

NTUC Assessment Centre Services

| | | | |
|---|--|-----------------------|---------|
| Date: 25/11/2022 | Description | Date & Time Completed | Done by |
| Ref: CA/MSG 22011881/14 | SAS e-filing | | |
| Ref: SJY 4175 M | E-mail (with status MP 200) | | |
| Date: 24/11/2022 1030 | e-Motor Claim Form | | |
| Q: <input checked="" type="checkbox"/> Reporting Unit | e-Motor W/O (within 90 Days IP 400) | | |
| IP Insurer | i-Photo Uploaded | | |
| | Assessment Survey Report | | |
| | Ass't Report by Fax / Hand to Owner / Wksp | | |

| | | |
|--|------------------------------------|---------------------|
| Preferred Wksp / INC Assign Wksp / QW. () | Tel: () | Fax: () |
| IP Particulars: | Veh No: FZ 8181 A | 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 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT : Follow-Through Survey \$120 | | | |
| Auditors' Comments :- | 5) rT : Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 19 Jan 2015) | | | |
| | 6) TR : Re-inspection \$75 | | | |
| | 7) N1 : 1st DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| | Q1: | | | |
| | *N5: Courtesy Car / Tpt Allowance \$5 | | | |
| | *N6: Repair Co-ordination \$10 | | | |
| | *N7: Post Repair Inspection \$25 | | | |
| | *N8: DV / Collect Excess Coordination \$5 | | | |
| | IP (N11): IP (Non-INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile \$0 | | | |
| Cat 1: | Invoice total | 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 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 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 | 25/11/2022 16:33 (SGT) |
| Reported by | Both |
| Date of Accident | 24/11/2022 10:30 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | CLUB STREET PARKING LOT |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SJY4175M |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|-------------------------|
| Is company? | No |
| Name Of Registered Owner | ANG CHEE KHENG |
| NRIC No | SXXXX933F |
| Email Address | charlieong815@gmail.com |
| Mobile Phone No | (Phone) +65-97919275 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Harrier |
| 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 | 1986 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | A300656673QMY |

DRIVER

| | |
|----------------|----------------|
| Name of Driver | ANG CHEE KHENG |
| NRIC No | SXXXX933F |
| Date Of Birth | 14/04/1977 |
| Occupation | Outdoor |

Date Of Driving Pass 18/10/1998
 Driving experience 24 YEARS AND 1 MONTH
 Gender Male
 Mobile Number (Phone) +65-97919275
 Alt. Phone Number -
 Email Address charlieong815@gmail.com
 Address BLK 317 JURONG EAST STREET 31 #03-10
 Address complement -
 Postcode 600317
 Is the driver the policyholder? Yes
 If No, Relationship of the Driver with the Insured -
 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 Hit and run / Vandalism / Damaged whilst parked
 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? No
 Was any injured conveyed to hospital by ambulance? -
 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 ATTACHED REPORT

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 VIDEO WITH WORKSHOP

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FZ8181A
 Vehicle Manufacturer -
 Vehicle Model -

| | |
|---|------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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) | - |

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**")

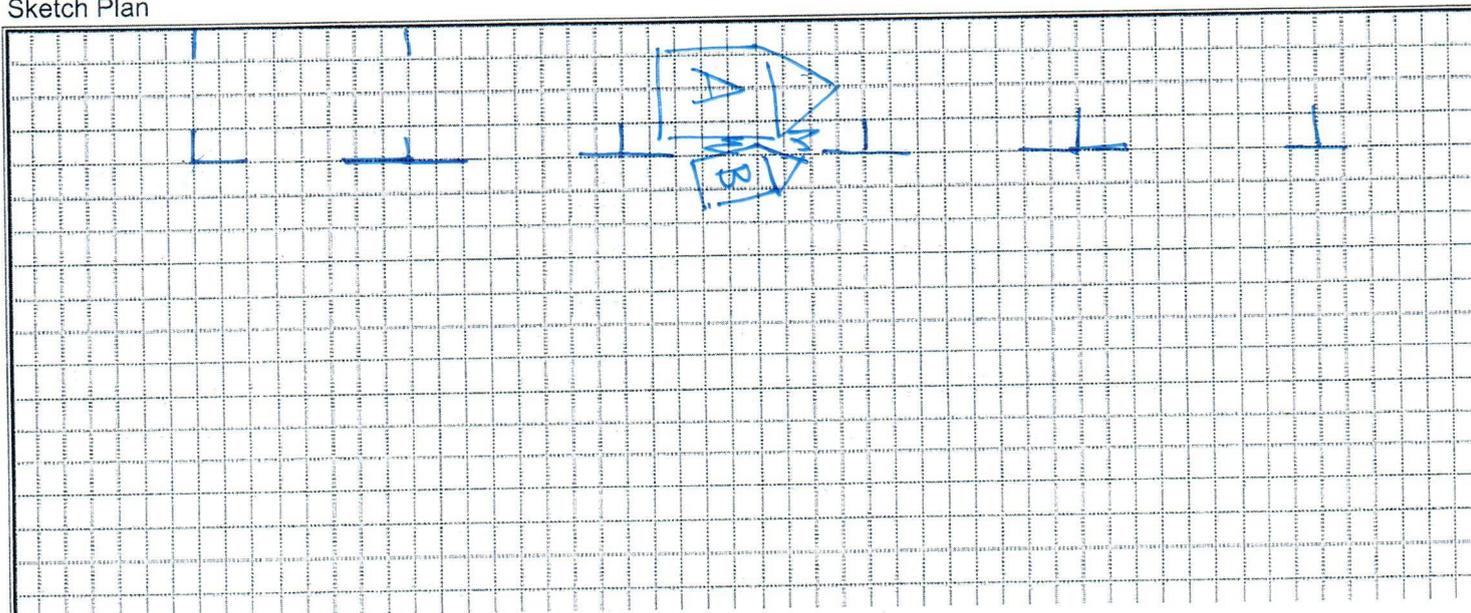
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

At the above date and time of accident my car was parked in the parking lot along club street, After I came back to collect car I notice my front right portion of my car was damage i did a check on my incar camera a video show that a motor bike have caused the damage while he stopped beside my car and lost balance of his motorbike and the bike falled hit onto my car, After the accident the bike just left the scene without leaving a note.

Declaration

I/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

25/11/2022

Witnessed by Reporting Centre Personnel



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

Report No. T/20221125/7179

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 25/11/2022 15:59 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

Informant's Particulars

| | | | |
|--|------------|---|-------------------------------------|
| Name of Informant: ANG CHEE KHENG | | Address: 317 JURONG EAST STREET 31 #03-10 SINGAPORE 600317 | |
| ID Type / ID No.: NRIC NO / S7709933F | | Contact No.: Home/Office: | Mobile: 97919275 |
| Nationality: SINGAPORE CITIZEN | | Email: jovinang@yahoo.com.sg | |
| Sex: Male | Age: 45 | Date of Birth: 14/04/1977 | Type of Informant: Vehicle Owner |
| Race: Chinese | | Language: English | Institution / School Name: |
| Occupation: | | Driving Licence Information: Class: | Date of Expiry: |

General Information of the Accident

| | | | |
|---|------------------------------------|--|-------------------------------------|
| Type of Accident: Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 24/11/2022 10:30 | Type of Location: Car Park |
| Location: CLUB STREET | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------------|------|-------|-------|----------|-------|
| FZ 8181A | Motorcycle | | | | | 0 |

Details of Person Involved

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



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

CONTINUATION OF REPORT

| Vehicle Owner | | | |
|-----------------------------------|----------------|-----------------------------------|-----------------------------------|
| Name | ANG CHEE KHENG | ID No. | S7709933F |
| Related Vehicle | NIL | Contact No. | 97919275 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

On the above date and time of accident my car was parked in the parking lot along club street ,when I come back to collect my car I notice my front right of the car was damaged ,I then look through my in car camera video and found out that a bike FZ8181A have stopped beside my car and lost balance of his bike as the bike fell and hit onto my car , the rider left the scene after that

I has the video clip



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

Report No. T/20221125/7179

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

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

Date/Time:
25/11/2022 15:59

Classification Of Case:

VEHICLE NO: SGT475MMAKE & MODEL: Toyota Harrier AUTO / MANUAL

| | | |
|--|---|-------------------------|
| DATE OF ACCIDENT | <u>24 / 11 / 2022</u> | <u>2.0</u> C.C. |
| TIME OF ACCIDENT | <u>10.30</u> | <u>AM</u> / PM |
| LOCATION OF ACCIDENT | <u>Club street Parkings lot</u> | |
| EXACT PURPOSE USED AT TIME OF ACCIDENT | EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE | |
| NAME OF OWNER | <u>Ang chee Kheng</u> | |
| EMAIL | OFFICE: | MOBILE: <u>97919275</u> |
| NRIC | <u>S7709933F</u> | |
| CLAIM TYPE | OD / <u>THIRTY PARTY</u> / REPORTING ONLY | |
| FLEET POLICY | YES / <u>NO</u> | |
| INCURENCE CO. | <u>MSIG</u> | |
| TYPE OF COVERAGE | <u>Comprehensive</u> / Third Party / Third Party Fire & Theft | |
| POLICY NO. | <u>A300656673 QMY</u> | |
| NAME OF DRIVER | <u>AS ABOVE</u> / IF NO: | |
| NRIC | <u>S7709933F</u> | |
| DATE OF BIRTH | <u>14 / 04 / 1977</u> | |
| ANY PASSENGER | YES / <u>NO</u> : | |
| NAME OF PASSENGER | — | |
| GENDER OF PASSENGER | MALE / FEMALE | |
| OCCUPATION | <u>Outdoor</u> / Indoor | |
| DATE OF DRIVING PASS | <u>18 / 10 / 1995</u> | |
| GENDER | <u>MALE</u> / FEMALE | |
| CONTACT NO. | Mobile: <u>97919275</u> | Office: Home: |
| EMAIL | | |
| ADDRESS | <u>Blk 317 Jurong East St 31 #03-10</u> | |
| DOES DRIVER OWN OTHER VEHICLES? | <u>NO</u> / If yes, Reg No: | INSURE: |
| RELATIONSHIP | Employee / If No: <u>owner</u> | |
| WEATHER CONDITION | <u>Clear</u> / Raining / Other: | |
| ROAD SURFACE | <u>Dry</u> / Wet / Other: | |
| ANY INJURIES | <u>No</u> / If yes, Who? | |
| CONTACT NO. | | |
| ROLICE REPORT | No / If yes, Where? | |
| NOTICE OF INTENDED PROSECUTION? | No / If yes, Who? | |
| VEHICLE B NO. | <u>FZ 8181A</u> | Any Passenger: <u>0</u> |
| 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? | YES / <u>NO</u> | |
| SCENE ACCIDENT PHOTOS TAKEN? | YES / <u>NO</u> | |
| WHO IS REPORTING | <u>DRIVER/ OWNER/ BOTH</u> | |
| Original Language Used | <u>English</u> / Mandarin / Others: | |
| Have you been approach by unknown person soliciting (s) / offering accident claims assistance? | YES / NO | |

waiting for police report



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 300656673 QMY

Excess : SGD700

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SGY4175M

2. **Name of Policyholder**
Ang Chee Kheng

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
31/08/2022

4. **Date of Expiry of Insurance**
30/08/2023

5. **Persons or Classes of Persons entitled to drive***
Ang Chee Kheng

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

Mack Eng
Chief Executive Officer