

Date In: 5/1/18 13:46	Job description	Date & Time Completed	Done by
Ref No: NA 1MSG18000330/h4	SAS e-filing		
Veh No: 5GR 2567 R	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 4/1/18 20:10	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, 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: GY 5193-D	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 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 6616)	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

Claimant's Particulars :-	Driver/Owner:	Contact No:	Damaged Portion:	QC Checked by (Engr-In-Charge):	Auditors' Comments :-	Cat. 1:	Cat. 2 / 3:	NA 1800166	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
										1st Bill	Add Bill
									1) AR: Accident Reporting (\$30);	30.00	
									2) DA: Damage Assessment (\$100); INC (\$80)		
									3) TF: Towing Fee \$40/\$45		
									4) FT: Follow-Through Survey \$120		
									5) FT: Follow-Through Survey (Resurvey) \$30		
									For claiming against JNC Only (wef 10 Jan 2003)		
									6) TR: Re-inspection \$75		
									7) N1: Idac DA + SMRT Survey \$160		
									8) NTUC Additional Services:-		
									OD*		
									*N5: Courtesy Car / Tpt Allowance \$5		
									*N6: Repair Co-ordination \$10		
									*N7: Post Repair Inspection \$25		
									*N8: DV / Collect Excess Coordination \$5		
									TP (N11): TP (Non INC) against INC \$20		
									9) N12: Idac Mobile 30		
									Invoice dated	Fee Charged	
									Invoice dated	Fee Charged	

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	05/01/2018 13:46
Date Of Accident	04/01/2018 20:10
Exact Location Of Accident	JUNC OF RAFFLES QUAY & CROSS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR2567R
Insured/Policyholder	
Name Of Registered Owner	TAN HUI XIAN RACHAEL (CHEN HUIXIAN)
NRIC No	S8337202H
Email Address	TANRACHAEL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93673344
Alternative Phone No	OFFICE-93673344

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS GS250 AUTO STANDARD
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S 27351564 SMF
Cover Note Number	-

Driver

Name of Driver	TAN HUI XIAN RACHAEL (CHEN HUIXIAN)
NRIC No	S8337202H
Date Of Birth	16/11/1983
Occupation	INDOOR
Date Of Driving Pass	22/09/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93673344
Fax Number	
Contact Number	OFFICE-93673344
Email Address	TANRACHAEL@YAHOO.COM.SG

Address	BLK 873 YISHUN ST 81 #11-169
Postcode	760873
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	COLLISION - HEAD TO REAR
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?	YES
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)	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

MY VEH STOP AT THE TRAFFIC LIGHT JUNCTION. ON GREEN LIGHT, I MOVE OFF, WITHIN A FEW SECONDS, THE LORRY B IN FRONT OF ME JAM BRAKE. I BANG ONTO THE BACK OF THE LORRY B. ACCORDING TO LORRY B, A BLACK MAZDA (VEH X) WHICH WAS ORIGINALLY ON THE 4TH LANE BESIDE THE LORRY B DURING THE RED LIGHT, ON GREEN LIGHT, MOVE AND CUT INTO LORRY B LANE TO DO A RIGHT TURN INTO CROSS ST. THESE ARE ALL CAPTURE IN LORRY B AND MY IN-CAR CAMERA. WITNESS MR JOHN KIAC, COME FORWARD TO PROVIDE BLACK MAZDA (VEH X) CAR DETAILS AS SLK4200M. WITNESS MR NARIAKI UCHIDA COME FORWARD AND SAY HE WITNESS THE WHOLE ACCIDENT. AFTER 20 MIN, PARAMEDICS AND TRAFFIC POLICE ARRIVED TO THE ACCIDENT SCENE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

Details of Witness 1

Name	NARIAKI UCHIDA
Phone Number	97239804
Email Address	

Details of Witness 2

Name	JOHN KIAC
Phone Number	92380850
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GY5193D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR ABU HAYDAR MOHAMMED MOSHARAF HAKMNH
NRIC/Passport Number	F7970912M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK4200M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN HUI XIAN RACHAEL (CHEN HUIXIAN)
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SGR2567R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

5 JAN 2018 2:10 PM



Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 JAN 2018 2:10 PM

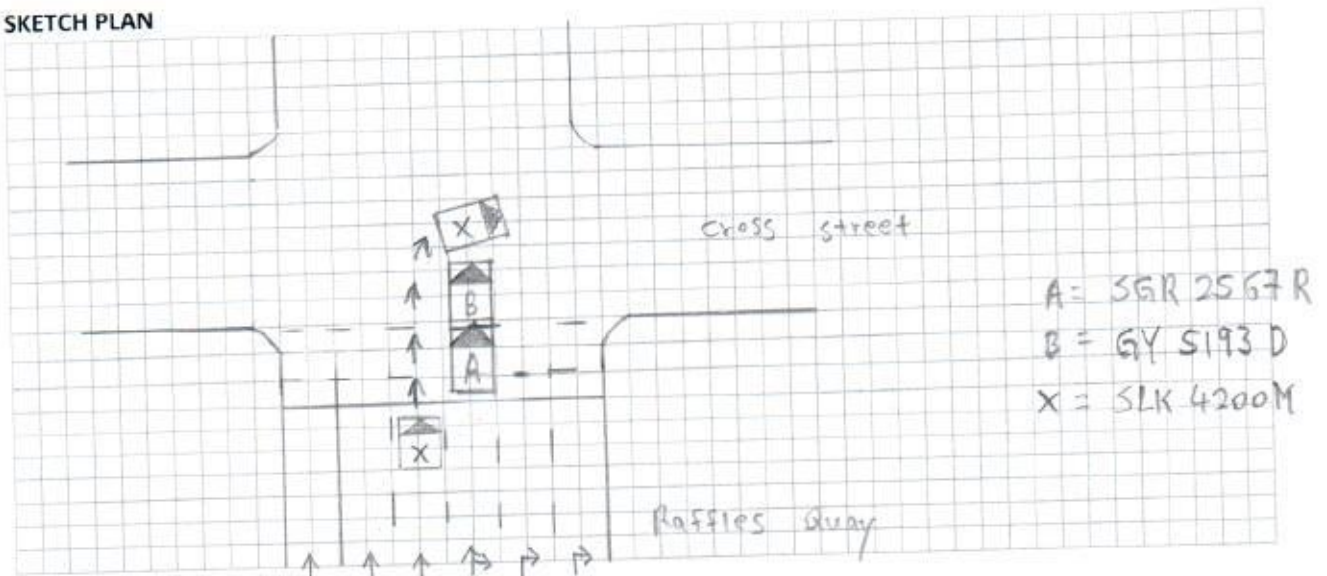


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

Policyholder's Signature

Date & Time:

5 JAN 2018 2:10pm

GIARAN SketchPlan-Form_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 JAN 2018 2:10pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8337202H



Name

RACHAEL TAN HUI XIAN
(CHEN HUIXIAN)

陈惠娴

Race

CHINESE

Date of birth

16-11-1983

Country of birth

SINGAPORE

Sex

F

S8337202H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8337202H

Name

RACHAEL TAN HUI XIAN
(CHEN HUIXIAN)

Birth Date: 16 Nov 1983

Issue Date: 30 Jun 2011



4700936



NRIC No. S8337202H



Date of issue

30-03-2011

Address

APT BLK 873 YISHUN STREET 81
#11-169
SINGAPORE 760873

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 22 Sep 2003



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

ULTIMATE CAR PROTECTOR-PREMIER Comprehensive

Certificate No. S 27351564 SMF

Excess: SGD1,500

1. Index Mark and Registration Number of Vehicle

SGR2567R

2. Name of Policyholder

Tan Hui Xian Rachael (Chen Huixian)

3. Effective Date of the Commencement of Insurance for the purposes of the Act

27/07/2017

4. Date of Expiry of Insurance

26/07/2018

5. Persons or Classes of Persons entitled to drive*

Tan Hui Xian Rachael (Chen Huixian)

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

↓
for Chief Executive Officer