

NAI 800701		Invoice Preparation Checklist		Date Bill	
Humanities/Bombing/...		1) AR: Accident Reporting (\$30)			
river/Owner		2) DA: Damage Assessment (\$100)	INC (430)		
contact No:		3) TP: Towing Fee	\$405.41		
		4) FT: Follow-Through Survey	\$120		
		5) PT: Follow-Through Survey (Resurvey)	\$70		
		Forclusive against INC Only (w/ef 10 Jan 2003)			
amaged Portion:		6) TR: Re-inspection	\$35		
		7) NI: (430 DA + SMRT Survey	\$180		
		8) NTUC Additional Services			
		9) Bill			
C. Checked by (Bngr-In-Charge):		*NI: Chassis Car / Tpl Allowance	\$3		
		*NI: Repair Coordination	\$10		
		*NI: Post Repair Inspection	\$15		
		*NI: DY / Collision Ukas / Coordination	\$3		
		TP (NI) / TP (Inc) against INC	\$30		
		7) NI: Done Details	\$0		
		Invoice dated		Not Charged	
		Invoice closed		Not 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 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	30/01/2018 12:33
Date Of Accident	27/01/2018 17:45
Exact Location Of Accident	BLK 132 JURONG EAST CARPARK GANTRY NEXT TO J-CUBE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3428T
Insured/Policyholder	
Name Of Registered Owner	TAY LIN GIN
NRIC No	S7148286C
Email Address	TAYLGRAYMOND168@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97618948
Alternative Phone No	OTHERS-97618948

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	REPORTING ONLY
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 28864660 SMF
Cover Note Number	

Driver

Name of Driver	TAY LIN GIN
NRIC No	S7148286C
Date Of Birth	29/11/1971
Occupation	INDOOR
Date Of Driving Pass	21/03/1992
Driving Experience	25 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97618948
Fax Number	
Contact Number	OTHERS-97618948
Email Address	TAYLGRAYMOND168@GMAIL.COM

Address	10 HILLVIEW CRESCENT
Postcode	669434
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	2
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: : CARINA LEE GENDER: : FEMALE
Passenger 2	NAME: : TAY KAI MING GENDER: : MALE
Passenger 3	NAME: : TAY KAI ZHEN GENDER: : FEMALE

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	SGP1808M
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ERIC LING KIAN ANN
NRIC/Passport Number	S7619562E
Contact Number	97878731

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 30 Jan 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BLK 132 CARPARK COUNTRY JUNCTION FIRST NEXT TO J CURVE



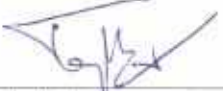
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

OUR CAR IS WAITING TO EXIT THE GANTRY AT BLK 132 THROUGH EAST CAR PARK.

OUR CAR ROLL FORWARD SLIGHTLY AND TOUCH THE FRONT CAR.

DECLARATION

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


Policyholder's Signature:
Date & Time: 30 Jan 2018

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

 30/01/2018
Reporting Centre Personnel's Signature
Name: ROSLI HADJAB
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 27/01/2018 (DD/MM/YYYY), TIME: 17:43 (HH:MM)

LOCATION: BLK 132 CAR PARK A JURONG EAST NEXT TO J-CUBE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 3428T
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTIS
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: commute
 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: TAY LEE ANN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7148286C CONTACT: 97618948
 c) ADDRESS: 10 HILLVIEW CRESCENT

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S&P 1808M MODEL: HONDA JADE
 b) DRIVER'S NAME: ERIC LIA KIAN ANN
 c) NRIC/FIN/PASSPORT: S7619562E CONTACT: 92878731

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

CARINA LEE FINALE

TAY KAI HUNG MARE

TAY KAI HUNG FINALE

No of passenger

(including driver)

(4)

No of passenger

(including driver)

()

No of passenger

(including driver)

()

Email = taygraymond68@gmail.com

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7148286C



Name
TAY LIN GIN

Race
CHINESE


Date of Birth
29-11-1971

Sex
M

Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE




License No. **S7148286C**

Name
TAY LIN GIN

Birth Date **29 Nov 1971**

Issue Date **17 Mar 2003**



1487303




NRIC No. **S7148286C**

Blood Group **B+** Date of issue **22-11-1993**

10 HILLVIEW CRESCENT
SINGAPORE 669434

NRIC No. **S7148286C** Date **16/05/2012** No. **7094295**

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
21 Mar 1992



NP 428A

License No. **S7148286C**



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068907
 Tel +65 6827 7888, Fax +65 6827 7000
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

ULTIMATE CAR PROTECTOR-PREMIER**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
S 28864660 SMF	29/12/2017 to 28/12/2018	SINGAPORE
Name and Address of Insured		Date of Issue
Tay Lin Gin 10 Hillview Crescent Singapore 669434		11/12/2017
		Account Number
		599055
Premium	GST	Total Due
SGD699.84	SGD48.99	SGD748.83

RISK NUMBER 1**ULTIMATE CAR-PROTECTOR-PREMIER****OCCUPATION**

Manager

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO.	SJM3428T	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Corolla Altis 1.6 Auto	INCL. COE/PARF	YES
ENGINE NUMBER	3ZZ4821016	OFF-PEAK CAR	YES
CHASSIS NUMBER	MR053ZEE106126452	NO CLAIM DISCOUNT	40.00% (or F/D)
YEAR OF MFG	2008	GOOD DRIVER'S	
CAPACITY	1598 C.C.	DISCOUNT	SGD36.83
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	NOT COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD500
		ANNUAL PREMIUM	SGD699.84

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

AUTHORISED DRIVERS

Tay Lin Gin

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

LIMITATION AS TO USE