

Date/In:	19/12/17 16:13	Job Description	Date & Time Completed	Done By
Ref No:	MA/MSG 17024052/h4	SAS e-illing		
Veh No:	SJ2 8130 A	E-mail (within 3hrs. Aft. Job)		
D.O.A:	18/12/17 19:15	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only		i-Motor W/O (Within 24hrs. TP 4hrs)		
		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: SJ2 9380U	INC () / Non-INC ()
Owner / Driver:		Tel:
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Dates:	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:-	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

MA1707815	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int Bill	Att Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$20)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TF: Towing Fee (\$40)		
Damaged Portion:	4) FT: Follow-Through Survey (\$20)		
	5) FT: Follow-Through Survey-Resurvey (\$20)		
	For claiming against INC Only (w/ 10 Jan 2018)		
	6) TR: Re-inspection (\$10)		
	7) NI: Basic DA - SMRI Survey (\$100)		
	8) NTUC Additional Services		
	OP:		
	*N3: Courtesy Car / Tpt Allowance	\$0	
	*N6: Repair Coordination	\$0	
	*N7: Post Repair Inspection	\$0	
	*N8: DV - Collision Survey Coordination	\$0	
QC Checked by (Engr-In-Charge):	TP/Nil / TP/Nil/INC against INC	\$0	
Auditors' Comments:-	9) N12: 14hr Mobile	\$0	
At 1:	Invoice dated	File Chnged	
At 2/3:	Invoice dated	File Chnged	

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	19/12/2017 16:13
Date Of Accident	18/12/2017 18:15
Exact Location Of Accident	PIE TWDS TUAS BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ8130A
Insured/Policyholder	
Name Of Registered Owner	NINGBO CONSTRUCTION GROUP CO LTD(SINGAPORE BRANCH)
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82226607

Vehicle Particulars

Manufacturer	BMW
Model	523i
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	B 27032042 SMP
Cover Note Number	-

Driver

Name of Driver	TAO JIANMIN
NRIC No	S6969238I
Date Of Birth	05/05/1969
Occupation	INDOOR
Date Of Driving Pass	19/12/2008
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82226607
Fax Number	
Contact Number	
Email Address	NOEMAIL

SKETCH PLAN

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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:

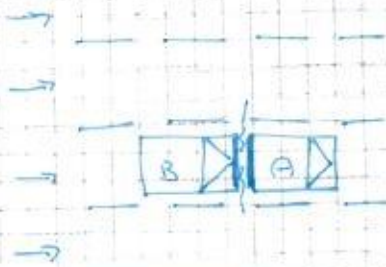
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

VEHICLE A - SJZ 8130A

VEHICLE B - SJA 9380U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PIE TOWARDS JURONG DIRECTION, I WAS ON THE SECOND LANE.

WHILE DRIVING STRAIGHT FORWARD, DUE TO THE HEAVY TRAFFIC THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED A VEHICLE BEARING (SJA 9380U) HAD COLLIDED TO THE REAR OF MY VEHICLE.

VEHICLE A - SJZ 8130A

VEHICLE B - SJA 9380U

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.:

Vehicle No.	SJZ 8130 A	Model / Make	Bmw 520i
Date of Accident	18/12/17		
Time of Accident	1815	HRS	
Location of Accident	PIE TOWARDS TUNIS BEFORE KARE EXIT		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	NINABO CONSTRUCTION GROUP CO. LTD (SINGAPORE BRANCH)		
Telephone No.	H/P: 8222 6607	Home :	Office : 6896 5779
NRIC	T08FC7170C		
Address	50 BUKIT BARU ST 23 #03-08 MIDVIEW BUILDING S(659578)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.			
Name of Driver	As Above If No, TAO JIANMIN		
NRIC	S 692381	Any Passengers :	2
Date of birth	05/05/1969		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	19 DEC 2008		
Gender	Male / Female		
Contact No.	H/P: 8222 6607	Home :	Office :
Address	953 BUKIT TIMAH ROAD #06-05 S(599651)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state MANAGING DIRECTOR	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where?	
Vehicle B No.	SJA 9380U	Any Passengers :	1
Name of Driver			
Vehicle C No.			
Vehicle D No.			
Vehicle E no.			
Vehicle F No.			
Vehicle G No.			
Witness Name	Witness Contact :		
Accident Portion	REAR		
Camera Recorder	Yes / No	84840051	
Email Address	IAN		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
Yes / No			
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PTE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@n5i.com.sg		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S69692381



Name

TAO JIANMIN

陶建民

Race

CHINESE

Date of birth

05-05-1969

Sex

M

Country/Place of birth

CHINA



S69692381

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S69692381

Name:

TAO JIANMIN

Birth Date: 05 May 1969

Issue Date: 17 Sep 2015



002473933G

SG
50

9342002



NRIC No. S69692381



Nationality

CHINESE

Date of issue

25-08-2015

953 BUKIT TIMAH ROAD #06-05
SINGAPORE 589651

NRIC No: S69692381

Date: 15/03/2019

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

EFFECTIVE DATE

Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 19 Dec 2008



Licence No: S69692381

NP 428A

**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 CST Reg. No. 20-0412212G

Your alternative contact:

Sime Darby Insurance
 Brokers (Singapore) Pte Ltd
 Tel: 6222 2241
 Mon to Fri (excluding PH)
 (8.30 am - 5.45 pm)

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.4
 Company Ownership

SIME MOTOR PRIVATE
Comprehensive

Certificate No. B 27032042 SMP

Excess: SGD1,250

1. Index Mark and Registration Number of Vehicle
SJ28130A
2. Name of Policyholder
Ningbo Construction Group Co Ltd (Singapore Branch)
3. Effective Date of the Commencement of Insurance for the purposes of the Act
29/12/2016
4. Date of Expiry of Insurance
28/12/2017
5. Persons or Classes of Persons entitled to drive*

Tao Jianmin, Zhan Jun
 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.

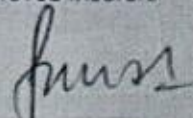
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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


 for Chief Executive Officer

Address	953 BUKIT TIMAH RD #06-05
Postcode	589651
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - MANAGING DIRECTOR
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)	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 ATTACHED STATEMENT.

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	SJA9380U
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)	

Details of Witness

Name	
Phone Number	
Email Address	