

Date In: 27/11/2017 17:50	Job description	Date & Time Completed	Done by
Ref No: NBA/MS417022571/4	SAS e-billing		
Veh No: SLG 7138H	E-mail (outside area, A/C other)		
D.O.A: 26/11/2017 11:30	4-Motor Claim Form		
OD / TP & Reporting Only	1-Motor W/O (with 100 other, TP survey)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: FU 353A	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 Customers: 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: UNP outline 5788 GCL 51	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

NH1707343	Invoice Preparation Checklist	Y/N	Y/N
Human's Particulars:	1) AR: Accident Reporting (\$30)		
river/Owner:	2) DA: Damage Assessment (\$150) INC (\$50)		
contact No:	3) TP: Towing Fee \$40/143		
damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$120		
	6) TR: Re-inspection \$120		
	7) NI: New DA + SMART Survey \$150		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance \$120		
	10) NI: Repair Coordination \$120		
	11) NI: Post Repair Inspection \$120		
	12) NI: DV / Collect Unpaid Coordination \$120		
	13) NI: TP (Non-INC) against INC \$120		
	14) NI: 100% Mobile		
	Invoice dated	File Charge	
	Invoice date	File Charge	

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	27/11/2017 17:50
Date Of Accident	26/11/2017 11:30
Exact Location Of Accident	127 KIM TIAN ROAD TOWARDS 127D KIM TIAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7138H
Insured/Policyholder	
Name Of Registered Owner	TAN LEOK SHIN ROSANNE
NRIC No	S8604676H
Email Address	CHENRUOXIN@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-91477754
Alternative Phone No	OTHERS-91477754

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	B 28952930 QMY
Cover Note Number	

Driver

Name of Driver	TAN LEOK SHIN ROSANNE
NRIC No	S8604676H
Date Of Birth	24/01/1986
Occupation	INDOOR
Date Of Driving Pass	20/03/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91477754
Fax Number	
Contact Number	OTHERS-91477754
Email Address	CHENRUOXIN@LIVE.COM.SG

Address	BLK 127D KIM TIAN ROAD #09-559
Postcode	164127
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	COLLIDED INTO MOTORCYCLIST
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)	3

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT GIVEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FU353A
Vehicle Make/Model/Colour	PHANTOM
Details Of Properties	
Name of Driver	JOHN PANG MINH NHAT
NRIC/Passport Number	S9790202Z
Contact Number	90074165
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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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: 24/11/2017

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/11/2017

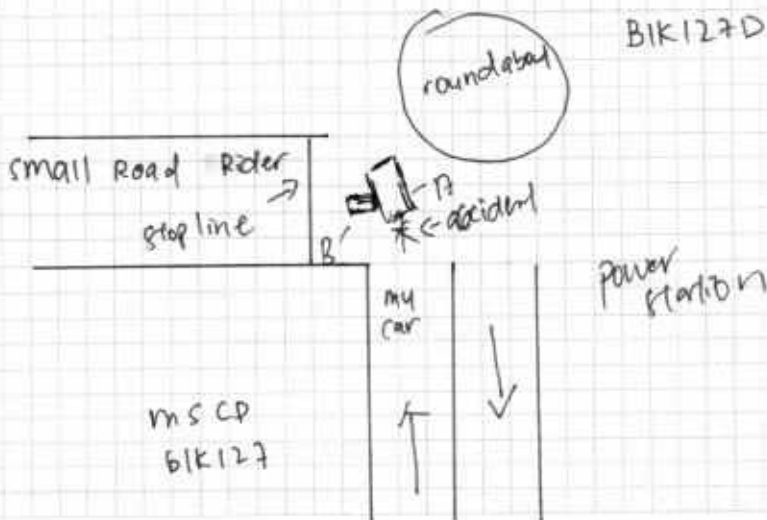
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Kim Tian Green



A) SLC7138H
B) FH 353A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 127D

I was driving towards my bike from the road next to BIK 127 MSEP Kim Tian Road when the rider, John Ping Minh Nhat came out from the small road next to 127 mscp. He failed to stop at stop line hence bumped into my car as I was travelling at about 20-30 km/hr, no casualties were reported.

I have in car dash cam footage if required for investigation.

DECLARATION

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

Policyholder's Signature
Date & Time: 27/11/2017
11am

Driver's Signature 27/11/2017
(If driver is not the policyholder)
Date & Time: 11am

Reporting Centre Personnel's Signature
Name: 27/11/2017
NRIC/FIN No.: Keshi WONG

FU 353A r

VIDEO & RETURN

ACCIDENT STATEMENT

ACCIDENT DATE: 26 / 11 / 2014 (DD/MM/YYYY), TIME: 11 : 30 (HH:MM)LOCATION: 127 KIM TIAN RD TOWARDS 127 KIM TIAN RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 7138H
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: B28952930 BMY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: OWN USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TAN LEOK SHIN ROSANNE (MALE / FEMALE) 91477754
 b) NRIC/FIN/PASSPORT: S8604676H CONTACT:
 c) ADDRESS: 127D KIM TIAN RD #07-CL9
(S) 164127

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passengers
 (including driver)
(03)

- DRIVER
 a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT:
 c) ADDRESS: _____

d) DATE OF BIRTH: 24 / 01 / 1986 (DD/MM/YYYY)e) OCCUPATION: (INDOOR / OUTDOOR)f) DATE OF DRIVING LICENSE: 20/03/2014

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS CLEAR)b) ROAD SURFACE: (DRY / WET / OTHERS DRY)6. WAS ANYBODY INJURED (YES / NO)7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
 (including driver)
()

- a) VEHICLE NUMBER: FU 353A MODEL: Phantom
 b) DRIVER'S NAME: JOHN PANG MINH NHA7
 c) NRIC/FIN/PASSPORT: S9790 2027 CONTACT: 9007 4165

9. THIRD PARTY VEHICLE

No of passenger
 (including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____ CONTACT: _____
 c) NRIC/FIN/PASSPORT: _____

Email = chen ruoxin @ live.com.sg

Fax = _____

VIDEO yes.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8604676H



Name

TAN LEOK SHIN ROSANNE

陳若馨

Race

CHINESE

Date of birth

24-01-1986

Country/Place of birth

SINGAPORE



Sex
F

5580433



NRIC No. S8604676H

Date of issue

29-03-2016

Address

APT. BLK 127D KIM TIAN ROAD
#09-559
SINGAPORE 164127

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8604676H

Name:

TAN LEOK SHIN

Birth Date: 24 Jan 1986

Issue Date: 20 Mar 2014



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 3000kg 20 Mar 2014
with <= 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals <= 2500kg

NP 4288



License No. S8604676H

**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

DUPLICATE COPY
 FOR THE VEHICLE OWNERS

MOTOR MAX PLUS**THE SCHEDULE**

Policy Number		Period of Insurance	Place of Issue
B 28952930 QMY		24/05/2017 to 23/05/2018	SINGAPORE
Name and Address of Insured			Date of Issue
Tan Leok Shin Rosanne 127D Kim Tian Road 09-559 Singapore 164127			12/05/2017
			Account Number
			212461
Premium	GST	Total Due	
SGD1,128.94	SGD79.03	SGD1,207.97	

RISK NUMBER 1**MOTORMAX PLUS****OCCUPATION**

Office Manager

FINANCIAL INTEREST

Malayan Banking Berhad
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SLC7138H
 MAKE/MODEL Honda Vezel 1.5X CVT
 ENGINE NUMBER L15B4022877
 CHASSIS NUMBER RU11102865
 YEAR OF MFG 2015
 CAPACITY 1496 C.C.
 SEATING CAPACITY 5 (INCL. DRIVER)
 WINDSCREEN UNLIMITED

SUM INSURED
 INCL. COE/PARF YES
 OFF-PEAK CAR NO
 NO CLAIM DISCOUNT 20.00% (or F/D)
 NCD PROTECTOR NOT COVERED
 EXCESS SGD500
 ANNUAL PREMIUM SGD1,128.94

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit,
 rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Tan Leok Shin Rosanne