

NATIONAL Assessment Centre Services

(ver 1.1/2008)

11/04/17/68826

Date In: 26/12/2013 10:08

Ref No: N/A/MS577024340/y

Veh No: SF2 8133P

D.O.A: 24/12/2017 10:00

OD: TP / Reporting Only

TP Insured:

Job Description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 3hrs, AIC 3hrs)		
1-Motor Claim Form		
1-Motor W/O (within: OD 2hrs, TP 1hr)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars: Yell No: 980 58304 INC () / Non-INC ()

Owner / Driver: () Tel: () Fax: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Other Tunes: ()

Actions: ()

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NA118017

Human's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Diagr-In-Charge):

Inspector's Comments:

4.1:

4.2:

4.3:

Invoice Preparation Checklist	Amount	Amount Paid	Amount Due
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee (\$40/\$45)			
4) FT: Follow-Through Survey (\$120)			
5) XT: Follow-Through Survey (Resurvey) (\$20)			
6) TR: Re-inspection (\$15)			
7) NE: New DA + SMART Survey (\$120)			
8) NTUC Additional Services:			
9) IN: Courtesy Car / Tpl Allowance (\$1)			
10) IN: Repair Coordination (\$20)			
11) IN: Post Repair Inspection (\$20)			
12) IN: DY / Collision Damage Coordination (\$1)			
13) IN: TP (N/A) INC against INC (\$20)			
14) IN: IDNR Mobile (\$10)			
Invoice Total			
Paid			
Balance Due			

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	26/12/2017 10:08
Date Of Accident	24/12/2017 10:00
Exact Location Of Accident	BLK 213 TOA PAYOH LOR 8 CARPARK LOT 114
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFZ8133P
Insured/Policyholder	
Name Of Registered Owner	TAN BIYING PAULINE
NRIC No	S8333348J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98303643
Alternative Phone No	OTHERS-98303643

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY-1.6 EX (M)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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 28625637 QMY
Cover Note Number	

Driver

Name of Driver	TAN TAT SENG
NRIC No	S0119031H
Date Of Birth	01/05/1953
Occupation	INDOOR
Date Of Driving Pass	11/03/1971
Driving Experience	46 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98303643
Fax Number	
Contact Number	OTHERS-98303643
Email Address	NOEMAIL

Address	BLK 219 LORONG 8 TOA PAYOH #11-633
Postcode	310219
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171224/2021

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 Witness 1

Name	AH CHIN
Phone Number	91385435
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5830U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

SKETCH PLAN


IMPORTANT NOTICE

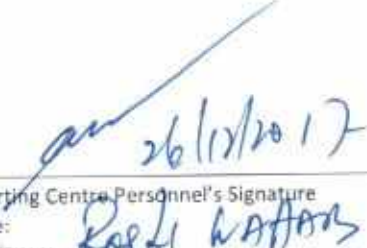
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

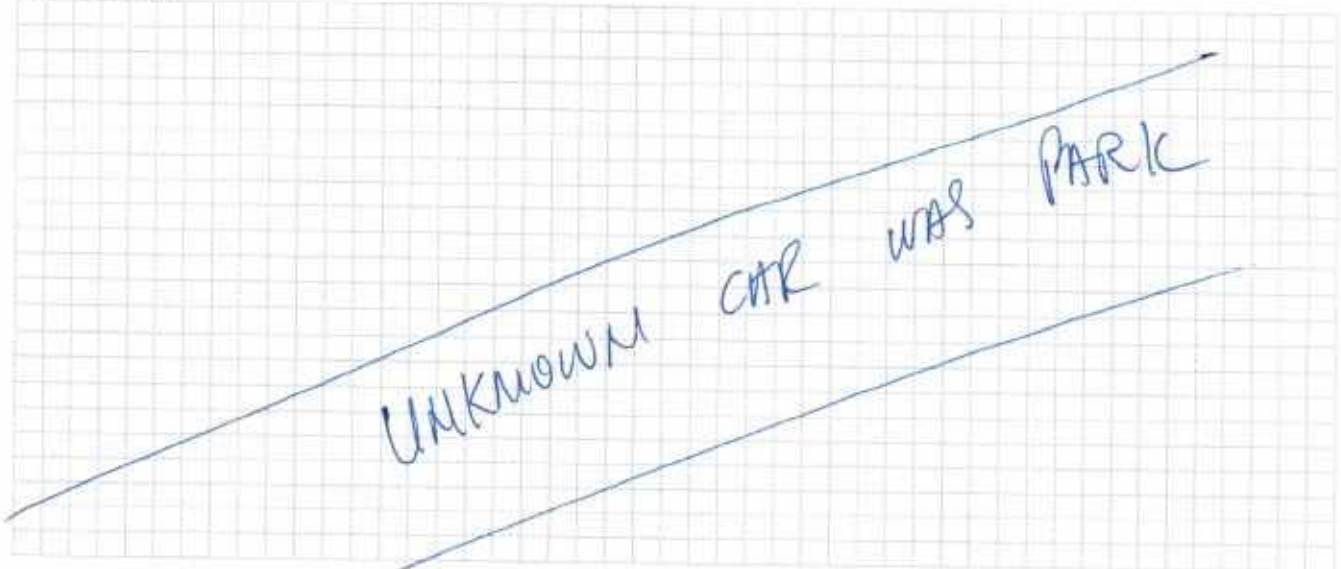
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:


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


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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ps refer to police report
7/20/7/224/2021

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.



**SINGAPORE
POLICE FORCE**



T/20171224/2021

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

1 of 3

Report No. T/20171224/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2017 12:29	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars

Name of Informant: TAN TAT SENG			Address: APT BLK 219 LORONG 8 TOA PAYOH #11-633 SINGAPORE 310219		
ID Type / ID No.: NRIC NO / S0119031H			Contact No.: Home/Office: Mobile: 98393643		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 01/05/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/12/2017 10:00	Type of Location: Car Park
Location: Along Road 1 LORONG 8 TOA PAYOH				
Open space car park of Blk 213 Lorong 8 Toa Payoh, Car park lot 114				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD5830U	Van					0
SFZ8133P	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20171224/2021

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

2 of 3

Report No. T/20171224/2021

CONTINUATION OF REPORT

Driver				
Name	TAN TAT SENG		ID No.	S0119031H
Related Vehicle	NIL		Contact No.	98393643
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 24/12/2017 at about 11am, I went back to my vehicle, SFZ8133P which I parked at Blk 213 Lorong 8 Toa Payoh Open space carpark, Lot 114. One guy, Ah Chin, C/N: 91385435 approached me and informed that one van either with GBC5830U or GBD5830U had collided onto my vehicle and drove off. Subsequently, I discovered a dent at the right rear door of my vehicle. I wish to state that I did not see any note or particulars being left behind for me at my car and the guy is willing to be my witness.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999



T/20171224/2021

3 of 3

Report No. T/20171224/2021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
E /
Staff Sgt TAN MENG SENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/12/2017 12:29

Classification Of Case:

**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

MOTOR MAX PLUS**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 28625637 QMY	27/10/2017 to 26/10/2018	SINGAPORE
Name and Address of Insured		Date of Issue
Tan Biying Pauline 219 Lorong 8 Toa Payoh #11-633 Singapore 310219		10/10/2017
		Account Number
		1A1320
Premium	GST	Total Due
SGD1,222.83	SGD63.60	SGD1,286.43

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

Vice President

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SF28133P
 MAKE/MODEL Nissan Sunny 1.6EXM
 ENGINE NUMBER QG16389672
 CHASSIS NUMBER JN1CFAN16Z0515399
 YEAR OF MFG 2005
 CAPACITY 1597 C.C.
 SEATING CAPACITY 5 (INCL. DRIVER)
 WINDSCREEN UNLIMITED

SUM INSURED
 INCL. COE/PARF YES
 OFF-PEAK CAR NO
 NO CLAIM DISCOUNT NIL
 NCD PROTECTOR NOT COVERED
 EXCESS SGDS00
 ANNUAL PREMIUM SGD1,222.83

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

AUTHORISED DRIVERS

Tan Biying Pauline
 Tan Tat Seng

Any other person provided he is driving on the Insured's order or with the
 Insured's permission.