

NATIONAL Assessment Centre Services. (ver 1.1/2000)

Date In: 21/05/2018 15:06
 Ref No: NA/MSG18009145/K4
 Veh No: SLA 8537T
 D.O.A: 20/05/2018 18:30
 OD: TP / Reporting Only
 TP Insurec:

Job description	Date & Time Completed	Done by
SAS e-billing		
E-mail (within 3hrs, AIC 2hrs)		
I-Motor Claim Form		
I-Motor W/O (Within: OD 3hrs, TP 1hr)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ()
 TP Particulars: Yeh No: SEV7000C, INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Tel: ()
 Confirmed by: () Date: () Cover Type: ()
 Insured/Driver Liability: () % (Note: Est. Status (WO): N: 0-20%; P: 21-79%; F: 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 repairer.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (UNC) 0611 6788 0015

Remarks	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: _____

Date/Time	Action

NA1803192

Human's Particulars:	Invoice Preparation Credits	Bill	Add. Bill
Driver/Owner:	1) AR: Accident Reporting (330)		
Contact No:	2) DA: Damage Assessment (3100); INC (530)		
Damaged Portion:	3) TP: Towing Fee 340/543		
Checked by (Engr-In-Charge):	4) FT: Follow Through Survey 3120		
Visitors' Comments:	5) FT: Follow Through Survey (Resurvey) 330		
2/3:	6) TR: Re-inspection 375		
	7) NI: Adv DA + SMRT Survey 5160		
	8) NTUC Additional Services - 011		
	*N3: Courtesy Car / Tpl Allowance 55		
	*N6: Repair Coordination 310		
	*N7: Post Repair Inspection 325		
	*N8: DY / Collect Excess Coordination 55		
	TP (NI): TP (Non INC) against INC 320		
	9) N12: Idnc Mobile 101		
	Invoice dated	Fee Charged	
	Invoice Period	Fee Charged	

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	21/05/2018 15:06
Date Of Accident	20/05/2018 18:30
Exact Location Of Accident	BEDOK MALL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA8537T
Insured/Policyholder	
Name Of Registered Owner	ARUN TEJ PAL
NRIC No	S7062532F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97247865
Alternative Phone No	OTHERS-97247865

Vehicle Particulars

Manufacturer	BMW
Model	216D ACTIVE TOURER D/AB LED
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	A 28920248 QMY
Cover Note Number	

Driver

Name of Driver	TEJPAL SHVETA
NRIC No	S7361066D
Date Of Birth	24/05/1973
Occupation	INDOOR
Date Of Driving Pass	08/09/2014
Driving Experience	3 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97247865
Fax Number	
Contact Number	OTHERS-97247865
Email Address	NOEMAIL

Address BLK 97 BEDOK NORTH AVENUE 4
#17-1515

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

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
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: REVERT
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCV7000C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEONG KUM CHOY
NRIC/Passport Number S6828957B
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.
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)**

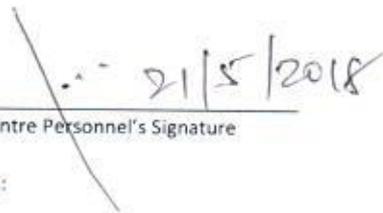
I understand, acknowledge, agree and consent that:

- (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:



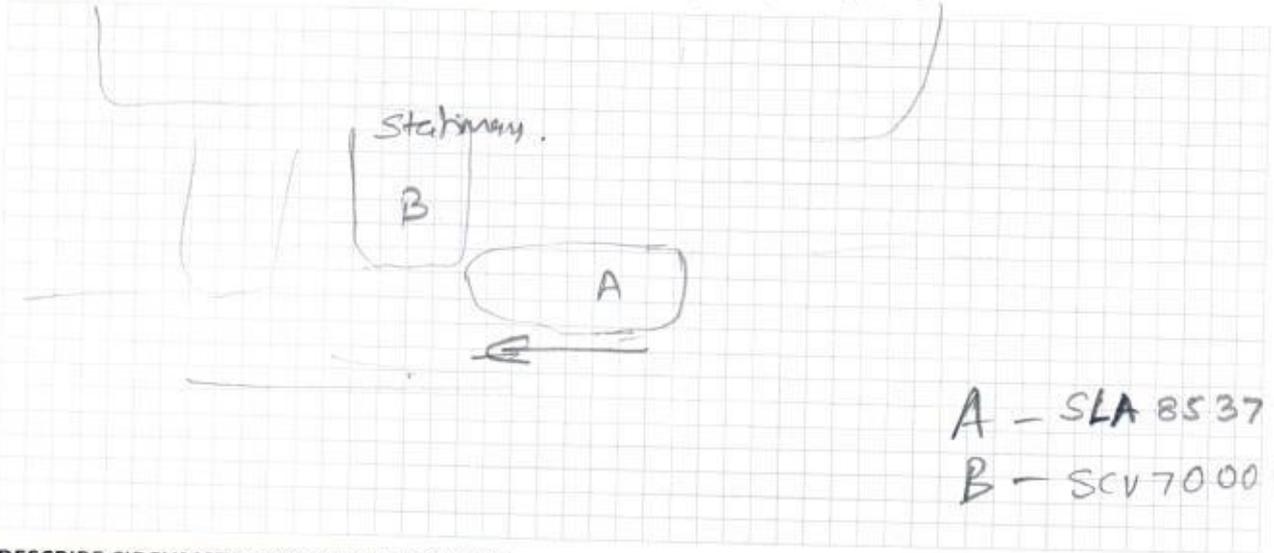
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

BEDOK MALL CAR PARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No B was stationary at Bedok mall Vehicle A reversing then a car pass by very fast the space became cramped ~~the~~ Vehicle B ~~at~~ got slight scratch at side.

DECLARATION

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

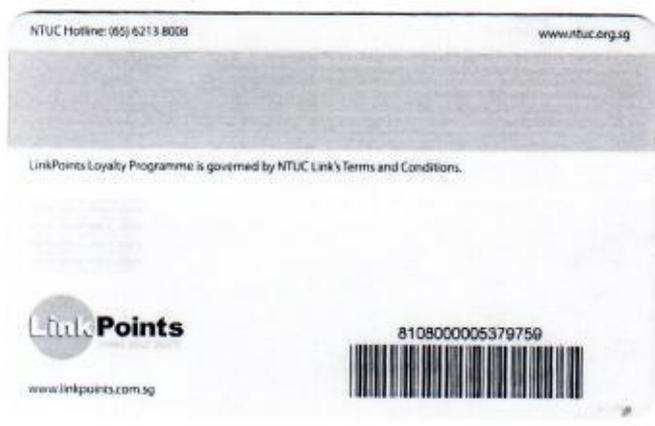
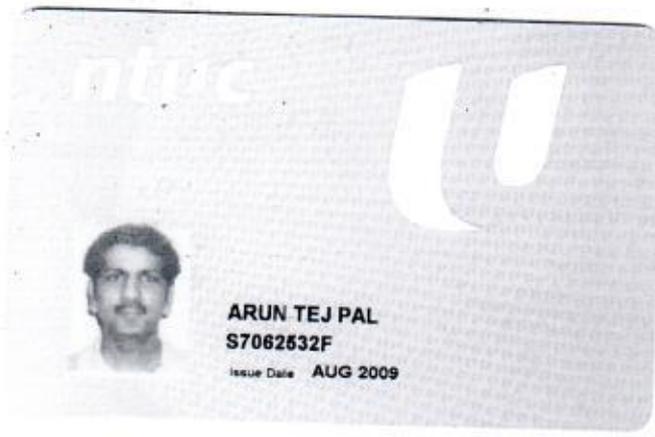
Policyholder's Signature
Date & Time:


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


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

21/5/2018

OWNER



DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7361066D



Name
TEJPAL SHVETA

Race
INDIAN

Date of birth
24-05-1973

Sex
F

Country of birth
INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

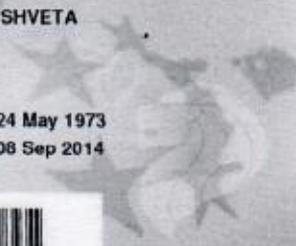


Licence Number
S7361066D

Name
TEJPAL SHVETA

Birth Date
24 May 1973

Issue Date
08 Sep 2014



002343158A



8701993



NRIC No. S7361066D



Nationality
INDIAN

Date of issue
11-04-2005

Address
**APT BLK 97 BEDOK NORTH AVENUE 4
#17-1515
SINGAPORE 460097**

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg 08 Sep 2014
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg



Licence No: S7361066D



NP 428A

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

**MOTOR MAX PLUS
Comprehensive**

Certificate No. A 28920248 QMY

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLA8537T

2. Name of Policyholder
Arun Tej Pal

3. Effective Date of the Commencement of Insurance for the purposes of the Act
15/03/2018

4. Date of Expiry of Insurance
17/03/2019

5. Persons or Classes of Persons entitled to drive*

Arun Tej Pal

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers



for Chief Executive Officer