

MINA4864889

Date In: 12/04/2018 17:49
 Ref No: NBS/MSG/180067987
 Veh No: SL8 661A
 D.O.A: 12/04/2018 08:30
 OD / TPT Reporting Only

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (write this, AIC this)		
1-Motor Claim Form		
1-Motor W/O (write on this, if this)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Whop		

Preferred Whop / INC Assign Whop / OWI ()
 TP Particulars: Yell No: SJF 8339X INC () / Non-INC ()
 Owner / Driver ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: () Time: ()
 Insured/Driver Liability: () % (Note: BIL Status (WO): NI 0-20%; P: 21-79%; PI 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 reporter.
 Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () / Invoiced YES () / NO () / Towing Co: ()

Remarks	INC/Non-INC (6788/6616)	Whop/Whop Assignable	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check/Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury: _____

Date/Time	Action

Checked by (Bug-in-Charge):	Invoice Preparation Checklist	Bill	Red Bill
NBS02352	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$50)	
	3) TP: Towing Fee	\$40/\$12	
	4) PT: Follow Through Survey	\$100	
	5) RT: Follow Through Survey (Resurvey)	\$30	
	Excluded/Incl against INC Only (Spec 10 Jan 2015)		
	6) TR: No-Rep/Un	\$13	
	7) NI: Low DA + SMAT Survey	\$160	
	8) NTUC Additional Survey/Call		
	9) Oil		
10) NI: Courtesy Car / Tpt Allowance	\$5		
11) NI: Repair Coordination	\$10		
12) NI: Post Repair Inspection	\$13		
13) NI: DV / Collision Repair Coordination	\$5		
14) NI: (NI) TP (INC/INC) Report INC	\$10		
15) Hidden Mobile	\$0		
Involved	File Closed		

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	12/04/2018 17:49
Date Of Accident	12/04/2018 08:30
Exact Location Of Accident	SLIP RD TELOK BLANGAH WAY TOWARDS LOWER DELTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS661A
Insured/Policyholder	
Name Of Registered Owner	LIM XIN HUA
NRIC No	S9051399J
Email Address	RACHELLIMXINHUA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96520344
Alternative Phone No	OTHERS-96520344

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	55500062

Driver

Name of Driver	LIM XIN HUA
NRIC No	S9051399J
Date Of Birth	25/12/1990
Occupation	INDOOR
Date Of Driving Pass	13/11/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96520344
Fax Number	
Contact Number	OTHERS-96520344
EEmail Address	RACHELLIMXINHUA@GMAIL.COM

Address	BLK 20 TELOK BLANGAH CRESCENT #14-56
Postcode	090020
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	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	SJF8339X
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FREDA
NRIC/Passport Number	
Contact Number	93631215
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 12/04/18

Driver's Signature

(If driver is not the policyholder)

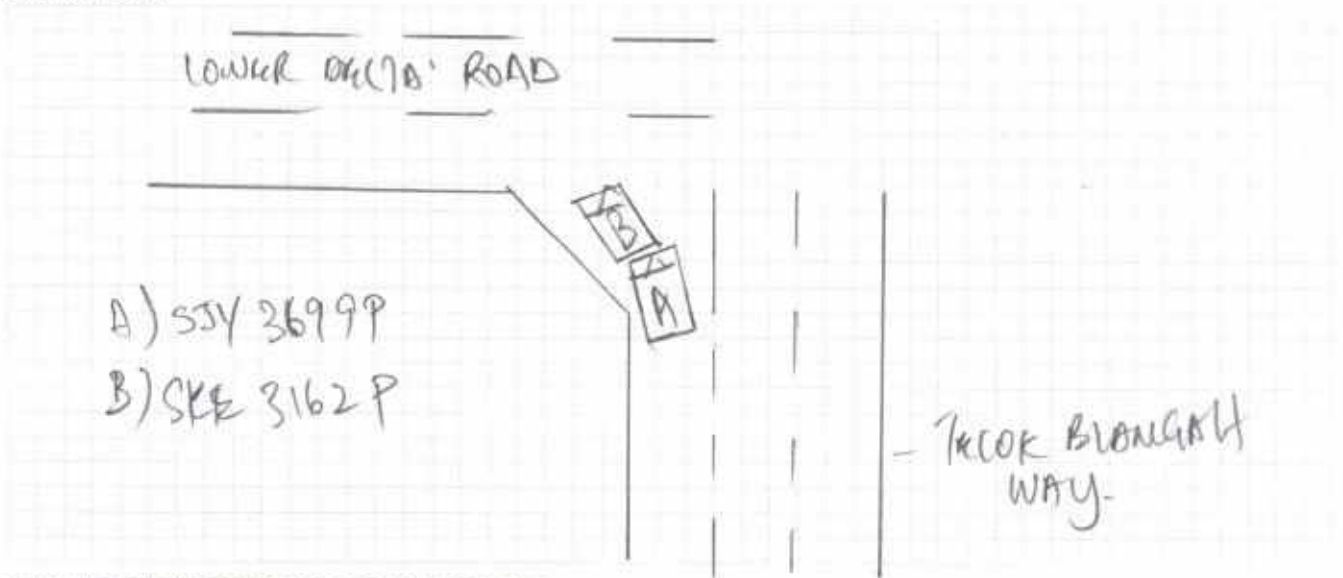
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was driving down the slip road, turned my head to check for oncoming traffic, ~~and not~~ Did not expect vehicle in front to stop and hence, collided with her rear.

DECLARATION

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


Policyholder's Signature
Date & Time: 12/04/18

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


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

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 04 / 2018 (DD/MM/YYYY), TIME: 08 : 30 (HH:MM)

LOCATION: Sip Road Telok Blangah road way towards Lower Delta Rd.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL661A
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 55500A62
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY) THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Nissan iatio
f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
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: Lim Xin Hua (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9051399 J CONTACT: 96520344
c) ADDRESS: Telok Blangah Crescent Bldg 20 #14-66 Singapore 090020

* 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: 25 / 12 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 Nov 2014

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)
()

- a) VEHICLE NUMBER: SSF8339 X MODEL: Hyundai
b) DRIVER'S NAME: Freda
c) NRIC/FIN/PASSPORT: _____ CONTACT: 93631215

9. THIRD PARTY VEHICLE

No of passenger
(including driver)
()

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

Email = rachel lim xin hua @ gmail . com

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9051399J



Name
LIM XIN HUA

林欣华

Race
CHINESE

Date of birth
25-12-1990

Sex
F

Country of birth
CHINA



S9051399J

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9051399J

Name
LIM XIN HUA

Birth Date 25 Dec 1990

Issue Date 13 Nov 2014



002365536J



3821422

NRIC No. S9051399J



Date of issue
31-12-2005

Address

APT BLK 20 TELOK BLANGAH CRESCENT
#14-56
SINGAPORE 090020

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 13 Nov 2014



License No: S9051399J

NP 428A



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

MOTOR INSURANCE COVER NOTE

Cover Note No. 55500062

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 156378
Name of Insured : LIM XIN HUA
Make and Description of Vehicle : NISSAN LATIO 1.5L
Vehicle Registration No. : SLS661A
Year of Manufacture : 2008
Engine No. : HR15012704B
Chassis No. : JN1BAAC11Z0020092
Capacity : 1,498 Cubic Capacity
Cover Type : Third Party
Sum Insured (SGD) : Market Value
Period of Insurance : 23/09/2017 to 22/09/2018
Excess (SGD) : As Agreed

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative

B.A.S. Enterprise

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Amy Ler
Senior Vice President, Agencies

Date of Issue : 22/09/2017

This Cover Note is valid for 30 days from the date of issue.