

NATIONAL Assessment Centre Services (Int'l 11000)

MINA 186448

Date In: 17/05/2018 15:28	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG/1000981/Y	SAS e-claim		
Vehicle: SEX 962PK	E-mail (within 24h, A/C 2hrs)		
POA: 17/05/2018 07-10	E-mail or Claim Form		
OD: TP / Reporting Only	E-mail or Y/O (within 20 days, Y/O 2hrs)		
TP Insured:	E-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VW/SP		

Preferred Wksp / INC Assign Wksp / OWI ()	Tel: ()	Fax: ()
TP Particulars	Yell No: SUH5523R	INC () / Non-INC ()
Owner / Driver ()	Tel: ()	
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability ()	% (Note: BIL Status (WO): NI 0-20%, P: 21-79%, P: 30-100%)	
Year of Registration: ()	Warranty: YES () / NO ()	
Excess: (\$)	Loading: (\$1,000 () / \$2,000 ()	

General Remarks ()

() Work-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 ()	Done by ()	Done by ()
1) Apply for Transition Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: ()

Survivors: ()

X181803187

Invoice Preparation (GR, O/S)	Mod Bill
1) ADI Accidental Reporting (\$20)	10
2) DA (Demol) Assessment (\$100)	100
3) TP Towing Fee	100
4) FT Follow Through Survey	100
5) FT Follow Through Survey (Recovery)	100
6) TR Assessment	100
7) NI (4x) DA + EMRT Survey	100
8) RTUC Additional Survey	100
9) NI (4x) DA + EMRT Survey	100
10) NI (4x) DA + EMRT Survey	100
11) NI (4x) DA + EMRT Survey	100
12) NI (4x) DA + EMRT Survey	100
13) NI (4x) DA + EMRT Survey	100
14) NI (4x) DA + EMRT Survey	100
15) NI (4x) DA + EMRT Survey	100
16) NI (4x) DA + EMRT Survey	100
17) NI (4x) DA + EMRT Survey	100
18) NI (4x) DA + EMRT Survey	100
19) NI (4x) DA + EMRT Survey	100
20) NI (4x) DA + EMRT Survey	100
21) NI (4x) DA + EMRT Survey	100
22) NI (4x) DA + EMRT Survey	100
23) NI (4x) DA + EMRT Survey	100
24) NI (4x) DA + EMRT Survey	100
25) NI (4x) DA + EMRT Survey	100
26) NI (4x) DA + EMRT Survey	100
27) NI (4x) DA + EMRT Survey	100
28) NI (4x) DA + EMRT Survey	100
29) NI (4x) DA + EMRT Survey	100
30) NI (4x) DA + EMRT Survey	100
31) NI (4x) DA + EMRT Survey	100
32) NI (4x) DA + EMRT Survey	100
33) NI (4x) DA + EMRT Survey	100
34) NI (4x) DA + EMRT Survey	100
35) NI (4x) DA + EMRT Survey	100
36) NI (4x) DA + EMRT Survey	100
37) NI (4x) DA + EMRT Survey	100
38) NI (4x) DA + EMRT Survey	100
39) NI (4x) DA + EMRT Survey	100
40) NI (4x) DA + EMRT Survey	100
41) NI (4x) DA + EMRT Survey	100
42) NI (4x) DA + EMRT Survey	100
43) NI (4x) DA + EMRT Survey	100
44) NI (4x) DA + EMRT Survey	100
45) NI (4x) DA + EMRT Survey	100
46) NI (4x) DA + EMRT Survey	100
47) NI (4x) DA + EMRT Survey	100
48) NI (4x) DA + EMRT Survey	100
49) NI (4x) DA + EMRT Survey	100
50) NI (4x) DA + EMRT Survey	100

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	17/05/2018 15:26
Date Of Accident	17/05/2018 07:10
Exact Location Of Accident	ALONG AYE TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX9628K
Insured/Policyholder	
Name Of Registered Owner	MEIJI SEIKA (S) PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83434567
Alternative Phone No	OFFICE-83434567

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	7VPCP1720650
Cover Note Number	

Driver

Name of Driver	YAP PECK CHOON
NRIC No	S1652267H
Date Of Birth	29/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2003
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83434567
Fax Number	
Contact Number	OTHERS-83434567
Email Address	NOEMAIL

Address	BLK 409 HOUGANG AVENUE 10 #13-1048
Postcode	530409
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	NAME: : KOJI IWAKAMI GENDER: : FEMALE

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	SLH5523R
Vehicle Make/Model/Colour	
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)	

MS16

SKETCH PLAN

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 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:

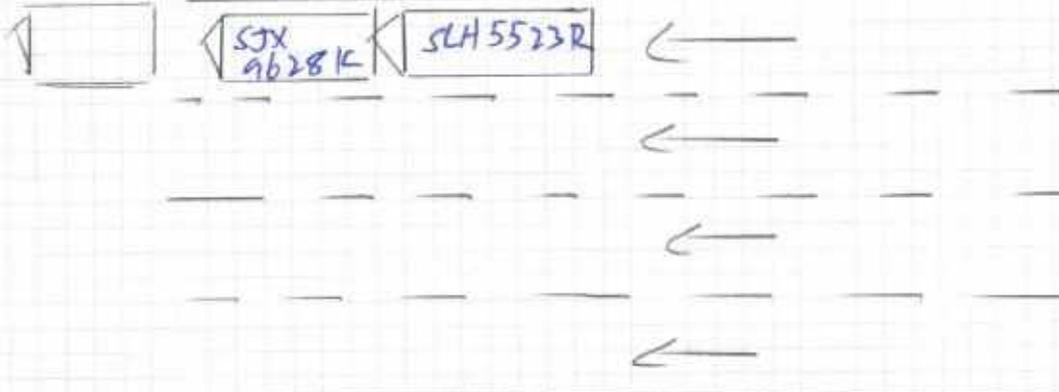
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

17/05/2018
Redi Wantoos

SKETCH PLAN

AYE towards CTE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SJX 9628K	ACCIDENT DATE & TIME: 17/5/18, 07.10 am
CONTACT NUMBER: 83434567	E-MAIL ADDRESS:
LOCATION: AYE towards CTE	
<p>When I was driving along AYE toward CTE, the front vehicle stopped, I follow to stopped, suddenly I felt an impact from the rear and discovered vehicle SLH5523R hit the rear of my vehicle SJX 9628K</p> <p>passenger Koji Wakami was in my vehicle. Nobody was injured.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

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:

17/05/2018

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1652267H**

Name: **YAP PECK CHOON**

Birth Date: **29 Aug 1964**

Issue Date: **16 May 2003**

000519463G




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1652267H**

Name: **YAP PECK CHOON**

叶德春

Race: **CHINESE**

Date of Birth: **29-08-1964** Sex: **M**

Country of Birth: **SINGAPORE**





YOU ARE LICENSED TO DRIVE VEHICLES OF THE FOLLOWING CLASSES:

Class 2B Motorcycles not exceeding 250 cc

Class 3 Motor Cars and Motor Tractors which unladen does not exceed 2500 kile

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kile

PASS DATE: **1995**

Licence No. **S1652267H**



123A

1243023

S1652267H

APR 04 408 WONGANG AVENUE 10 813-1048

SINGAPORE 550497

18-07-1994

2222052






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

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
 Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

12 Jun 2017

MOTORMAX PLUS

- CERTIFICATE No. : 7VPCP1720650
1. Index Mark and Registration Number of Vehicle : SJX9628K
2. Chassis Number of Vehicle : ACR500114851
3. Name of Policyholder : MEIJI SEIKA (S) PTE LTD
4. Effective date of the Commencement of Insurance for the purposes of the Act : 27 Jul 2017 00:01AM
5. Date of Expiry of Insurance : 26 Jul 2018
6. Persons or Classes of Persons entitled to drive*
- (a) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other 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

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.
 The Policy does not cover use for hire or reward, tuition, driving test, 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 Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.
 If for any reason the insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation.
 This Certificate must be returned if the insurance is suspended during its currency.
 If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.X.1 (001)

6VPCP1839840

(For the Issuance of Motor Certificate of Insurance only)

MSD/VPCP/18-001506-00