

NATIONAL Assessment Centre Services 2 MAY 2018 5677

Date In: 02/05/2018 09:37	Job description	Date & Time Completed	Done by
Ref No: NPA/MSG/8002950/Y	SAS e-illing		
Yell No: SGC 1739C	B-rell (white van, no door)		
D.O.A: 02/05/2018 06:55	1-Motor Claim Form		
OD / TP: (Relaying Only)	1-Motor W/O (Vehicle No, TP, etc)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Rep/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OWI	Tell	Fast
TP Particulars	Yell No: SGM 3190M	INC () / Non-INC ()
Owner / Driver:	Tell	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability: () % (Note: BIL Sumi (WO): NI 0-20% PI 21.79% PI 30-100%)		
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: ()	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Work-in-Garage / Customers Information strictly Confidential & Strictly NO refer of repeller.

() Total Loss Case - to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks:	INC/Boiling: 6788/6016	Date & Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

Injury: _____

Other Tolls: _____

NA1802797 Insured/Owner: Contact No: Assigned Portion: C. Checked by (Bgr-In-Charge): Date:	Invoice Preparation Checklist	
	1) AR Accident Reporting (300)	
	2) DA Damage Assessment (300)	INC (40)
	3) TP Towing Fee	210
	4) FF Follow Through Survey	210
	5) FT Follow Through Survey (Repairer)	210
	6) TR Trail Repair	210
	7) NI LCU OA + SMRT Survey	210
	8) NTUC Additional Survey	
	9) Q11	
10) NI Courtesy Car / Tot Allowance	210	
11) NI Repair Coordination	210	
12) NI Post Repair Inspection	210	
13) NI DV / Collision Casualty Coordination	210	
14) NI LCU OA + SMRT Survey	210	
15) NI Accident Report	210	
16) Invoice Print		
17) 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	02/05/2018 09:37
Date Of Accident	02/05/2018 06:55
Exact Location Of Accident	CTE TOWARDS CITY AFTER ANG MO KIO AVENUE 1 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1739C
Insured/Policyholder	
Name Of Registered Owner	KWEK BENG TIONG EUGENE
NRIC No	S7045302I
Email Address	EUGENE.KWEK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81833325
Alternative Phone No	OTHERS-81833325
Vehicle Particulars	
Manufacturer	BMW
Model	730LI AT ABS D/AB 2WD 4DR NAV HID SR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	10116899
Driver	
Name of Driver	KWEK BENG TIONG EUGENE
NRIC No	S7045302I
Date Of Birth	24/12/1970
Occupation	INDOOR
Date Of Driving Pass	15/12/1989
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81833325
Fax Number	
Contact Number	OTHERS-81833325
Email Address	EUGENE.KWEK@HOTMAIL.COM

Address	13 BEGONIA WALK
Postcode	805801
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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM3190M
Vehicle Make/Model/Colour	TOYOTA RUSH
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)	

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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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:

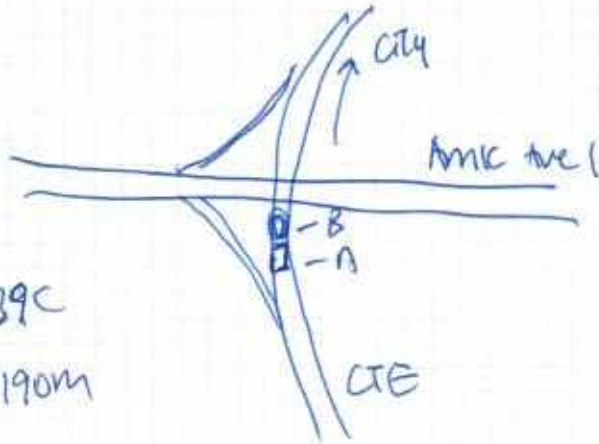
2/5/18 9:18 am

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

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

02/05/2018
Resdi wong

SKETCH PLAN



A) SJS 1739C

B) SGM 3190m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

654 am Wed 2/5/16.

Bumped

the car (GM 3190M) when travelling downhill along CTE
Towards City, travelling $< 30 \text{ km/h}$. car braked last minute and I
could not avoid. The vehicle brake light (3rd) was not functioning well.
NO visible damage to both cars. exchanged phone #s. video (in dash)
and pictures available.

DECLARATION

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

Policyholder's Signature

Date & Time:

2/5/18. ~~12/2/18~~

9-13 am.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

02/05/2018

Personnel's Signature

ACCIDENT STATEMENT

ACCIDENT DATE: 2 / 5 / 18 (DD/MM/YYYY), TIME: 6:54 (HH:MM)

LOCATION: CTE, after Annk Ave 1 turn off, before

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJS1739C
 b) INSURANCE COMPANY: MSG
 c) POLICY NUMBER: 10116899
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Bmw 730
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE YES / NO - reporting
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Kwek Beng Tiang Eugene (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7053021 CONTACT: 8133325
 c) ADDRESS: 13 Benjamin Hill S (805801)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS Annk (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 24 / 12 / 70 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 15 Dec 89

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

a) VEHICLE NUMBER: SGM3190M MODEL: Toyota Rush

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = eugene.kwek@hotmail.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S70453021



Name

KWEK BENG TIONG EUGENE

郭明忠

Race

CHINESE

Date of birth

24-12-1970

Sex

M

Country of birth

SINGAPORE



S70453021

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number

S70453021

KWEK BENG TIONG EUGENE

Birth Date 24 Dec 1970

Issue Date 14 Jul 2005



001355030F

4201110



NRIC No. S70453021



Date of issue

08-04-2008

Address

13 BEGONIA WALK
SINGAPORE 805801

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

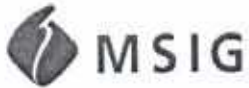
15 Dec 1989

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors / vehicles <= 2500 kg



Licence No. S70453021

NF 428A



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Tel: (65) 6827 7688 Fax: (65) 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

MOTOR INSURANCE COVER NOTE

Cover Note No. 10116899

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. : 212165
Name of Insured : KWEK BENG TIONG EUGENE
Make and Description of Vehicle : BMW 730Li
Vehicle Registration No. : SJS1739C
Year of Manufacture : 2011
Engine No. : 11507770N52B30AF
Chassis No. : WBAKB22060CN74979
Capacity : 2,996 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 30/12/2017 to 29/12/2018
Excess (SGD) : 750
Finance Company : United Overseas Bank Limited

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

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers


Sime Darby Insurance Brokers (Singapore) Pte. Ltd.


Katherine Yeo
Senior Vice President, Brokers

Date of Issue : 11/12/2017

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