

NATIONAL Assessment Centre Services

Date In: 04/02/2022 09:44	Job description	Date & Time Completed	Done by
Ref No: CA/MSG 2200/056/m4	SAS e-filing		
Veh No: SLK 2478S	E-mail (w/In 8hrs, AIC 2hrs)		
D.O.A: 28/01/2022 15:50	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SKK 9545Y	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	Amt (\$) 1st Bill	Amt (\$) Add Bill
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		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Lat 1:

Lat 2/3:



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	04/02/2022 09:44 (SGT)
Date of Accident	28/01/2022 15:50 (SGT)
Exact Location of Accident	Orchard Rd, Singapore
Additional Location Information	TOWARDS PLAZA SING
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2478S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TING WEN JUN
NRIC No	SXXXX746A
Email Address	kscgp8@gmail.com
Mobile Phone No	(Phone) +65-90051780
Alternative Phone No	+65-91995372

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 29148059 AT2
Cover Note Number	-

DRIVER

Name of Driver	FOO XIAN LING
NRIC No	SXXXX060I



Date Of Birth	30/12/1989
Occupation	Indoor
Date Of Driving Pass	17/06/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91995372
Alt. Phone Number	-
Email Address	sinhocklee@yahoo.com.sg
Address	BLK 137 LORONG AH SOO
Address complement	#05-538
Postcode	530137
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 - Head to Rear
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 vehicle 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	Paya Lebar Neighbourhood Police Post
Police Station Address	Blk 114 Hougang Avenue 1 #01-1270 Singapore 530114
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20220129/2027

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK9545Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	(Phone) +65-93381865
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	FOO XIAN LING
Gender	Female
Phone No	(Phone) +65-91995372
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SLK2478S
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 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.

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.

 4/2/2022
Policyholder's Signature / Date & Time

 4/2/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 04/02/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SLK 2478S

B = SKK 9545Y

ORCHARD ROAD towards Plaza Sing



— Pls Refer to the police report: T/2020129/2027. —

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220129/2027

1 of 3

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

Report No. T/20220129/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2022 12:20		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: FOO XIAN LING			Address: APT BLK 137 LORONG AH SOO #05-538 SINGAPORE 530137		
ID Type / ID No.: NRIC NO / S8947060I			Contact No.: Home/Office: Mobile: 91995372		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 32	Date of Birth: 30/12/1989	Type of Informant: Driver		
Race: Chinese		Language:		Institution / School Name:	
Occupation: Bank Compliance Officer		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2022 15:50	Type of Location: X-Junction
Location: ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKK9545Y	Car					0
SLK2478S	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220129/2027

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

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Report No: T/20220129/2027

CONTINUATION OF REPORT

Driver			
Name	Mr Lin	ID No.	NIL
Related Vehicle	SKK9545Y (Car)	Contact No.	93381865
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
Driver			
Name	FOO XIAN LING	ID No.	S89470601
Related Vehicle	SLK2478S (Car)	Contact No.	91995372
Hospital/Clinic	LO & LEE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2022	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 28/01/2022 at around 1550hrs, I was driving my vehicle (SLK2478S) along Orchard Road towards Plaza Sing at the third lane. As I was approaching the traffic light, the traffic light changed colour and as such I decided to slow down and stop my vehicle when suddenly one vehicle bearing (SKK9545Y) hit me from behind.

Both me and the other driver alight from the vehicle and exchange both of our contacts and we drove off thereafter.

No traffic Police nor Ambulance was on scene.

I wish to state that I have a front facing in-car camera installed only.

I then proceeded to see the doctor on the 29/01/2022 and was given a 3-days MC.



**SINGAPORE
POLICE FORCE**



T/20220129/2027

Police Station Of Origin:
Paya Lebar NPP
114 Hougang Avenue 1 #01-1270
SINGAPORE 530114
Tel No: 1800-2899999

3 of 3

Report No. T/20220129/2027

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
F/
SGT 1 Tan Jun Hao Derek

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Signature Of Informant:

Date/Time:
29/01/2022 12:20

Classification Of Case:

Authentication Stamp
NP168



Signature

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 01 / 2022 (DD/MM/YYYY), TIME: 15 : 50 (HH:MM)

LOCATION: Orchard Road towards Plaza Sing

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 24785
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 29148059 ATD
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Corolla Auto/manual (1598cc)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ting Wen Jun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 8808746 A CONTACT: 9005 1780
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Foo Xian Ling (MALE / FEMALE) 9199 5372
 b) NRIC/FIN/PASSPORT: S8947060 I CONTACT: 9199 5372
 c) ADDRESS: Blk 137 Lorong Ah Soo #05-538 (S) 530137

* d) DATE OF BIRTH: 30 / 12 / 1989 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 17/06/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) YES

7. a) REPORTED TO POLICE (YES/NO) YES driver (neck pain)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKK 9545 Y MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9338 1865

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = kscgp8@gmail.com / sinhocklee@yahoo.com.sg

fax = _____

VIDEO = Yes (with workshop)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

**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

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.X.1
Individual Ownership

Toyota DriveElite 360
Comprehensive

Certificate No. A 29148059 AT2

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLK2478S

2. Name of Policyholder

Ting Wen Jun

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

11/01/2022

4. Date of Expiry of Insurance

10/01/2023

5. Persons or Classes of Persons entitled to drive*

Ting Wen Jun

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 our authorised workshops. 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

for Chief Executive Officer