

NATIONAL Assessment Centre Services

(ver 1.2/2006)

MMAY18000950

Date In: 05/01/2018 18:19	Job description	Date & Time Completed	Done by
Ref No: NBB/m8418000057	SAS e-Milling		
Veh No: SGW 2969C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 30/11/2017 15:20	1-Motor Claim Form		
OD: TP / Reporting Only	1-Motor VVO (Within 24hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars: Veli No: SGF 1680 R	INC: () / Non-INC: ()	
Owner / Drivers: (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 repeler.

() 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	Action

Human Particulars:	Invoice Preparation Checklist:
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100); INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
C. Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$150
Vehicle Comments:	5) PT: Follow-Through Survey (Resurvey) \$20
	Forfeiture against INC Only (ver 1.0 Jan 2005)
	6) TR: Re-inspection \$15
	7) NI: Issue DA + SMRT Survey \$160
	8) NTUC Additional Services:
	Q11:
	*NI: Courtesy Car / Tpl Allowance \$5
	*NI: Repel Co-ordination \$10
	*NI: Post Repair Inspection \$25
	*NI: DY / Collect Excess Coordination \$5
	TP (NI) / TP (Non-INC) against INC \$20
	9) NI: Idle Mobile \$0
	Invoice dated
	Invoice checked
	Fee Charged
	Max Allowed

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 02/01/2018 18:19
 Date Of Accident 30/12/2017 15:20
 Exact Location Of Accident PIE TOWARDS CHANGI AIRPORT B/F STEVENS EXIT
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJW2969C
Insured/Policyholder
 Name Of Registered Owner ZHAO YUNQING
 NRIC No S8274464I
 Email Address YQZHAO2000@YAHOO.COM
 Mobile Phone No (LOCAL) +65-81804316
 Alternative Phone No OTHERS-81804316

Vehicle Particulars

Manufacturer HYUNDAI
 Model TUCSON-2.0 (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 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 P 27452075 DMA
 Cover Note Number

Driver

Name of Driver ZHAO YUNQING
 NRIC No S8274464I
 Date Of Birth 28/04/1982
 Occupation INDOOR
 Date Of Driving Pass 28/06/2008
 Driving Experience 9 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-81804316
 Fax Number
 Contact Number OTHERS-81804316
 Email Address YQZHAO2000@YAHOO.COM

Address	BLK 470 SEGAR ROAD #04-234
Postcode	670470
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	4
Passenger 1	NAME: : SUN LEI GENDER: : FEMALE
Passenger 2	NAME: : ZHAO ZHITING GENDER: : FEMALE
Passenger 3	NAME: : ZHAO JUNHANG GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF1680R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN HSIN HAO, KELSEY
NRIC/Passport Number	S9603930A
Contact Number	81811200

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJV3655G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MARCUS SZE KAH CHOON

NRIC/Passport Number

S6915666E

Contact Number

96825682

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

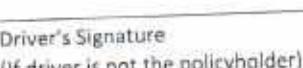
IMPORTANT NOTICE

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:

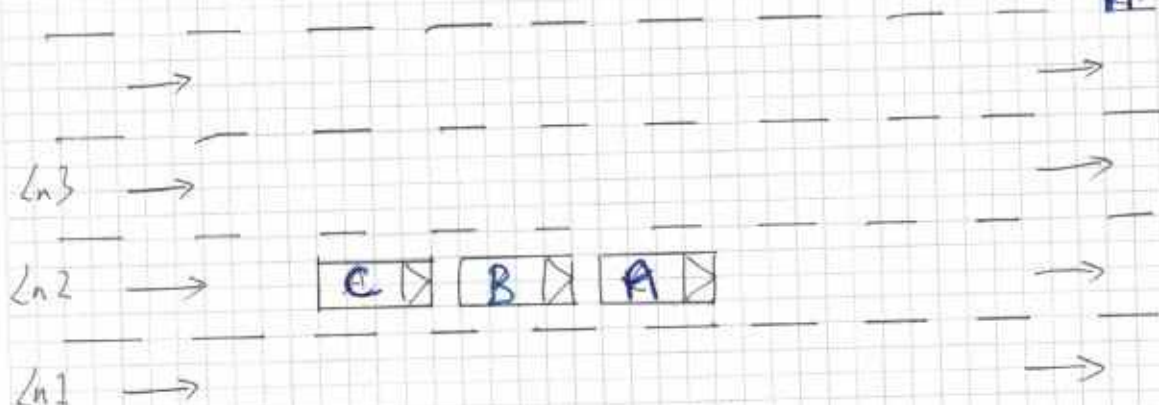

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

PIE before Stevens exit Towards Changi Airport

C SJV3655G
B SGF1680R
A SJW2969C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I drive on lane 2 of PIE towards Changi airport. then it started rain for a while. Before Stevens exit. I brake my car since the car in front was stopped. My car and the car behind my car was stopped completely. And then SJV3655G hit the back of the car (SGF1680R) behind my car, and SGF1680R hit my car back. During the accident the road was wet.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 12 / 2017 (DD/MM/YYYY), TIME: 13:20 (HH:MM)

LOCATION: PIE towards Chang Airport before Stevens Exit

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJW 2969C
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: P27452075 DMA
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Hyundai Tucson-2.0A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private 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: ZHAO YUNQING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8274464I CONTACT: 81804316
 c) ADDRESS: BLK 470 #04-234, SEGAR ROAD
SINGAPORE 670470

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

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

d) DATE OF BIRTH: 28 / 04 / 1982 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
28/06/2008

f) DATE OF DRIVING LICENCE: 28/06/2008

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) RAINING
 b) ROAD SURFACE: (DRY / WET / OTHERS) WET

6. WAS ANYBODY INJURED (YES/NO) NO

7. c) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SGF 1680R MODEL: _____
 b) DRIVER'S NAME: CHAN HSIN HAO, KELSEY
 c) NRIC/FIN/PASSPORT: S9603930A CONTACT: 81811200

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJV 3655G MODEL: _____
 b) DRIVER'S NAME: MARCUS SZE KAH CHOON
 c) NRIC/FIN/PASSPORT: S6915666E CONTACT: 96825652

SUN LBI F

ZHAO ZHITING F

ZHAO JUNHANG M

No of passengers
 (including driver)
(4)

No of passengers
 (including driver)
()

No of passengers
 (including driver)
()

Email: YQZHAO2466@YAHOO.COM

Fax: _____

✓ 1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8274464I



Name

ZHAO YUNQING

赵云卿

Race

CHINESE

Date of birth

Sex

28-04-1982 M

Country of birth

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8274464I

Name

ZHAO YUNQING

Birth Date: 28 Apr 1982

Issue Date: 28 Jun 2008



001619055F

S685520



NRIC No: S8274464I



Nationality

CHINESE

Date of issue

12-01-2005

APT BLK 470 SEGAR ROAD #04-234
SINGAPORE 670470

NRIC No: S8274464I

Date: 24/06/2008

No: 6015674

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

PASS DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 28 Jun 2008



Licence No: S8274464I

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 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

DRIVESHIELD - PREMIER PLAN
Comprehensive

Certificate No. P 27452075 DMA

Excess: SGD700
Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SJW2969C

2. Name of Policyholder
Zhao Yunging

3. Effective Date of the Commencement of Insurance for the purposes of the Act
17/03/2017

4. Date of Expiry of Insurance
16/03/2018

5. Persons or Classes of Persons entitled to drive*

Zhao Yunging
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 ANY WORKSHOP OF YOUR CHOICE OR 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

[Signature]
for Chief Executive Officer