

NATIONAL Assessment Centre Services

(Unit 1 Service)

MAA/18027198

Date In: 26/03/2018 14:22
Ref No: NABA/18003580/N
Veh No: SKS 1450Y
D.O.A: 23/02/2018 17:15

OD/TP/Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-Milling

E-mail (within 2hrs, A/C 2hrs)

1-Motor Claim Form

1-Motor VVO (Within 20 mins, TP 1hr)

1-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/Hand to Owner/VHSP

Preferred Wksp / INC Assign Wksp / OWI

TP Particulars: Yell No: ABC 7575

Tell

Fax

Owner / Driver:

INC () / Non-INC ()

Policy No:

Tell

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: () No online 6758 6016

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Survey:

Order/Time Actions:

MAA/1252

Human's Particulars:

Driver/Owner:

Contact No:

Assessed Portion:

C. Checked by (Ungr-In-Charge):

Vehicle Comments:

U. I.

U. 2/3:

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$45

4) PT: Follow-Through Survey \$150

5) RT: Follow-Through Survey (Resurvey) \$150

For claimant against INC Only (up to 10 Jan 2018)

6) TR: No-Inspection \$75

7) NI: 120 DA + SMRT Survey \$160

8) NTUC Additional Services

9) Other

10) NI: Courtesy Car / Tpl Allowance \$5

11) NI: Aspects Coordination \$10

12) NI: Post Repair Inspection \$15

13) NI: DY / Callies Unseen Coordination \$5

14) TP (NI) / TP (Non-INC) against INC \$30

15) NI: Incident Mobiles \$10

Invoice done

Invoice done

Not Charged

Not Charged

MAA/1252

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	26/02/2018 14:22
Date Of Accident	23/02/2018 17:15
Exact Location Of Accident	ALONG REPUBLIC BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS1450Y
Insured/Policyholder	
Name Of Registered Owner	POH QIAN YI, CORINA
NRIC No	S8607970D
Email Address	POH.CORINA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98636806
Alternative Phone No	OTHERS-98636806

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	RETURN TO OFFICE
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 80395626 QMY
Cover Note Number	

Driver

Name of Driver	POH QIAN YI, CORINA
NRIC No	S8607970D
Date Of Birth	26/03/1986
Occupation	INDOOR
Date Of Driving Pass	08/11/2005
Driving Experience	12 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98636806
Fax Number	
Contact Number	OTHERS-98636806
Email Address	POH.CORINA@YAHOO.COM

Address	BLK 271D PUNGGOL WALK #14-551
Postcode	824271
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	RAINING
Road Surface	WET

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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC7577S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	BEN
NRIC/Passport Number	
Contact Number	96665472
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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: 26/02/2018
12:43 pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

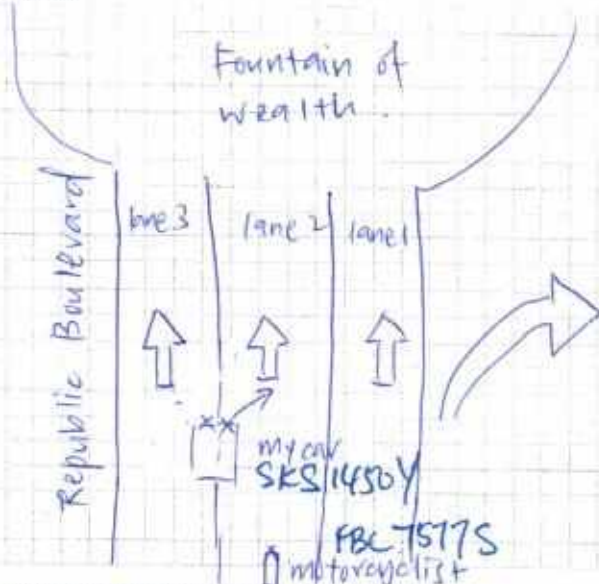


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Road was clear that there was no vehicle at lane 2 upon lane change - I initiated lane change at the moment from far halfway through lane change, spotted FBC 7577S, and hence slowdown in ~~the~~ between the 2 lanes to allow him to pass and not proceeding with lane change, but staying in the centre.

however, shortly after motorcyclist barged the right bumper and skidded.

DECLARATION

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

Policyholder's Signature
Date & Time: 26/2/2018
1250pm

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

Reporting Centre Personnel's Signature
Name: 26/2/2018
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 23 / 02 / 2018 (DD/MM/YYYY), TIME: 17 : 15 (HH:MM)

LOCATION: Suntee City Republic Boulevard

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 1450 Y
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 80395626 QMY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda Vezel
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Return to office
 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: Poh Qian Yi Corina (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8607970 D CONTACT: 98636806
 c) ADDRESS: 271 D Dunggol Walk #14-55
9824271

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(Including driver)
(1)

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

* d) DATE OF BIRTH: 26 / 03 / 1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 09 Nov 2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
(1)

- a) VEHICLE NUMBER: FRC 7577S MODEL: _____
 b) DRIVER'S NAME: Ben
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 96665472

9. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = poh.corina@yahoo.com

Fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8607970D



Name

POH QIAN YI, CORINA

傅倩儀

Race

CHINESE

Date of birth

26-03-1986

Country/Place of birth

SINGAPORE

Sex

F



5594245



NRIC No. S8607970D



Date of issue

29-04-2016

Address

APT BLK 271D PUNGGOL WALK
#14-551
SINGAPORE 824271

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8607970D

Name

POH QIAN YI, CORINA

Birth Date 26 Mar 1986

Issue Date 08 Nov 2005

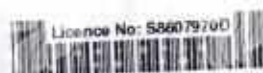


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

08 Nov 2005

Class 3A Motor cars without clutch pedals ≤ 3000 kg
with ≤ 7 passengers, exclusive of the driver;
and motor tractors/vehicles without clutch
pedals ≤ 2500 kg



Licence No: S8607970D

NF 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:

MOTOR MAX PLUS

Comprehensive

Certificate No. A 80395626 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKS1450Y

2. Name of Policyholder
Poh Qian Yi Corina

3. Effective Date of the Commencement of Insurance for the purposes of the Act
27/03/2017

4. Date of Expiry of Insurance
26/03/2018

5. Persons or Classes of Persons entitled to drive*

Poh Qian Yi Corina

Chuah Sun Tat

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

Trade Zone Insurance Agencies Pte Ltd

114 Lorong Bruni 303-39

CT 110-2 Singapore 338729

Tel: 63426301 Fax: 63426302

for Chief Executive Officer