

Date In: 20/01/2018 11:05	Job Description	Date & Time Completed	Done by
Ref No: NBA/MSGL5003203/Y	SAS e-filing		
Veh No: SLD 283 L	E-mail (vehicle sheet, AIC sheet)		
D.O.A: 19/01/2018 15:45	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (vehicle sheet, TP sheet)		
TP Insured:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass'n Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars	Yell No: GBF 30 H	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% (Note: BSL 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:	INC Boxline: 6788 0016	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____

Priority Actions:

NA1801044

Human Resources	Invoice Preparation Checklist	Bill	Work Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$100		
	4) FT: Follow-Through Survey \$150		
	5) PT: Follow-Through Survey (Recovery) \$30		
	6) TR: Re-inspection \$35		
	7) NI: (24h) DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NI: (24h) DA + SMRT Survey \$160		
	10) NI: (24h) DA + SMRT Survey \$160		
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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	20/02/2018 11:05
Date Of Accident	19/02/2018 15:45
Exact Location Of Accident	ALONG IRWELL BANK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD283L
Insured/Policyholder	
Name Of Registered Owner	KONG DERRICK
NRIC No	S8516828B
Email Address	DERRICK.KONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96631829
Alternative Phone No	OTHERS-96631829

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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	D 28775746 QMY
Cover Note Number	

Driver

Name of Driver	KONG DERRICK
NRIC No	S8516828B
Date Of Birth	28/05/1985
Occupation	INDOOR
Date Of Driving Pass	24/01/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96631829
Fax Number	
Contact Number	OTHERS-96631829
Email Address	DERRICK.KONG@GMAIL.COM

Address	21 DELTA ROAD #20-03
Postcode	169813
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	SIDE SWIPE
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)	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

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	GBF30H
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KEE LEK HWA
NRIC/Passport Number	F7003865W
Contact Number	94815011
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.**
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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: 19/02/18 1705H

Driver's Signature

(If driver is not the policyholder)

Date & Time:

20/02/2018

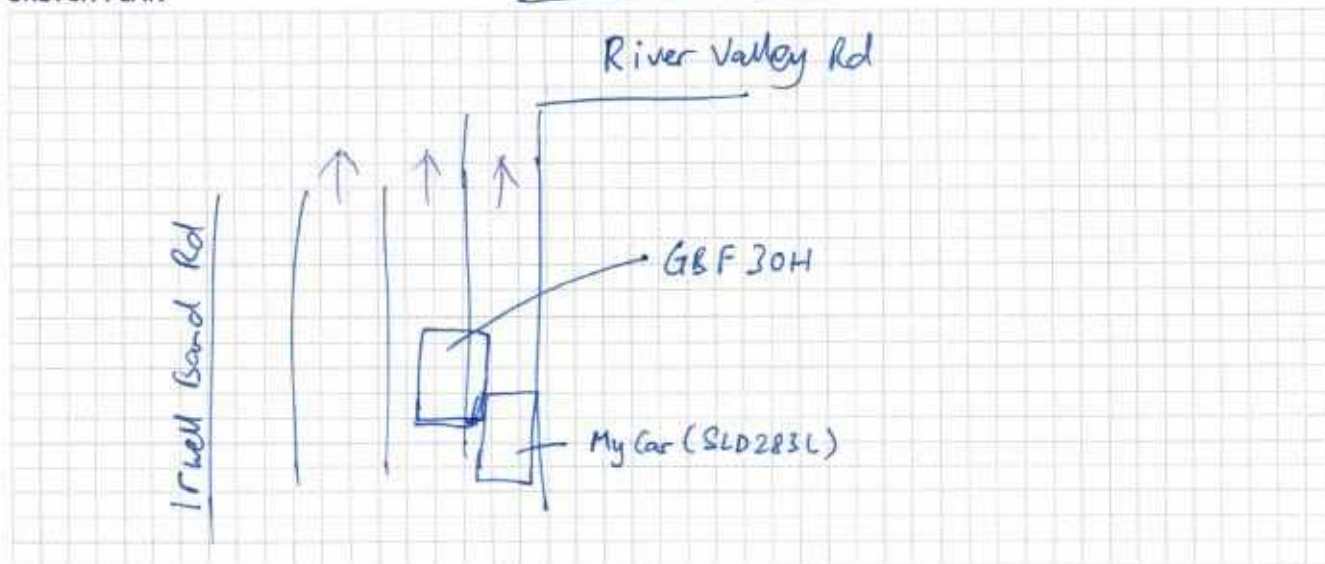
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Resli Wathan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the right most lane of Irwell Bank Road (5-lane road) when TOYOTA HIACE VAN (GBF30H) cut into my lane and hit the front left of my car, including left side mirror. We were travelling about ~50 km/h or less.

DECLARATION

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

Policyholder's Signature
 Date & Time: 30 17/02/18 1710H

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

Reporting Centre Personnel's Signature
 Name: 20/02/2018
 NRIC/FIN No.: Resa, WATTHAB

ACCIDENT STATEMENT

ACCIDENT DATE: 19 / 02 / 2018 (DD/MM/YYYY) TIME: 15 : 45 (HH:MM)

LOCATION: Imeli Bank Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLD 283 L
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: D 28775746 QMY
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA HARRIER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHER)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: KONG DERRICK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8516828B CONTACT: 96631829
 c) ADDRESS: 21 DELTA ROAD, 20-03, DOMAIN 21, S(169813)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

4 No of passenger
(Including driver)
(1)

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

* d) DATE OF BIRTH: 28 / 05 / 1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 24/01/2006

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

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

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

4 No of passenger
(Including driver)
(1)

- a) VEHICLE NUMBER: GRF 30 H MODEL: TOYOTA HIACE
 b) DRIVER'S NAME: KEE LEE HWA
 c) NRIC/FIN/PASSPORT: F7003865W / 34264662 CONTACT: 94815011

9. THIRD PARTY VEHICLE

4 No of passenger
(Including driver)
()

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

email = derrick.kong@gmail.com

fax =

V1 DEO

**SINGAPORE ARMED FORCES
IDENTITY CARD**

Name
KONG DERRICK

NRIC No
S8516828B

1606
19/01/18

This card is the property of the Singapore Armed Forces. Any person finding the card is requested to report it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S8516828B**

Name
KONG DERRICK

3244
31/7/13

Birth Date **28 May 1985**

Valid Date **24 Jan 2006**

001395068A

NRIC No / Colour
S8516828B / PINK

Race
CHINESE

Date Of Birth
28/05/1985

Service Status
REGULAR

Address
**ADDRESS: 21 DELTA ROAD #20-03
SINGAPORE 169813**

Blood Group
A (+)

Country Of Birth
SINGAPORE

Military Rank/Status
OFFICER

Sex
M

DATE: 14.01.2013 S8516828B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

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

Licence No: S8516828B

NP 428A

MOTOR MAX PLUS
RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
D 28775746 QMY	22/06/2017 to 21/06/2018	SINGAPORE
Name and Address of Insured		Date of Issue
Kong Derrick 21 Delta Road #20-03 Singapore 169813		23/05/2017
		Account Number
		393008
Premium	GST	Total Due
SGD1,604.70	SGD112.33	SGD1,717.03

RISK NUMBER 1
MOTORMAX PLUS
OCCUPATION

Pilot

FINANCIAL INTEREST

 United Overseas Bank Limited
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SLD283L
MAKE/MODEL	Toyota - As detailed below
ENGINE NUMBER	3ZRB737461
CHASSIS NUMBER	ZSU600073470
YEAR OF MFG	2015
CAPACITY	1986 C.C.
SEATING CAPACITY	5 (INCL. DRIVER)
WINDSCREEN	UNLIMITED

SUM INSURED	MARKET VALUE
INCL. COE/PARF	YES
OFF-PEAK CAR	NO
NO CLAIM DISCOUNT	10.00% (or F/D)
NCD PROTECTOR	NOT COVERED
EXCESS	SGD700
ANNUAL PREMIUM	SGD1,604.70

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

AUTHORISED DRIVERS

Kong Derrick