

Date In: 21/11/17 14:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/MSG 170212181/h4	E-mail: within 8hrs. A/C 2hrs		
Veh No: SKL 9810 B	I-Motor Claim Form		
D.O.A: 20/11/17 07:30	I-Motor W/O (within 8hrs. OD 2hrs. TP 4hrs)		
OD TP: <u>Preparing Only</u>	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: SJY 7643 P	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

MA1707188	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$20)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)		
Contact No:	3) TF: Towing Fee \$40 \$40		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (Ref 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: 1 day DA - SMRT Survey \$180		
	8) NTUC Additional Services -		
QC Checked by (Engr-In-Charge):	OD:		
	*NI: Courtesy Car / Tpt Allowance \$5		
	*NI: Repair Co-ordination \$10		
	*NI: Post Repair Inspection \$10		
	*NI: DW / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (Nil): TP (Nil) - INC against INC \$0		
	9) NI: 1 day Motor \$0		
	Invoice dated: / Fee charged:		
	Invoice raised: / 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 ability.
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 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 Report	21/11/2017 14:28
Date Of Accident	20/11/2017 07:30
Exact Location Of Accident	WOODLANDS AVE 1 TURN TO WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL9810B
Insured/Policyholder	
Name Of Registered Owner	CHEN HUI
NRIC No	S8874874C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91143839
Alternative Phone No	OFFICE-91143839

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VELOSTER-1.6 FS (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	-
Cover Note Number	51500466

Driver

Name of Driver	CHEN HUI
NRIC No	S8874874C
Date Of Birth	17/11/1988
Occupation	INDOOR
Date Of Driving Pass	19/05/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91143839
Fax Number	
Contact Number	OFFICE-91143839
EMail Address	NOEMAIL

Address	BLK 515 WOODLANDS DR 14 #07-141
Postcode	730515
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING ALONG WOODLANDS AVE 1 AT THE SLIP RD TURNING TO WOODLANDS AVE 2. VEH B (BEARING NO SJV7643P) WAS TRAVEL INFRONT OF ME. WHEN I CHECKING ON MY RIGHT SIDE BLIND SPOT. SUDDENLY VEH B STOPPED, I MANAGE MY BRAKE BUT CANNOT STOP IN TIME, AS THE RESULT, COLLIDED ONTO THE VEH B REAR PORTION. NO DAMAGE FOR OUR BOTH VEH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV7643P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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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**.
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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 lodgment 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:

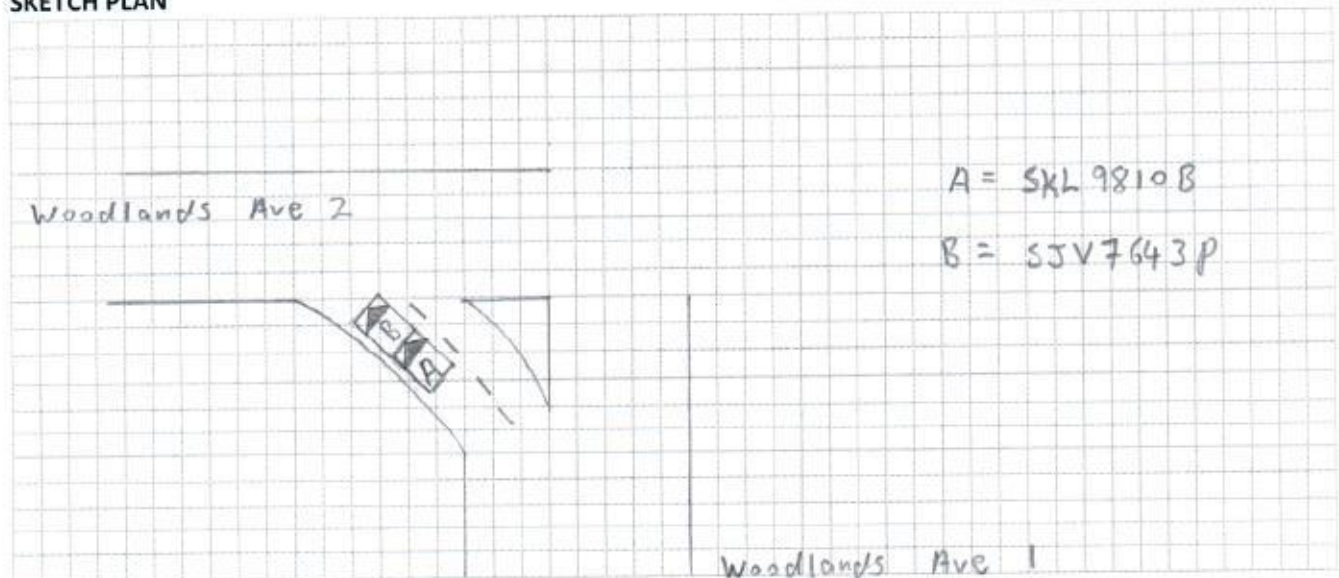
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8874874C**

Name: **CHEN HUI**

Birth Date: **17 Nov 1988**

Issue Date: **19 May 2011**

001965072B



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8874874C**

Name: **CHEN HUI**

陈 辉

Race: **CHINESE**

Date of birth: **17-11-1988**

Sex: **M**

Country of birth: **CHINA**

88574874C




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: **19 May 2011**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

1R510

4F0224258056

001965072B

Licence No: **S8874874C**

NP 428A

4751561

NRIC No: **S8874874C**

Date of Issue: **27-07-2011**

Address: **APT BLK 515 WOODLANDS DRIVE 14
#07-141
SINGAPORE 730515**




MOTOR INSURANCE COVER NOTE**Cover Note No. 51500466**

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 156354
Name of Insured : CHEN HUI
Make and Description of Vehicle : HYUNDAI VELOSTER FS 1.6 GDI DCT ABS D/AB SR 4DR
Vehicle Registration No. : SKL9810B
Year of Manufacture : 2012
Engine No. : G4FDCU416702
Chassis No. : KMHTC61DVVDU123403
Capacity : 1,591 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 01/11/2017 to 14/01/2018
Excess (SGD) : 1,500
Finance Company : TOKYO CENTURY LEASING (S) PTE LTD

I/We hereby certify that this Covering note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative

JIN LI PTE LTD
2 Kallang Avenue #08-10
CT Hub (S1339407)
Off : 6444 4116
Fax : 6444 0010

Jin Li Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers



Amy Ler
Senior Vice President, Agencies

Date of Issue : 01/07/2017

This covering note is valid for 30 days from the date of issue.