

NATIONAL Assessment Centre Services (NACS) [Ref: 123456]

NA18042369

Date In: 29/03/2018 12:47
 Ref No: NBA18042369/5857/Y
 Veh No: STM 3052T
 O.O.A: 28/03/2018 15:45
 OD / TP: Reporting Only

Job description	Date & Time Completed	Done by
3AS e-illing		
E-mail (Vehicle Data, AIC7111)		
1-Motor Claim Form		
1-Motor V/O (V/O/MS 00 2411, 711 1111)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/VWSP		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()
 TP Particulars: Yell No: GBE 2763T INC () / Non-INC ()
 Owner / Driver: () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: BSL Status (WO): NI 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 | Customers information strictly Confidential & Strictly NO later of repair.
 () Total Loss Case | to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () | Invoice: YES () / NO () | Towing Co: ()

Reasons: () No online 6788 0016 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: ()
 On Time: () Action: ()

Human's Particulars	Invoice Preparation/Charges	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Policy No:	2) DA: Damage Assessment (\$100)	INC (40)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$40	
C. Checked by (Ungr-In-Charge):	4) PT: Follow-Through Survey	\$150	
	5) PT: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Re-inspection	\$15	
	7) NI: (40) DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance	\$1	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$25	
	12) NI: DY / Collision/Unsure Coordination	\$1	
	13) NI: (11) TP (Non-INC) against INC	\$20	
	14) NI: (11) TP (Non-INC)	\$20	
	Invoice total		
	Net Charged		
	Balance Paid		

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	29/03/2018 12:47
Date Of Accident	28/03/2018 15:45
Exact Location Of Accident	NO.5 ANG MO KIO AVENUE 10 CARPARRK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM3052T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD LUGMAN BIN ABD RAHMAN
NRIC No	S8932163H
Email Address	HIDAHSELFY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90237810
Alternative Phone No	OTHERS-91990903

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	A 80452316 QMX
Cover Note Number	

Driver

Name of Driver	NURHIDAYAH BINTE ABD RAHMAN
NRIC No	S8332060E
Date Of Birth	02/10/1983
Occupation	INDOOR
Date Of Driving Pass	15/09/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90237810
Fax Number	
Contact Number	OTHERS-91990903
Email Address	HIDAHSELFY@GMAIL.COM

Address	BLK 121 TECH WHYE LANE #08-828
Postcode	680121
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : SON GENDER: : MALE

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	GBE2763T
Vehicle Make/Model/Colour	TOYOTA LORRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR.LIM
NRIC/Passport Number	
Contact Number	96507197
Address	
Postcode	

SKETCH PLAN

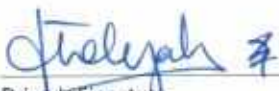
IMPORTANT NOTICE

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**.
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.

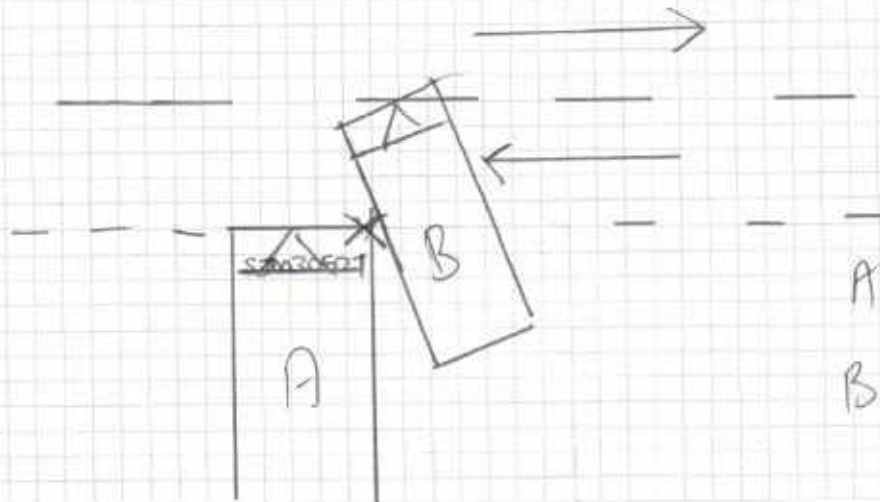

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/3/2018
12.30pm


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

SKETCH PLAN

NO. 5 ANG MO KIO AVENUE 10 CARPARK



A) SJM3052T

B) GBE2763T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 15:44hrs on 29 march, as i have just parked my vehicle number SJM3052T at a parking lot on Ang mo kio Ave 10, suddenly vehicle GBE2763T drives off from his parking lot and hit the front right side of my vehicle.

The other party, name MR Lim agreed for a private settlement and gave his workshop contact details and address: 5032, AMK Ind Park 2, #01-291. I have also visited the workshop and fixed next monday, 2 April 2018 at 7.30pm to send my vehicle for repair works.

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: Resdi 11/11/18
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28/3/2018 (DD/MM/YYYY), TIME: 15:45 (HH:MM)

LOCATION: 5, Ang Mo Kio Ave 10

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJM 3052T
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A80452316 QMX
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Mitsubishi Lancer
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: car was parked
 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: Muhammad Luqman Bin Abd Rahman (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8932163H CONTACT: 90237810
 c) ADDRESS: BK 457 Choa Chu Kang Ave 4
#04-183

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
(including driver)
(3)

DRIVER

- a) NAME: Nurnidayah Binte Abd Rahman (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S833206CE CONTACT: 91990903
 c) ADDRESS: BK 121 Teck Whye Lane #08-828

* d) DATE OF BIRTH: 02/10/1983 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

i) DATE OF DRIVING PASS: 15 Sept 2006

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

No of passenger
(including driver)
()

- a) VEHICLE NUMBER: GRE2763T MODEL: Toyota
 b) DRIVER'S NAME: MR LM
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 96507197

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

Email: hidanelfy@gmail.com

Fax: _____

Video _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8332060E



Name

NUR HIDAYAH BINTE ABD
RAHMAN

Race

MALAY

Date of birth

02-10-1983

Country/Place of birth

SINGAPORE

Sex

F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8332060E

Name

NUR HIDAYAH BINTE ABD
RAHMAN

Birth Date 02 Oct 1983

Issue Date 15 Sep 2006



5327681



NRIC No. S8332060E

Date of issue

12-07-2014

APT BLK 121 TECK WHYE LANE #08-828
SINGAPORE 860121

NRIC No: S8332060E

Date: 27/04/2015

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

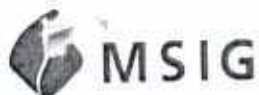
PASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 15 Sep 2006

NP 426A



Licence No: S8332060E



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

ORIGINAL

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
Comprehensive**

Certificate No. A 80452316 QMX

Excess: SGD600
Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SJM3052T

2. Name of Policyholder

Muhammad Lugman Bin Abd Rahman S8932163H

3. Effective Date of the Commencement of Insurance for the purposes of the Act

29/12/2017

4. Date of Expiry of Insurance

28/12/2018

5. Persons or Classes of Persons entitled to drive*

Muhammad Lugman Bin Abd Rahman S8932163H

Abd Rahman Bin Jantan

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 MUST BE CARRIED OUT 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.



Signature / Date

Counter-Signatory:

DS Insurance Agency

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XDSIASUZ2017122614251172

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies