

NATIONAL Assessment Centre Services

Date In: 08/05/2018 15:49
 Ref No: XBA/MS9180084247
 Veh No: SFU 491J
 D.O.A: 08/05/2018 07:20
 OO: TR / Reporting Only

MAIA46060016

Job Description	Date & Time Completed	Done by
SAS e-tiling		
E-mail (with photo, A/C etc)		
Motor Claim Form		
Motor VVO (with 100% VV etc)		
Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Box/Hand to Owner/Whse		

TP Insure:

Preferred Wksp / INC Assign Wksp / OWI:

TP Particulars: Yell No: SLP 1123X INC () / Non-INC ()
 Owner / Driver () Tel: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: BIL SBN (WO): NI 0.79%, PI 21.79%, PI 80.110%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:
 () Walk-in Customer: Customer's information strictly confidential & strictly NO relay of repairs.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Driver In () / Towed In () Invoice: YES () / NO () Towing Co: ()

Remarks: NO booking, STB8 0016 Done by: ()
 1) Apply for Transition Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Survey Photo (Repair Cost > \$3000) ()

Injury: ()
 Date/Time: ()
 Action: ()

Item	Amount	Notes
1) AA: Accidental Reporting (\$50)		
2) DA: Damage Assessment (\$100)		INC (24)
3) TP: Towing Fee		\$20/1.2
4) PT: Follow Through Survey		\$125
5) PT: Follow Through Survey (Assured)		\$125
6) TR: Admin Fee		\$11
7) NTUC Additional Fee (\$100)		\$110
8) TR: Admin Fee		\$11
9) NTUC Additional Fee (\$100)		\$110
10) TR: Admin Fee		\$11
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98) TR: Admin Fee		\$11
99) NTUC Additional Fee (\$100)		\$110
100) TR: Admin Fee		\$11

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	08/05/2018 15:49
Date Of Accident	08/05/2018 07:20
Exact Location Of Accident	HOLT RESIDENCE LEVEL 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU491J
Insured/Policyholder	
Name Of Registered Owner	TEH ENG CHAI
NRIC No	S2584721J
Email Address	TEHCHEWHEAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97495505
Alternative Phone No	OTHERS-91158865

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT PLUS-1.5 MIVEC (A)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	A 27868706 TMP
Cover Note Number	

Driver

Name of Driver	TEH CHEW HEAN
NRIC No	S2513662D
Date Of Birth	10/08/1959
Occupation	INDOOR
Date Of Driving Pass	22/11/1985
Driving Experience	32 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97495505
Fax Number	
Contact Number	OTHERS-91158865
Email Address	TEHCHEWHEAN@YAHOO.COM

Address	5 HOLT ROAD #12-03
Postcode	249444
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	SIDE SWIPE
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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SLP1123X
Vehicle Make/Model/Colour	BMW X3 SDRIVE 201
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUSAN LIEW MAT LEE
NRIC/Passport Number	S7066915C
Contact Number	98331428
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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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:

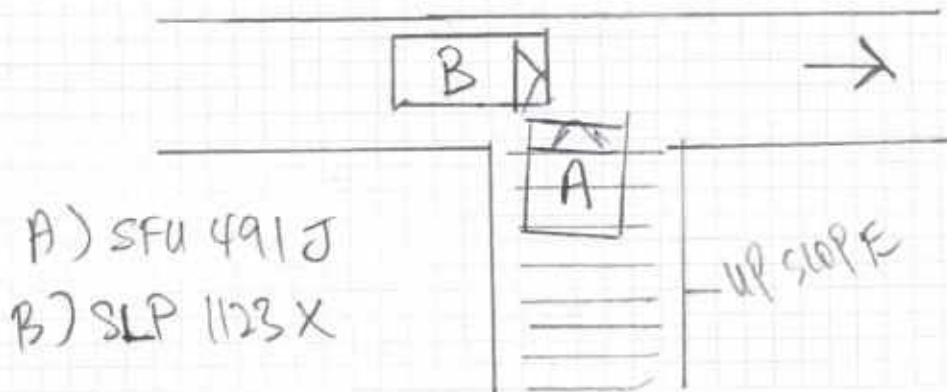
8/5/18 12.40pm

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

08/05/2018
Rashid W. A. H. A. B.

SKETCH PLAN

HOON RESIDENCE CARPARK LEVEL 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7:20am / 8/5/18

Turning upslope coming out from basement carpark.
Driver of SLP 1123 X driving in from the left side,
My car knock on the car right hand corner
My left corner knock into it.

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.:

8/5/18 12:47pm

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 05 / 2018) (DD/MM/YYYY), TIME: (07 : 20) (HH:MM)

LOCATION: Carpark Level 1 Holt Residence

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFU 491 J
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Mitsubishi Colt Plus Mivec CVT
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORK
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: TEH ENG CHAI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S 2584721 J CONTACT: 97995505
c) ADDRESS: 5 HOLT ROAD, #12-03, S(249444)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEH CHEW HEAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2513682D CONTACT: 91158865
c) ADDRESS: #12-03, 5 HOLT ROAD, S(249444)

* d) DATE OF BIRTH: (10 / 08 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 22 NOV 1985

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SISTER

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: SLP 1123 X MODEL: BMW X3 SDrive 20i
b) DRIVER'S NAME: SUSAN LEE MAT LEE
c) NRIC/FIN/PASSPORT: S7066915C CONTACT: 98331428

9. THIRD PARTY VEHICLE

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

Email = tehchewhean@yahoo.com

fax = _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2513662D



Name

TEH CHEW HEAN

鄭秋香

Race

CHINESE

Date of birth

10-08-1959

Sex

F

Country of birth

MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S2513662D

Name

TEH CHEW HEAN

Birth Date 10 Aug 1959

Issue Date 01 Sep 2003



NRIC No. S2513662D



Date of issue

20-08-2008

Address

5 HOLT ROAD
#12-03
SINGAPORE 249444

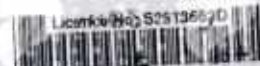
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3

Motor Cars and Motor-tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

22 Nov 1985



NP 428A

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7808, 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

PRIVATE MOTOR CAR - TP Third Party

Certificate No. A 27868706 TMP

1. Index Mark and Registration Number of Vehicle

SFU491J

2. Name of Policyholder

Teh Eng Chai

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

19/04/2018

4. Date of Expiry of Insurance

18/04/2019

5. Persons or Classes of Persons entitled to drive*

Teh Eng Chai

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.

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


 for Chief Executive Officer