

NATIONAL Assessment Centre Services:

(wef 1 Jan 02)

SL00226R0001

Date In: 27/06/2022 11:40	Job description	Date & Time Completed	Done by
Ref No: CBA/MSG220060754	SAS e-filing		
Veh No: SLA 4057G	E-mail (within 2hrs, A/C 2hrs)		
D.O.A: 24/06/2022 08:50	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
	1-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: X 9735Z	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:	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:	Ball	Wksp
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jun 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
C Checked by (Engr-In-Charge):	*N3: 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: Idao 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	27/06/2022 11:40 (SGT)
Reported by	Both
Date of Accident	24/06/2022 08:50 (SGT)
Exact Location of Accident	W Coast Hwy, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4657G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHO WEI YEE
NRIC No	SXXXX709E
Email Address	tschew77@hotmail.com
Mobile Phone No	(Phone) +65-97434118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Tiguan
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	1390

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300272369 QMY

DRIVER

Name of Driver	CHEW TAN SENG (ZHOU CHENSHENG)
NRIC No	SXXXX309G
Date Of Birth	23/01/1977
Occupation	Indoor

Date Of Driving Pass	08/12/2009
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97434118
Alt. Phone Number	-
Email Address	tschew77@hotmail.com
Address	21 FORT ROAD #09-03
Address complement	-
Postcode	439089
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	AFTER RAIN
Road Surface	Wet

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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/20220624/7018

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9735Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	XD1456G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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	CHEW TAN SENG (ZHOU CHENSHENG)
Gender	Male
Phone No	(Phone) +65-97434118
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLA4657G
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.

x 

Policyholder's Signature / Date & Time

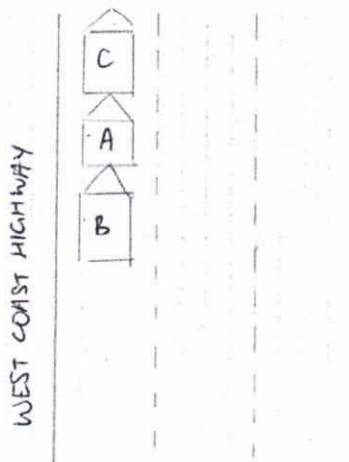


Driver's Signature (If driver is not the policyholder) / Date & Time

 27/06/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) SLA4657G

(B) XD9735Z

(C) XD1456G

Describe Circumstances of the Accident

I WAS TRAVELLING ALONG WEST COAST HIGHWAY ON THE EXTREME
LEFT HAND LANE. THE VEHICLE IN FRONT SLOWED DOWN AND CAME TO
A STOP. I FOLLOWED TO SLOW DOWN AND STOP. SUDDENLY, I FELT AN
IMPACT ~~AND~~ FROM THE REAR. THE IMPACT CAUSED MY VEHICLE TO
SURGE FORWARD AND COLLIDE ONTO THE VEHICLE IN FRONT.
I FELT UNWELL AND VISITED THE CLINIC AND WAS GIVEN 3
DAYS MC.

POLICE REPORT 7/20220624/1018

Declaration


We declare the foregoing particulars are true in every respect.

x 

Policyholder's Signature / Date & Time



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

 27/06/2022
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220624/7018

1 of 3

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

Report No. T/20220624/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2022 12:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEW TAN SENG			Address: 21 FORT ROAD #09-03 SINGAPORE 439089		
ID Type / ID No.: NRIC NO / S7702309G			Contact No.: Home/Office:		Mobile: 97434118
Nationality: SINGAPORE CITIZEN			Email: TSCHEW77@HOTMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 23/01/1977	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: ENGINEER		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/06/2022 08:50	Type of Location: Bridge
Location: WEST COAST HIGHWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLA4657G	Car					0
XD1456G	PRIME MOVER WITH TRAILER					0
XD9735Z	PRIME MOVE WITH TRAILER					0



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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHEW TAN SENG	ID No.	S7702309G
Related Vehicle	SLA4657G (Car)	Contact No.	97434118
Hospital/Clinic	BOK FAMILY CLINIC PTE LTD	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2022	Date	24/06/2022
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I was travelling along West Coast Highway on the extreme left lane.
The vehicle in front of me slowed down and came to a stop.
I followed to slow down and stop.
Suddenly, I felt an impact from the rear.
The impact caused my vehicle to surge forward and collide onto the vehicle in front.

I felt unwell and visited Bok Family Clinic and was given 3 days MC (24.06.22 TO 26.06.22)



**SINGAPORE
POLICE FORCE**



T/20220624/7018

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

3 of 3

Report No. T/20220624/7018

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
24/06/2022 12:14

Classification Of Case:

Email: sm@idac.com.sg Tel no: 6555 6888

*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

Date of Accident: 24 / 06 / 2022 (dd/mm/yy)

Time of Accident: 03 : 50 (24-HR-FORMAT)

Vehicle No.: SLA4657G Vehicle Make & Model / Engine (cc): VOLKSWAGEN TIGUAN Private Hire: (Y/N)

Exact location of Accident: WEST COAST HIGHWAY

Policyholder's Name / IC No.: KHO WEI YEE S7524709E ROC/UEN (Company):

Driver's Name / IC No.: CHEW TAN SENG (ZHOU CHENSHENG) S7702309G (As Above) ☐

Driver's Contact No.: 9743 4118 Company Contact No / Owner Contact No:

Driver's Address: 21 FORT ROAD #09-03 SINGAPORE 439039

Owner Email address: teshow77@hotmail.com Insurance Company: MSIG

Driver Email address:

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner (Spouse) / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:

What do you wish to claim? (Please **TICK** one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle
Was being used at time of accident?

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

☒ Private use / ☐ Work purpose

*No. of Passengers (Including Driver): 1

*Passenger Name:

Gender: Male / Female x()

*Passenger Name:

Gender: Male / Female x()

Weather condition & Road conditions? (On the day of accident)

☐ Clear & Dry / ☐ Raining & Wet / ☒ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No Remarks:

Any Injuries: ☒ Yes / ☐ No (If YES) Injured Person's Name: DRIVER

Injuries Sustain: Injured Person in Which Vehicle: SLA4657G

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: TRAFFIC POLICE (ONLINE)

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: XD9735Z (B)

Driver's Contact No: Insurance Company:

2. Driver's Name / IC No (If Any): Vehicle No: XD1456G (C)

Driver's Contact No: Insurance Company:

*Independent Witness (If Any): Contact No:

Preferred Workshop Name: Contact No:

**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 **MSIAAD** 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 300272369 QMY**

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLA4657G
2. Name of Policyholder
Kho Wei Yee
3. Effective Date of the Commencement of Insurance for the purposes of the Act
01/03/2022
4. Date of Expiry of Insurance
28/02/2023
5. Persons or Classes of Persons entitled to drive*
Kho Wei Yee

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 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

Mack Eng
Chief Executive Officer