INC) against INC	\$20	
9) NI2: Idao 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 Submission	10/02/2021 13:52 (SGT)
Date of Accident	09/02/2021 17:00 (SGT)
Exact Location of Accident	Woodlands Ave 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5720E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BATH LABZ PTE LTD
Company Reg No	2XXXXX045M
Email Address	ALAN@BATHLABZ.COM.SG
Mobile Phone No	(Phone) +65-94787139
Alternative Phone No	+65-94787139

### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
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?	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 300354446 MCY
Cover Note Number	-

### DRIVER

Name of Driver	NGOI KOK WENG
NRIC No	SXXXX853A
Date Of Birth	16/09/1987
Occupation	Indoor

Date Of Driving Pass .....	08/10/2013
Driving experience .....	7 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94787139
Alt. Phone Number .....	-
Email Address .....	ALAN@BATHLABZ.COM.SG
Address .....	BLK 455A ANG MO KIO ST 44 #26-01
Address complement .....	-
Postcode .....	561455
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 - Change/cross lane
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) .....	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 .....	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

REFER TO POLICE REPORT T/20210210/7015

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKE4100L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-





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 ..... NGOI KOK WENG  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SLS5720E  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

## 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:

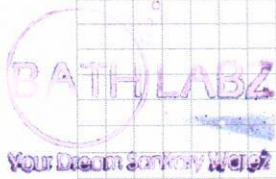
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



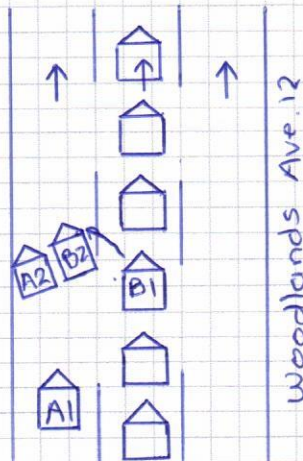
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN

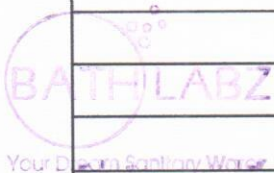


(A) - SLS5720E  
(B) - SKE4100L



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— Refer to police report attached —  
Report No. : T/20210210/7015



## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*

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



# SINGAPORE POLICE FORCE



T/20210210/7015

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

1 of 3  
Report No. T/20210210/7015

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2021 13:07	Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>		
Name of Informant: NGOI KOK WENG	Address: 455A ANG MO KIO STREET 44 #26-01 SINGAPORE 561455	
ID Type / ID No.: NRIC NO / S8729853A	Contact No.: Home/Office:	Mobile: 94787139
Nationality: SINGAPORE CITIZEN	Email: ALAN@BATHLABZ.COM.SG	
Sex: Male	Age: 33	Date of Birth: 16/09/1987
Type of Informant: Driver		
Race: Chinese	Language: English	Institution / School Name:
Occupation: DIRECTOR	Driving Licence Information: Class:	Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/02/2021 17:00	Type of Location: Straight Road
Location:  WOODLANDS AVENUE 12				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKE4100L	Car					0
SLS5720E	Car					0

## Details of Person Involved

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





**SINGAPORE  
POLICE FORCE**



T/20210210/7015

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

2 of 3  
Report No. T/20210210/7015

**CONTINUATION OF REPORT**

Driver			
Name	NGOI KOK WENG		ID No. S8729853A
Related Vehicle	SLS5720E (Car)		Contact No. 94787139
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	10/02/2021		Date 10/02/2021
No. of Days granted Medical Leave		04	Degree of Serious

**Brief Details.**

On the 09/02/2021 at about 1700HRS, along Woodlands Ave 12 towards Woodlands Ave 10. I was driving my Vehicle SLS5720E along the mentioned road on the extreme left lane before Gambas Ave Junction. Suddenly, a Vehicle SKE4100L on the centre lane veered into my lane due to heavy traffic without caution and proper lookout. I applied my emergency brake and my car swerved to the left, causing my Vehicle to hit onto the pavement. The vehicle SKE4100L drove away, although i sounded my honk at him. I alighted my Vehicle and realised there were damages on my left front portion of my vehicle due to me hitting the kerb on the left.





**SINGAPORE  
POLICE FORCE**



T/20210210/7015

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

3 of 3

Report No. T/20210210/7015

**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 /  
NEO ZHI YUAN  
Contact No.: 65476079

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:  
10/02/2021 13:07

Classification Of Case:

**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.** A 300354446 MCY**Excess :** SGD500**Windscreen Excess :** SGD100**1. Index Mark and Registration Number of Vehicle**

SLS5720E

**2. Name of Policyholder**

BATH LABZ PTE LTD

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

28/09/2020

**4. Date of Expiry of Insurance**

27/09/2021

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

NGOI KOK WENG

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. 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 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: SL55720E

MAKE &amp; MODEL : MERC C180

AUTO / MANUAL

DATE OF ACCIDENT	09 / 02 / 2021	*C.C. 1600
TIME OF ACCIDENT	5.00 AM / <u>PM</u>	
LOCATION OF ACCIDENT	Woodlands Ave. 12	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	Bath Labz Pte. Ltd.	
EMAIL: alan@bathlabz.com.sg	Office:	MOBILE:
NRIC	201201045M	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY:	YES / <u>NO</u> ?	
INSURANCE CO.	MSJG	
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft	
POLICY NO.	A 300354446 MCY	
NAME OF DRIVER	AS ABOVE / IF NO: Ngoi Kok Weng	
NRIC	58729853A	
DATE OF BIRTH	16 / 09 / 1987	
ANY PASSENGER	YES / <u>NO</u> :	
NAME OF PASSENGER		
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / <u>Indoor</u>	
DATE OF DRIVING PASS	08 / 10 / 2013	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 9478 7139 Office:	Home:
EMAIL:	alan@bathlabz.com.sg	
ADDRESS	Blk 455A Ang Mo Kio St. 44 #26-01 S(561455)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No:	INSURER:
RELATIONSHIP	Employee / If No: Director	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	No / If <u>yes</u> Who? Ngoi Kok Weng	
CONTACT NO.	9478 7139	
POLICE REPORT	No / If <u>yes</u> Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?	
VEHICLE B NO.	SKE4100L	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?	<u>YES</u> / NO	
WAS THERE ANY AUDIO RECORDED?	<u>YES</u> / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>	
<b>**WORKSHOP:</b>	Advanie Auto Garage	
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?	YES / <u>NO</u>	