

NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 20/02/18

Ref No: NA/MSG18003225/13

Veh No: SKG5162R

D.O.A: 20/02/18 0750

OD (TP) Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (within 8hrs, AIC 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

J-MART

Tel:

Fax:

TP Particulars:

Veh No:

SJQ8957D

INC () / Non-INC ()

Tel:

Owner / Driver: (

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)

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:

Invoice Preparation Checklist

	Amt (\$) 1st Bill	Amt (\$) Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$30)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
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 (N:n 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 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 13:34
Date Of Accident	20/02/2018 07:50
Exact Location Of Accident	PIE EXIT SIM AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG5162R
Insured/Policyholder	
Name Of Registered Owner	CHU JING AN LEO
NRIC No	S7026833G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98002937
Alternative Phone No	OTHERS-98002937

Vehicle Particulars

Manufacturer	VOLVO
Model	-
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	A 27767360 QMY
Cover Note Number	

Driver

Name of Driver	CHU JING YUN
NRIC No	S8415223D
Date Of Birth	02/06/1984
Occupation	INDOOR
Date Of Driving Pass	29/06/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98002937
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 659B JURONG WEST ST 65 #02-305
Postcode	642659
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	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

PLS REFER TO THE ATTACHED STATEMENT.

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	SJQ8957D
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBB9173R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

CHU JING YUN

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKG5162R

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

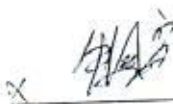
IMPORTANT NOTICE

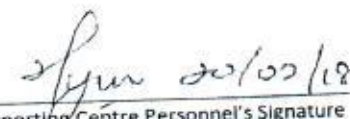
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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:

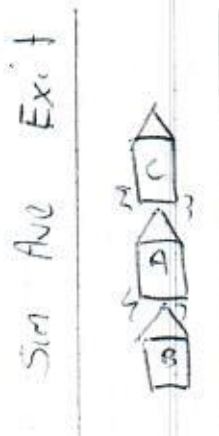
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DOA: 20/2/18

A: SKG 5162R

B: SJQ 8957 D


C: GBB 9173R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh C stopped so I followed suit but veh B
 failed to brake in time hit onto my veh
 rear portion I due to the strong impact my
 car moved forward & hit veh C.

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:

 20/02/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Personal Particulars

Date of Accident: 20/2/18 Time of Accident: 7.50 am
Exact Location of Accident: PIE exit Sim Ave
Owner's Name: Chu Jing An Leo NRIC No: 570268336 HP No: _____
Driver's Name: Chu Jing Yun NRIC No: 584152230 HP No: 98002937
Date of Birth: 2/6/1984 Driving Licence Passing Date: 29/6/2007 Occupation: Indoor / Outdoor
Address: Blk 659 B Jurong West St 65 #02-305 (642659)
Relationship of Driver with Insured: Owner Email Address: _____
Vehicle No: SKG 5162 R SIBLING Make & Model: Volvo
Insurance Co: MSIG Coverage: Comprehensive Policy No: A277673600 my

*Purpose of Reporting? ☒ Own Damage Claim / ☐ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+3 C: 1+0 D: _____

*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: Chu Jing Yun neck & back

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes, ☒ No)

Third Party Driver's Particulars

Vehicle B No: SDQ 8957 D Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____
Vehicle C No: GBB 9173 R Make & Model: _____
Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

Effective Date: 29 Jun 2007

Class 3

Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg

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

Effective Date

Class 3

Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg

NP 428A

Licence No: S8415223D

Barcode

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8415223D

Portrait photo of a man.

CHU JING YUN

朱 勁 運

CHINESE

02-06-1984

Singapore

393801

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

Effective Date

Class 3

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NP 428A

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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8415223D

Portrait photo of a man.

CHU JING YUN

朱 勁 運

CHINESE

02-06-1984

Singapore

393801

**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

MOTOR MAX PLUS
Comprehensive

Certificate No. A 27767360 QMY

Excess : SGD500
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKG5162R

2. Name of Policyholder
 Chu Jing An Leo

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 14/09/2017

4. Date of Expiry of Insurance
 13/09/2018

5. Persons or Classes of Persons entitled to drive*

Chu Jing An Leo
 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