

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 25/07/22	Job description	Date & Time Completed	Done by
Ref No: CA/ms622007039/13	SAS e-filing		
Veh No: SLQ7227K	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 22/07/22 0205	i-Motor Claim Form		
OD: (TP) Reporting Only	i-Motor W/O (Within: OP 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMP 4642M 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 (\$)	Amt (\$)
		1st Bill	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		
	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:-		
	OP*		
	*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 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	25/07/2022 15:04 (SGT)
Reported by	Driver
Date of Accident	22/07/2022 02:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF HOUGANG AVE 3 & UPP SERANGOON RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7227K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	KHOO SENG THIAM
NRIC No	SXXXX545H
Email Address	st.khoo44@gmail.com
Mobile Phone No	(Phone) +65-97282688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Rx300
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	1998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 29133109 ALM

DRIVER

Name of Driver	KAREN KHOO POH MAN
NRIC No	SXXXX950G
Date Of Birth	14/09/1996
Occupation	Indoor

Date Of Driving Pass	30/07/2016
Driving experience	6 YEARS
Gender	Female
Mobile Number	(Phone) +65-91687191
Alt. Phone Number	-
Email Address	khodkaren@yahoo.com
Address	63 PASIR RIS GROVE
Address complement	#15-05
Postcode	518216
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Side Swipe
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)	2
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	-

PASSENGER 1

Name	NICOLE TAN MEI JUN
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

PLS REFER TO THE POLICE REPORT

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	SMP4642H
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	KAREN KHOO POH MAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SLQ7227K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	NICOLE TAN MEI JUN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	SLQ7227K
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

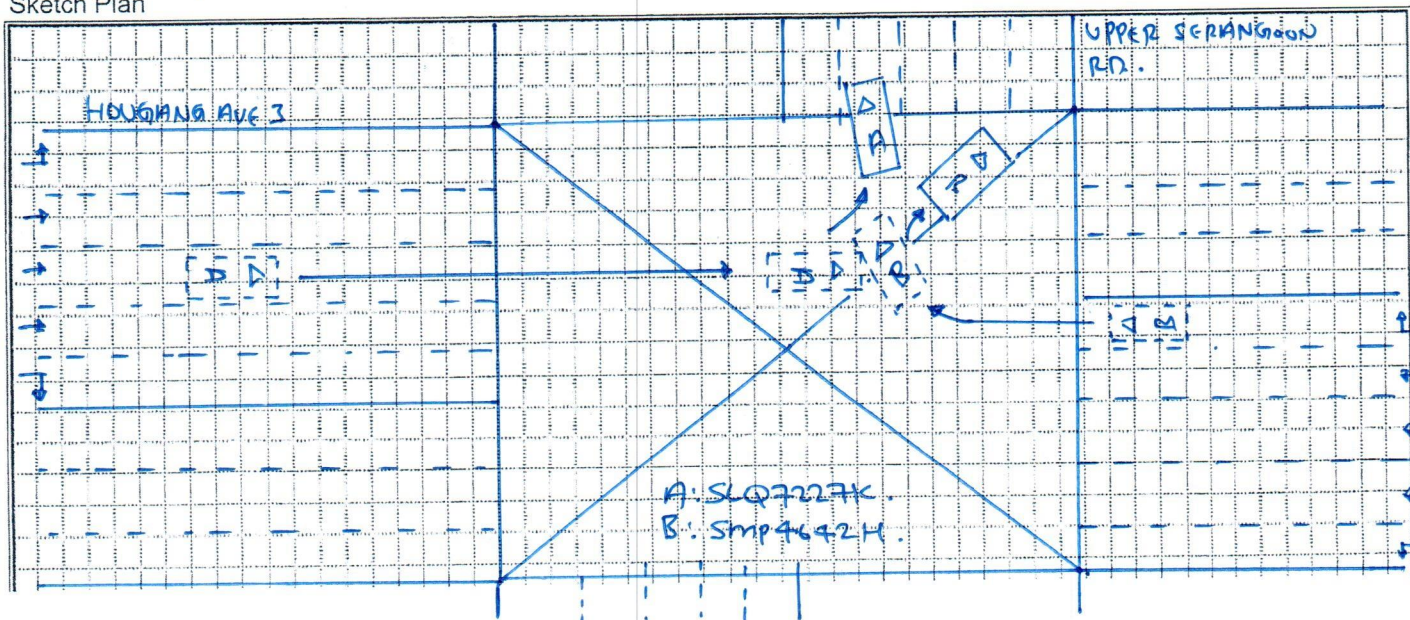
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



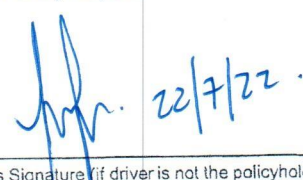
Describe Circumstance of the Accident

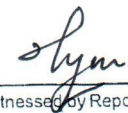
PLEASE REFER TO POLICE REPORT.

Declaration

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

 22/7/22
Policyholder's Signature / Date & Time

 22/7/22
Driver's Signature (if driver is not the policyholder) / Date

 25/07/22
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20220722/7003

1 of 3

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

Report No. T/20220722/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/07/2022 06:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KAREN KHOO POH MAN			Address: 63 PASIR RIS GROVE #15-05 SINGAPORE 518216		
ID Type / ID No.: NRIC NO / S9671950G			Contact No.: Home/Office: Mobile: 91687191		
Nationality: SINGAPORE CITIZEN			Email: KHOOKAREN@YAHOO.COM		
Sex: Female	Age: 25	Date of Birth: 14/09/1996	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: CABIN CREW		Driving Licence Information: Class: 3A Date of Expiry:			

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/07/2022 02:05	Type of Location: X-Junction
Location: TAMPINES ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLQ7227K	Car					0
SMP4642H	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220722/7003

2 of 3

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

Report No. T/20220722/7003

CONTINUATION OF REPORT

Passenger				
Name	NICOLE TAN MEI JUN		ID No.	S9638040B
Related Vehicle	SLQ7227K (Car)		Contact No.	96239767
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: ,3A Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Serious
Driver				
Name	KAREN KHOO POH MAN		ID No.	S9671950G
Related Vehicle	SLQ7227K (Car)		Contact No.	91687191
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	05		Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG HOUGANG AVE 3.
THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR.

SMP4642H WAS COMING FROM THE OPPOSITE DIRECTION AND WAS MAKING A
DISCRETIONARY RIGHT TURN WITHOUT THE GREEN ARROW SHOWING FROM HOUGANG AVE 3
TOWARDS UPPER SERANGOON RD AND HIT ONTO MY VEHICLE.

I FELT PAIN AFTER THE ACCIDENT AND WENT TO THE DOCTOR AND WAS GIVEN 5 DAYS OF
MEDICAL LEAVE.



**SINGAPORE
POLICE FORCE**



T/20220722/7003

3 of 3

Report No. T/20220722/7003

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

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 /
VILTON HIA WEE SIANG
Contact No.: 65476232

Signature Of Informant:

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

Date/Time:
22/07/2022 06:11

Classification Of Case:

Revo

22/07/22 Police report

VEHICLE NO: SLQ222AK.

MAKE & MODEL: Lexus Rx300.

AUTO / MANUAL

DATE OF ACCIDENT	22 / 07 / 22.	C.C.
TIME OF ACCIDENT	0205.	AM / PM
LOCATION OF ACCIDENT	JUNCTION OF HOUSANG AVE 3 & UPPER SERANGGORN RD.	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	KHOO SENG THIAM	
EMAIL	ST. Khoo44@gmail.com	OFFICE: MOBILE: 9728 2688.
NRIC	S7073545H	
CLAIM TYPE	OD / THIRTY PARTY / REPORTING ONLY	
FLEET POLICY	YES / NO?	
INCURANCE CO.	MS16.	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	A29133109ALM.	
NAME OF DRIVER	AS ABOVE / IF NO: KAREN KHOO POH MAN	
NRIC	S9671950G.	
DATE OF BIRTH	14 / 09 / 96	
ANY PASSENGER	YES / NO:	
NAME OF PASSENGER	NICOLE TAN MEI JUN.	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor.	
DATE OF DRIVING PASS	30 / 07 / 16.	
GENDER	MALE / FEMALE	
CONTACT NO.	Mobile: 9168711	Office: Home:
EMAIL	KHOO.KAREN@YAHOO.COM.	
ADDRESS	63 PASIR RIS GROVE #15-05 SC518216).	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No: INSURE: -	
RELATIONSHIP	Employee / If No: PARENT.	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / Wet / Other:	
ANY INJURIES	No / If yes, Who? DRIVER & PASSENGER.	
CONTACT NO.		
POLICE REPORT	NO / If yes, Where?	
NOTICE OF INTENDED PROSECUTION?	NO / If yes, Who?	
VEHICLE B NO.	SMV4642H.	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?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
WHO IS REPORTING	DRIVER/ OWNER/ BOTH.	
Original Language Used	English/ Mandarin/ Others:	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / 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

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

Lexus DriveElite2
Comprehensive

Certificate No. A 29133109 ALM

Excess: SGD1,500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SLQ7227K

2. Name of Policyholder
Khoo Seng Thiam

3. Effective Date of the Commencement of Insurance for the purposes of the Act
14/08/2021

4. Date of Expiry of Insurance
13/08/2023

5. Persons or Classes of Persons entitled to drive*

Khoo Seng Thiam
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

Joey
for Chief Executive Officer

JLZY202107091334