

NATIONAL Assessment Centre Services

SN0822/A0002

Date In: 10/01/2022 10:57	Job description	Date & Time Completed	Done by
Ref No: N38/M8G220002664	SAS e-filing		
Veh No: SMK 949L	E-mail (within 2hrs. Aft. 2hrs.)		
DDA: 07/01/2022 19:00	I-Motor Claim Form		
DD: TP Reporting Only	I-Motor W/O (within 04. 2hrs. 10 mins)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLX 3373K	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%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() 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. ()

Remarks:- (INC hotline: 6788 6616)	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	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2003)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) N12: Idac Mobile \$30		
	10) N13: Courtesy Car / Tpt Allowance \$5		
	11) N6: Repair Co-ordination \$10		
	12) N7: Post Repair Inspection \$25		
	13) N8: DV / Collect Excess Coordination \$5		
	14) TP (N11): TP (Non INC) against INC \$20		
	15) N12: Idac Mobile \$30		
	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	10/01/2022 10:57 (SGT)
Date of Accident	07/01/2022 19:00 (SGT)
Exact Location of Accident	Chantek Flyover, Singapore
Additional Location Information	TOWARDS BKE (WOODLANDS LAMP POST 1171S21)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9419L
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YONG YASHI, LEANNE
NRIC No	SXXXX127G
Email Address	leayong81@gmail.com
Mobile Phone No	(Phone) +65-81810350
Alternative Phone No	+65-96963003

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Touran
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
Transmission	Auto
CC	1395

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300359010 QMX
Cover Note Number	-

DRIVER

Name of Driver	LEE GUANG HUI, SHAUN
NRIC No	SXXXX507E

Date Of Birth	17/11/1981
Occupation	Indoor
Date Of Driving Pass	24/10/2011
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96963003
Alt. Phone Number	-
Email Address	shaun@ketsugi.com
Address	BLK 172 GANGSA ROAD #16-24
Address complement	-
Postcode	670172
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE KAI WEN, DYLAN
Gender	Male

PASSENGER 2

Name	LEE KAI SHENG, OWEN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	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
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX3373K
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMK3755Z
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	LEE GUANG HUI, SHAUN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SME9419L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LEE KAI WEN, DYLAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SME9419L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	LEE KAI SHENG, OWEN
Gender	Male
Phone No	-

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SME9419L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

After Chantek Flyover towards BKE Woodlands
Camp Post 117/1521

Vehicle A: SME9419L
Vehicle B: SLX3373K
Vehicle C: SMK3755Z



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (SME9419L) was travelling straight at the stated location on the extreme right lane. As the front vehicle came to a stop, I followed suit. All of a sudden, I felt an impact from the rear portion of my vehicle. Vehicle B (SLX3373E) collided onto the rear portion of my vehicle causing my vehicle to surge forward and collided onto vehicle C (SME3755Z).

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

Witnessed by Reporting Centre Personnel



10/06/2022

Date of Accident : 02/01/2022 Accident Time: 1900hrs (24-HR-FORMAT)
 Accident Place : After Changkat Flyover towards BKE Woodlands Lamp Post 1171S21
 Vehicle Reg. No (Car plate No.) : SME 9419L Vehicle Make/Model: Volkswagen Taigun
 Insurance Company : MSIG Policy No. A 300359010 amx
 Name of Registered Owner : Company/ Individual Yong Yashi Leanne
 ID of Registered Owner : Co Reg No: - Owner's NRIC No: S81311276
 : Co Contact No: - Owner's Contact No: 8181 0350
 DRIVER'S Name : Lee Guang Hui, Shaun DRIVER'S NRIC No: S8136507E
 DRIVER'S Date of Birth : 17 NOV 1981 DRIVER'S License Pass Date: 24 Oct 2011
 Relationship bet. Owner & Driver : (Spouse) Parents \ Children \ Sibling \ Employee \ Others: -
 DRIVER'S Address : APT B1K 173 Gangsa Road #16-24 S (670172)
 DRIVER'S Contact No./ Alt No. : 1) 9696 3003 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an org)
 Email Address : owner: leayong81@gmail.com Driver: shaun@katsugi.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 03 Passenger Name: Lee Kai Wen, Dylan Gender: M/F
 Was the accident reported to the police? YES \ NO Passenger Name: Lee Kai Sheng, Owen Gender: M/F
 Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Lee Guang Hui, Shaun
 Injured Name: Lee Kai Wen, Dylan
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose Lee Kai Sheng, Owen

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SLX 3373K</u>	Vehicle Reg No: <u>SMK 3755Z</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
ID No. DRIVER: _____	ID No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____



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 Comprehensive

Certificate No. **A 300359010 QMX**

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SME9419L

2. Name of Policyholder
Yong Yashi Leanne

3. Effective Date of the Commencement of Insurance for the purposes of the Act
23/10/2021

4. Date of Expiry of Insurance
22/10/2022

5. Persons or Classes of Persons entitled to drive*
Yong Yashi Leanne, Lee Guang Hui Shaun

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 MUST BE CARRIED OUT 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

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SK108221A0002 Vehicle Registration No: SMK 9419L
Name (as shown in NRIC): LEE GUAN HUI, SHAWN NRIC/FIN/Passport No: SXXXX5071E
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96963003
Email Address: _____
Date of Accident: 01/01/2022 Time of Accident: 19:00
Place of Accident: CHANNAL FLYING TOWARDS BRIDGE
Insurance Company: MBIG

(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:

add name to YEN YASHI, LIANNE

Policyholder / Driver's Signature
Date:

Jan 10/01/2022
Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.: W07103
Date: