

# NATIONAL Assessment Centre Services (wef 1 Jan'05) **MA118041745**

Date In: <b>28/3/18 - 11:29</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MSG/18005/20/24</b>	SAS e-filing		
Veh No: <b>FBD47854</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>27/3/18-19:20</b>	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>5JS5165G</b>	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% 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 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

<b>NA1801955</b>	<b>Invoice Preparation Checklist</b>	Am't (\$) Inc Bill	Am't (\$) Add Bill
<b>Claimant's Particulars:-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	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:-		
	<b>Q1:</b>		
<b>QC Checked by (Engr-In-Charge):</b>	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
<b>Auditors' Comments:-</b>	*N8: DV / Collect Excess Coordination \$5		
<b>Dat. 1:</b>	IF (N11) : TP (Non INC) against INC \$20		
<b>Dat. 2 / 3:</b>	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	28/03/2018 11:29
Date Of Accident	27/03/2018 19:30
Exact Location Of Accident	HOUGANG ST 52 BESIDE BLK 699A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD4785Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	QUAK SENG MIN
NRIC No	S1531805H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97205141
Alternative Phone No	OFFICE-97205141

### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125X 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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/MT/17-984600-WTT
Cover Note Number	

### Driver

Name of Driver	QUAK SENG MIN
NRIC No	S1531805H
Date Of Birth	14/03/1962
Occupation	INDOOR
Date Of Driving Pass	03/07/1981
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97205141
Fax Number	
Contact Number	OFFICE-97205141
Email Address	NOEMAIL

Address	BLK 553 HOUGANG STREET 51 #05-280
Postcode	530553
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 - CROSS JUNCTION
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?	
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

ON STATED DATE AND TIME, I WAS TURNING FROM HOUGANG ST 52 TO HDB BLK 699A. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION.

#### 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	SJS5165G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM HOON CHOO
NRIC/Passport Number	S1691749D
Contact Number	
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.
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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**.
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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:

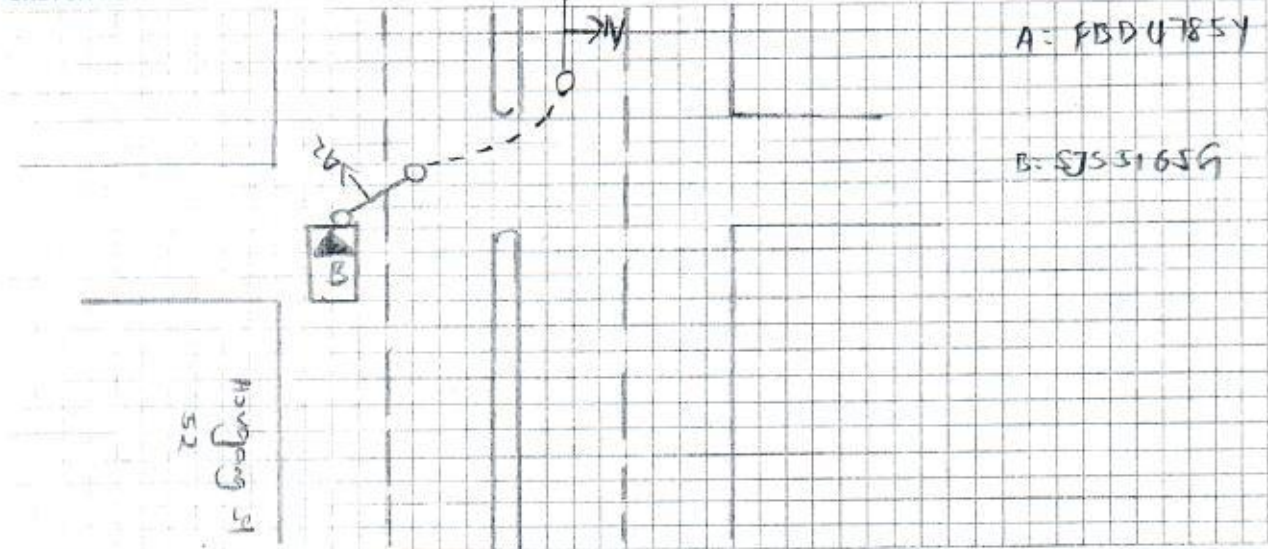
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

## 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:

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

Motorist No. S1531805H

Name: QUAK SENG MIN

Birth Date: 14 Mar 1962

Issue Date: 05 May 2003

1000449931H

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1531805H

Name: QUAK SENG MIN

郭成明

Race: CHINESE

Date of Birth: 14-03-1962

Sex: M

Country of Birth: SINGAPORE

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

Class	Description	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	03 Jul 1981
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	24 Jun 1982

Licence No: S1531805H

1684820

NRIC No: S1531805H

Blood Group: B+

Date of issue: 15-02-1994

APT BLK 555 HOUGANG STREET 51 405-280

SINGAPORE 1993

NRIC No: S1531805H Date: 04-07-1995 No: 1745556

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
www.msig.com.sg

## MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 07/08/2017

AGENCY: A0633-001-W0857  
WTT Insurance Agencies Pte Ltd

POLICY NO: MSD/VMT/17-98460u-w TT

**INSURED:**

NAME: QUAK SENG MIN  
ADDRESS: BLK 553 HOUGANG ST 51  
#05-280  
S530553

NRIC NO: S1531805H  
DATE OF BIRTH: 14/03/1962 (55 yrs)  
DRIVING EXP: 03/07/1981 (36 yrs)  
CONTACT NO: 97205141

BUSINESS OR PROFESSION: DRIVER

PERIOD OF INSURANCE FROM: 16/08/2017 00:01AM TO 15/08/2018

REGISTRATION NUMBER: FBD4785Y

CUBIC CAPACITY: 125

MAKE OF VEHICLE: HONDA

YEAR OF REGISTRATION: 2009

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

The Insured Only

ENDORSEMENTS APPLICABLE: 3P PA INSURED MEMO MCFM

PREMIUM: 131.75

EXCESS:

GST @ 7% 9.22

TOTAL : 140.97

NO CLAIM BONUS OF 15% IS ALLOWED

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER: NIL (23.25)

REPLACING POLICY NO: MSD/VMT/16-975152-WTT

MSIG Insurance (Singapore) Pte. Ltd.

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers