

NATIONAL Assessment Centre Services

(v01.1 Jan00)

MAA4M161475

Date In: 01/12/2017 17:50	Job description	Date & Time Completed	Done by
Ref No: NBA/MSA/1702331814	SAS e-Milling		
Veh No: SLH 5234A	E-Inoll (with 3 hrs, AIC 3 hrs)		
D.O.A: 06/12/2017 19:00	f-Motor Claim Form		
OD / TP / Reporting Only	l-Motor W/O (with 3 hrs, TP 3 hrs)		
	l-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars	Veh No: SLH 7200J	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (%(Note: EsL Status (WO): N: 0-20%; P: 21-79%; P: 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 0046	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:

Human's Particulars	Invoice Preparation Checklist	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Position:	3) TP: Towing Fee	\$40/\$45	
	4) FT: Follow-Through Survey	\$150	
	5) XT: Follow-Through Survey (Resurvey)	\$30	
	6) TR: Re-inspection	\$15	
	7) NI: (day DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: (day DA + SMRT Survey	\$160	
	10) NI: (day DA + SMRT Survey	\$160	
	11) NI: (day DA + SMRT Survey	\$160	
	12) NI: (day DA + SMRT Survey	\$160	
	13) NI: (day DA + SMRT Survey	\$160	
	14) NI: (day DA + SMRT Survey	\$160	
	15) NI: (day DA + SMRT Survey	\$160	
	16) NI: (day DA + SMRT Survey	\$160	
	17) NI: (day DA + SMRT Survey	\$160	
	18) NI: (day DA + SMRT Survey	\$160	
	19) NI: (day DA + SMRT Survey	\$160	
	20) NI: (day DA + SMRT Survey	\$160	
	21) NI: (day DA + SMRT Survey	\$160	
	22) NI: (day DA + SMRT Survey	\$160	
	23) NI: (day DA + SMRT Survey	\$160	
	24) NI: (day DA + SMRT Survey	\$160	
	25) NI: (day DA + SMRT Survey	\$160	
	26) NI: (day DA + SMRT Survey	\$160	
	27) NI: (day DA + SMRT Survey	\$160	
	28) NI: (day DA + SMRT Survey	\$160	
	29) NI: (day DA + SMRT Survey	\$160	
	30) NI: (day DA + SMRT Survey	\$160	
	31) NI: (day DA + SMRT Survey	\$160	
	32) NI: (day DA + SMRT Survey	\$160	
	33) NI: (day DA + SMRT Survey	\$160	
	34) NI: (day DA + SMRT Survey	\$160	
	35) NI: (day DA + SMRT Survey	\$160	
	36) NI: (day DA + SMRT Survey	\$160	
	37) NI: (day DA + SMRT Survey	\$160	
	38) NI: (day DA + SMRT Survey	\$160	
	39) NI: (day DA + SMRT Survey	\$160	
	40) NI: (day DA + SMRT Survey	\$160	
	41) NI: (day DA + SMRT Survey	\$160	
	42) NI: (day DA + SMRT Survey	\$160	
	43) NI: (day DA + SMRT Survey	\$160	
	44) NI: (day DA + SMRT Survey	\$160	
	45) NI: (day DA + SMRT Survey	\$160	
	46) NI: (day DA + SMRT Survey	\$160	
	47) NI: (day DA + SMRT Survey	\$160	
	48) NI: (day DA + SMRT Survey	\$160	
	49) NI: (day DA + SMRT Survey	\$160	
	50) NI: (day DA + SMRT Survey	\$160	
	51) NI: (day DA + SMRT Survey	\$160	
	52) NI: (day DA + SMRT Survey	\$160	
	53) NI: (day DA + SMRT Survey	\$160	
	54) NI: (day DA + SMRT Survey	\$160	
	55) NI: (day DA + SMRT Survey	\$160	
	56) NI: (day DA + SMRT Survey	\$160	
	57) NI: (day DA + SMRT Survey	\$160	
	58) NI: (day DA + SMRT Survey	\$160	
	59) NI: (day DA + SMRT Survey	\$160	
	60) NI: (day DA + SMRT Survey	\$160	
	61) NI: (day DA + SMRT Survey	\$160	
	62) NI: (day DA + SMRT Survey	\$160	
	63) NI: (day DA + SMRT Survey	\$160	
	64) NI: (day DA + SMRT Survey	\$160	
	65) NI: (day DA + SMRT Survey	\$160	
	66) NI: (day DA + SMRT Survey	\$160	
	67) NI: (day DA + SMRT Survey	\$160	
	68) NI: (day DA + SMRT Survey	\$160	
	69) NI: (day DA + SMRT Survey	\$160	
	70) NI: (day DA + SMRT Survey	\$160	
	71) NI: (day DA + SMRT Survey	\$160	
	72) NI: (day DA + SMRT Survey	\$160	
	73) NI: (day DA + SMRT Survey	\$160	
	74) NI: (day DA + SMRT Survey	\$160	
	75) NI: (day DA + SMRT Survey	\$160	
	76) NI: (day DA + SMRT Survey	\$160	
	77) NI: (day DA + SMRT Survey	\$160	
	78) NI: (day DA + SMRT Survey	\$160	
	79) NI: (day DA + SMRT Survey	\$160	
	80) NI: (day DA + SMRT Survey	\$160	
	81) NI: (day DA + SMRT Survey	\$160	
	82) NI: (day DA + SMRT Survey	\$160	
	83) NI: (day DA + SMRT Survey	\$160	
	84) NI: (day DA + SMRT Survey	\$160	
	85) NI: (day DA + SMRT Survey	\$160	
	86) NI: (day DA + SMRT Survey	\$160	
	87) NI: (day DA + SMRT Survey	\$160	
	88) NI: (day DA + SMRT Survey	\$160	
	89) NI: (day DA + SMRT Survey	\$160	
	90) NI: (day DA + SMRT Survey	\$160	
	91) NI: (day DA + SMRT Survey	\$160	
	92) NI: (day DA + SMRT Survey	\$160	
	93) NI: (day DA + SMRT Survey	\$160	
	94) NI: (day DA + SMRT Survey	\$160	
	95) NI: (day DA + SMRT Survey	\$160	
	96) NI: (day DA + SMRT Survey	\$160	
	97) NI: (day DA + SMRT Survey	\$160	
	98) NI: (day DA + SMRT Survey	\$160	
	99) NI: (day DA + SMRT Survey	\$160	
	100) NI: (day DA + SMRT Survey	\$160	

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	07/12/2017 17:52
Date Of Accident	06/12/2017 19:00
Exact Location Of Accident	OPHIR ROAD TURNING INTO QUEENS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5234A
Insured/Policyholder	
Name Of Registered Owner	PAN CHOOK CHIN
NRIC No	S1193623G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97220268
Alternative Phone No	OTHERS-97220268

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29050590 QMX
Cover Note Number	

Driver

Name of Driver	PAN CHOOK CHIN
NRIC No	S1193623G
Date Of Birth	03/01/1956
Occupation	INDOOR
Date Of Driving Pass	30/05/1978
Driving Experience	39 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97220268
Fax Number	
Contact Number	OTHERS-97220268
Email Address	NOEMAIL

Address	29 BORTHWICK DRIVE
Postcode	559532
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	SIDE SWIPE
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)	1

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	SJC7200J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TAN HEOK MENG
NRIC/Passport Number	S1737237H
Contact Number	
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**

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. 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:

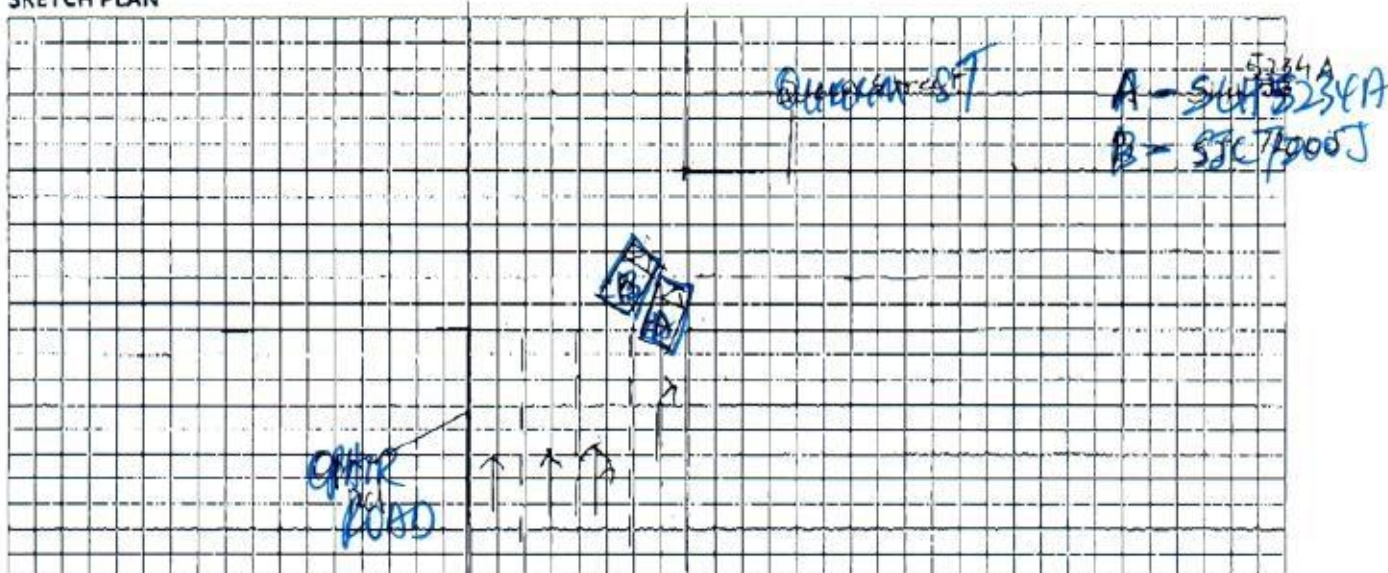
[Signature]
8/12 7/12/17

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

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

[Signature]
8/12/2017
Koshi WATTHA

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time I was on the extreme right lane of Ophir Road turning into Queen Street suddenly there's a car number SJC 7200J which was from the left hit onto my left front portion of my vehicle. I came down as exchange particular. That's all.

DECLARATION

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

Policyholder's Signature

Date & Time: 7/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/12/2017
Rosli W...
20170003

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE:	06/12/17	TIME:	1900hrs	(hh:mm) 24 hrs Format
LOCATION	OPHIR Rd turning into Queen street			
VEHICLE NUMBER	SLH 5234A			
INSURED NAME	Pan Chook Chin			
NRIC / FIN	5119 36236	CONTACT:	972201268	
MAKE	Honda	MODEL	VIZEL	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes, If No, Pls Select : (<input checked="" type="checkbox"/>) Third Party () Reporting Only				
INSURANCE COMPANY	MS16			
TYPE OF POLICY (<input checked="" type="checkbox"/>) COMPREHENSIVE () THIRD PARTY () TPFT				
POLICY NUMBER :				
NAME DRIVER : (<input checked="" type="checkbox"/>) SAME AS INSURED				
NRIC / FIN		CONTACT:		
DATE OF BIRTH:				
DRIVING PASS DATE :				
OCCUPATION : (<input checked="" type="checkbox"/>) INDOOR () OUTDOOR				
GENDER : () MALE (<input checked="" type="checkbox"/>) FEMALE				
EMAIL ADDRESS:				() NO EMAIL
ADDRESS OF DRIVER: 29 Borthwick Drive				
Number Of Passenger Include Driver:				
Was driver an employee of the Insured's Company? () YES (<input checked="" type="checkbox"/>) NO				
If No, Relationship Of The Driver With The Insured				
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling () Others				
Does The Driver Own Any Other Vehicle? : () YES (<input checked="" type="checkbox"/>) NO				
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:				
Insurance Company Of Driver's Own Vehicle				
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others				
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO				
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO				
If YES, Injured details :				
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO				
Was There Any Video Capture By Car Camera? (<input checked="" type="checkbox"/>) YES () NO				
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report				
Police Report Number (if any)				
Details Of 3rd Party		Name / NRIC		Contact
Veh B	SJC 7200 J	Tan Heok Meng.		
Veh C		S1737237H		
Veh D				
Veh E				
Veh F				
Veh G				

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1193623G



Name

PAN CHOOK CHIN



潘菊清

Race

CHINESE

Date of Birth

03-01-1956

Country of Birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1193623G

Name

PAN CHOOK CHIN



Birth Date: 03 Jan 1956

Issue Date: 06 Jun 2003



1650470



NRIC No: S1193623G



Blood Group: A+ Date of issue: 03-02-1994


Address:
29 BORTHWICK DRIVE
SINGAPORE 1955

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

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 May 1978

NP 428A

Licence No: S1193623G



+6597220268

Done

CL-SIH5234A.pdf

ALBUM



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Center 2, Singapore 068807
Tel: +65 6827 7890, Fax: +65 6827 7800
Co. Reg No: 200412212G GST Reg No: 20-0412212G

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 29050590 QMX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SIH5234A

2. Name of Policyholder
Pan Chook Chin

3. Effective Date of the Commencement of Insurance for the purposes of the Act
08/11/2017

4. Date of Expiry of Insurance
07/11/2018

5. Persons or Classes of Persons entitled to drive*

Pan Chook Chin

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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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

S. Loh

for Chief Executive Officer

TMK201712071353



Save



Share

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAY17161475 Vehicle Registration No : SLH 5234 A
Name (as shown in NRIC) : PAN CHOOK CHIN NRIC/FIN/Passport No : S1193623G
(*Vehicle Driver / Vehicle Owner) () Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97220268
Email Address : _____
Date of Accident : 06/12/2017 Time of Accident : 19:00
Place of Accident : OPHIR ROAD TURNING INTO QUEEN'S STREET
Insurance Company : M&L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① INJURED NAME AS ABOVE
- ② INSURER PHOTOS
- ③ DATE OF BIRTH SHOULD BE 03/01/2017

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kohli Wataru
NRIC/FIN No.: 08/12/2017
Date: