

ADDITIONAL Assessment Centre Services

Part 1 (1/1/2009)

MANA48669383

Date In: 28/05/2018 16:06
Ref No: NBA/M891800967/1
Veh No: SNW 771M
DOA: 22/05/2018 05:10
OD: TP / Reopening Only

Job description	Date & Time Completed	Done by
SAE e-filing		
E-mail (with all AIC info)		
Motor Claim Form		
Motor V/O (with all AIC info)		
Photo Uploaded		
Assessment/Survey Report		
Assessment Report by Fax/Hand to Owner/VWR		

TP Insured:

Preferred Wker / INC Assign Wker / OWI

TP Participant: Yell No: SLT 7708L
Owner / Driver: INC () / Non-INC ()
Policy No: Tel: ()
Confirmed by: () Cover Type: ()
Insured/Driver Liability: () % (Note: BIL Starts (WO) NI 0.20%, PI 21.79%, PI 30.10%)
Year of Registration: () Warranty: YES () / NO ()
Excess: () Loading: \$1,000 () / \$2,000 ()

General Remarks:
() Work-In Customer: Customer's information already confidential & strictly NO later of reporter.
() Total Loss Case: To e-mail Insurer URGENTLY.
Drive-In: () / Towed-In: () Invoice: YES () / NO () Towing Co: ()

Removals:
1) Apply for Transition Allowance () / Courtesy Car ()
2) QC Check/Post Repair Inspection ()
3) Upload Survey Photo (Repair Cost > \$3000) ()

Injury:
Disability:
Action:

NA1803362

Human Particulars:
Driver/Owner:
Policy No:
Assigned Portion: Wker
Checked by (Eng-In-Charge):
Notes/Comments:
Date:
Time:

Invoice Breakdown (Charges):
1) AR: Accident Reporting (\$50)
2) DA: Driver Allowance (\$100) INC 25
3) TP: Towing Fee
4) PT: Follow Through Survey
5) PT: Yellow Throat Survey (Recovery)
6) TR: Mileage
7) NI: (HVA & SMRT Survey)
8) NTUC Additional Survey (000)
9) NI: Civilian Car/Taxi Allowance
10) NI: Repair Coordination
11) NI: Toll/Traffic Interference
12) NI: DV/Police/Insurance Coordination
13) NI: (HVA & SMRT Survey)
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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	28/05/2018 16:06
Date Of Accident	27/05/2018 05:10
Exact Location Of Accident	ALONG JALAN EUNOS TOWARDS SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW777M
Insured/Policyholder	
Name Of Registered Owner	EIO HOCK LIANG
NRIC No	S0142096H
Email Address	JANETCHANEIO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96799064
Alternative Phone No	OTHERS-98222900

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E230
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A 28956055 TMP
Cover Note Number	

Driver

Name of Driver	DANIEL EIO QINLONG
NRIC No	S9205667H
Date Of Birth	13/02/1992
Occupation	INDOOR
Date Of Driving Pass	01/09/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96799064
Fax Number	
Contact Number	OTHERS-98222900
Email Address	JANETCHANEIO@HOTMAIL.COM

Address	30 THIRD STREET
Postcode	455508
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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

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	SLT7703L
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)	

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:

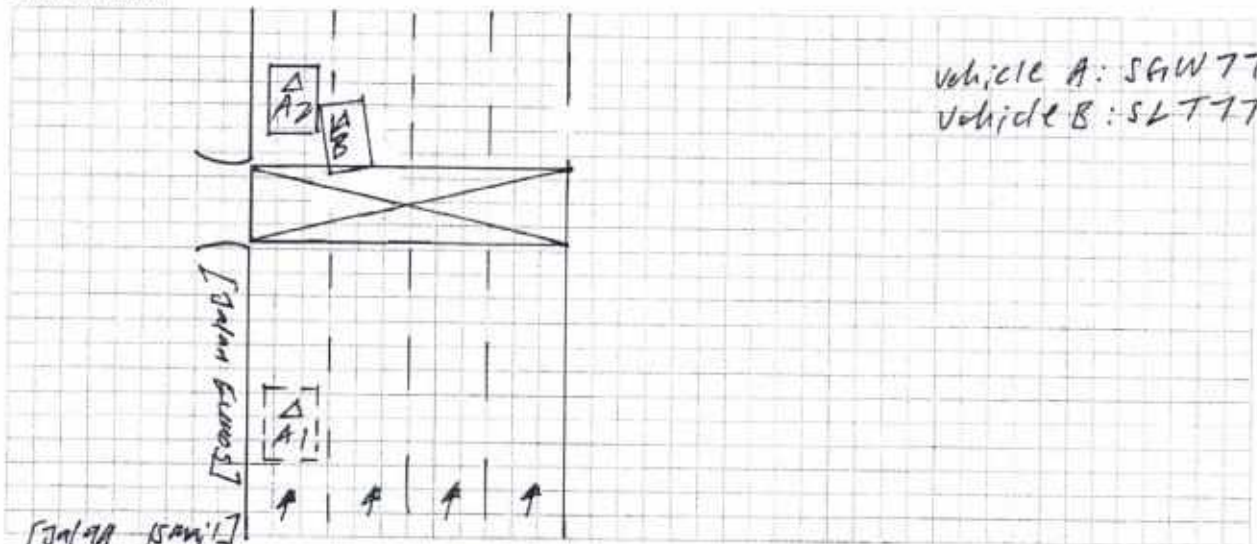
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I, vehicle A1 was travelling straight on the stated route. Suddenly, vehicle B cut into my lane and hit onto my vehicle rear right portion.

DECLARATION

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

Eio
Policyholder's Signature
Date & Time:

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

an 28/05/2018
Reporting Centre Personnel's Signature
Name: Pauli Waffar
NRIC/FIN No.:

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 27 / 05 / 2018 (dd/mm/yy) Time of Accident: 05 : 10 (24-HR-FORMAT)

Vehicle No.: SGW777M Vehicle Make & Model: Mercedes E230

Exact location of Accident: Along Jalan Eunos towards Sims Ave

Policyholder's Name / IC No.: Eio Hock Ling / 80142096H

Driver's Name / IC No.: Daniel Eio Qin Long / 89205667H (As Above) ☐

Driver's Contact No.: 9679 7064 Company Contact No.: 9822 2900

Driver's Address: 30 Third St S (455508)

Insurance Company: MS/G Email address (if any): janetchaneio@hotmail.com

Relationship between Owner & Driver: (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job): ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name : _____

Gender : Male / Female

Passenger Name : _____

Gender : Male / Female

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station: _____

The Other Party(s) Details:

1. Driver's Name / IC No.: _____ Vehicle No: SLT 7703L (8)

Driver's Contact No: _____ Insurance Company (If any): _____

2. Driver's Name / IC No.: _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company (If any): _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: _____ Contact No: _____

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0142096H

Name
EIO HOCK LIANG

Photo

Race
CHINESE

Date of Birth
11-10-1954

Sex
M

Country of Birth
SINGAPORE



owner

1018490



NSIC No. S0142096H



Blood Group
O+

Date of Issue
09-06-1993

Address
30 THIRD STREET
SINGAPORE 1545

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9205667H



Name

DANIEL EIO QINLONG

姚 勤 龙

Race

CHINESE

Date of birth

12-02-1992

Sex

M

S9205667H

Country of birth

SINGAPORE

DRIVER



4016765



NRIC No. S9205667H

Date of issue

16-03-2007

Address

30 THIRD STREET
SINGAPORE 45508

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**SINGAPORE
POLICE FORCE**

**TRAFFIC POLICE
SINGAPORE POLICE FORCE
10, UBI AVENUE 3
SINGAPORE 408865
Tel : 65470000
www.police.gov.sg**

Private & Confidential

DANIEL EIO QINLONG

30 THIRD STREET
SINGAPORE 455508

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

S9205667H
(3A)

C001375451

\$25/-

(Please do not detach)

**YOU CAN DRIVE WHILE AWAITING THE
DELIVERY OF YOUR PHOTOCARD
DRIVING LICENCE**

~~28/05/2018~~

DRIVER



MSIG

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

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, 1998 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 28956055 TMP

1. Index Mark and Registration Number of Vehicle

SGW777M

2. Name of Policyholder

Eio Hock Liang

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

29/05/2017

4. Date of Expiry of Insurance

28/05/2018

5. Persons or Classes of Persons entitled to drive*

Eio Hock Liang

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