

NATIONAL Assessment Centre Services

(Tel: 1-800-221-4000)

SL07-28140002

Date In: 28/01/2023 18:29	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CBA/M86220008967	E-moll (within 3hrs, AIC 2hrs)		
Veh No: SL 5853K	I-Motor Claim Form		
D.O.A: 28/01/2023 18:25	I-Motor W/O (Within: OD 2hrs, TP 1hr)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Yeh No: JIU 2965	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 repeller.
 () 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

Customer's Particulars	Invoice Preparation Checklist	Fee	Remarks
Driver/Owner:	1) AR: Accident Reporting (\$35)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$35)	
Damaged Portion:	3) TP: Towing Fee	\$30/\$45	
Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$150	
Comments:	5) PT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Roadside Repair	\$75	
	7) NI: Issue DA, P-SMRT Survey	\$140	
	8) NIUC Additional Services		
	9) NI: Issue DA, P-SMRT Survey	\$140	
	10) NI: Issue DA, P-SMRT Survey	\$140	
	11) NI: Issue DA, P-SMRT Survey	\$140	
	12) NI: Issue DA, P-SMRT Survey	\$140	
	13) NI: Issue DA, P-SMRT Survey	\$140	
	14) NI: Issue DA, P-SMRT Survey	\$140	
	15) NI: Issue DA, P-SMRT Survey	\$140	
	16) NI: Issue DA, P-SMRT Survey	\$140	
	17) NI: Issue DA, P-SMRT Survey	\$140	
	18) NI: Issue DA, P-SMRT Survey	\$140	
	19) NI: Issue DA, P-SMRT Survey	\$140	
	20) NI: Issue DA, P-SMRT Survey	\$140	
	21) NI: Issue DA, P-SMRT Survey	\$140	
	22) NI: Issue DA, P-SMRT Survey	\$140	
	23) NI: Issue DA, P-SMRT Survey	\$140	
	24) NI: Issue DA, P-SMRT Survey	\$140	
	25) NI: Issue DA, P-SMRT Survey	\$140	
	26) NI: Issue DA, P-SMRT Survey	\$140	
	27) NI: Issue DA, P-SMRT Survey	\$140	
	28) NI: Issue DA, P-SMRT Survey	\$140	
	29) NI: Issue DA, P-SMRT Survey	\$140	
	30) NI: Issue DA, P-SMRT Survey	\$140	
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	96) NI: Issue DA, P-SMRT Survey	\$140	
	97) NI: Issue DA, P-SMRT Survey	\$140	
	98) NI: Issue DA, P-SMRT Survey	\$140	
	99) NI: Issue DA, P-SMRT Survey	\$140	
	100) NI: Issue DA, P-SMRT Survey	\$140	

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	30/01/2023 18:20 (SGT)
Reported by	Both
Date of Accident	28/01/2023 18:25 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5353K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TUNG YEW MENG
NRIC No	SXXXX724I
Email Address	alex.seamonsta@gmail.com
Mobile Phone No	(Phone) +65-96790976
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Outback
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	2498

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300597340 QMY

DRIVER

Name of Driver	TUNG YEW MENG
NRIC No	SXXXX724I
Date Of Birth	21/12/1964
Occupation	Outdoor

Date Of Driving Pass	01/10/1986
Driving experience	36 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96790976
Alt. Phone Number	-
Email Address	alex.seamonsta@gmail.com
Address	37 PUNGGOL FIELD #08-30
Address complement	-
Postcode	828809
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	Collision - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	4
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JTU2965
Vehicle Category	Motorcycle

PASSENGER 1

Name	JUNE
Gender	Female

PASSENGER 2

Name	DARRYL
Gender	Male

PASSENGER 3

Name	SAMUEL
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20230128/7065

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JTU2965
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

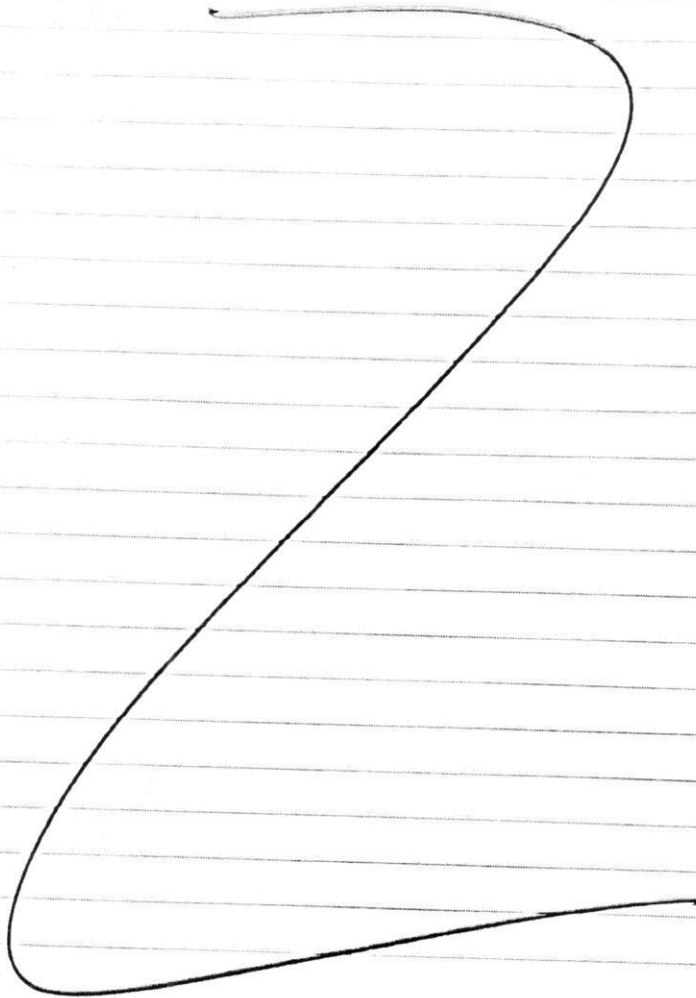
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Hand-drawn sketch plan on a grid background. It shows two vehicles, labeled A and B, with their respective license plate numbers. Vehicle A is a SLI 5353K and Vehicle B is a JTA 2965. An arrow points from vehicle A to vehicle B, labeled 'TPE -> SLE'.

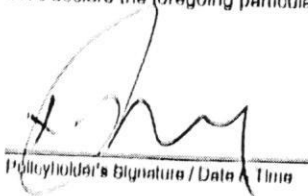
Describe Circumstances of the Accident

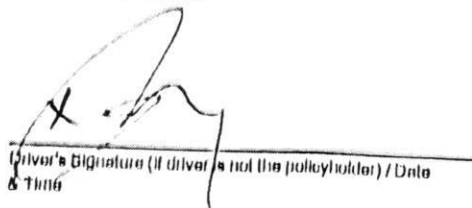
Refer to police report no. F/20230128/7065

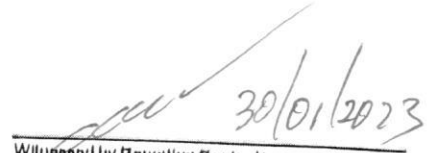


Declaration

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 & Time

 30/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



SINGAPORE POLICE FORCE



F/20230128/7065

1 of 2

POLICE REPORT (NP299)

Report No. F/20230128/7065

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 28/01/2023 23:23	Vide Report No.	Station Diary No.
Name Of Informant TUNG YEW MENG	Address 37 PUNGGOL FIELD #08-30 SINGAPORE 828809	
ID Type / ID No. NRIC NO / S1647724I	Contact No. Home/Office: Mobile: 96790976	
Nationality SINGAPORE CITIZEN	Email Address ALEX.SEAMONSTA@GMAIL.COM	
Occupation Sports coach	Sex Male	Age 58
Institution/School Name	Date of Birth 21/12/1964	Race Chinese
Date/Time Of Incident 28/01/2023 18:25 - 28/01/2023 18:30	Location Of Incident TPE 10KM	

Brief details.

Along TPE towards the direction of SLE after the Sengkang East Road exit. A Malaysian motorist riding a Malaysian plate motorcycle JTU2965 skidded , its pillion rider knocked into the rear of my car which caused some damages to my car rear (SLD5353K). A traffic police report have been lodged with case number F/20230128/0175.

Subjects Involved	
Suspect	
Person Name	Taufiq Bin Mohamad Noh

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2023 23:23
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230128/7065

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230128/7065

ID Type	FIN NO	ID No	G3878721M
Gender	Male	Age	28-29
Race	Malay	Language	Malay
Mobile No	98641438		
Victim			
Person Name	TUNG YEW MENG		
ID Type	NRIC NO	ID No	S1647724I
Gender	Male	Age	58
Race	Chinese	Language	English
Occupation	Sports coach	Address	37 PUNGGOL FIELD #08-30 SINGAPORE 828809
Mobile No	96790976	Is Informant A Victim?	Yes
Person Name	TUNG YEW MENG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
28/01/2023 23:23

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: 28/01/2023 (dd/mm/yy) Time of Accident: 18:25 (24-HR-FORMAT)

Vehicle No.: SLD5353K Vehicle Make & Model / Engine (cc): Subaru outback Private Hire: (Y/N)

Exact location of Accident: TPE (SLE)

Policyholder's Name / IC No.: Tung Yew Meng ROC/UEN (Company): S1647724I

Driver's Name / IC No.: _____ (As Above) ☒

Driver's Contact No.: 96790976 Company Contact No / Owner Contact No: _____

Driver's Address: 37 Punggol Field #08-30 S (828809)

Owner Email address: alex.seamonsta@gmail.com Insurance Company: _____

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?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☐ Indoor ☒ Outdoor

***No. of Passengers (Including Driver):** 4

*Passenger Name: June Gender: Male / ~~Female~~ x()

*Passenger Name: Darryl Gender: Male / ~~Female~~ x()

*Passenger Name: Samuel 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: unknown

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☒ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No: _____ Vehicle No: 3TD2965

Driver's Contact No: _____ Insurance Company: _____

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

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 **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 300597340 QMY

Excess : SGD1,000

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SLD5353K

2. **Name of Policyholder**
Tung Yew Meng

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
22/06/2022

4. **Date of Expiry of Insurance**
21/06/2023

5. **Persons or Classes of Persons entitled to drive***
Tung Yew Meng, Tung Jun Xian Darryl

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