

NATIONAL Assessment Centre Services (Unit 1000) **MMA468069622**

Date In: **28/05/2018** 19:26
 Ref No: **NBA/m897800968714**
 Veh No: **SLU 9712S**
 DOA: **27/05/2018** 14:45
 OD: **Reporting Only**

Job Description	Date & Time Completed	Done by
S&S e-filing		
E-mail (with photo, photos)		
Motor Claim Form		
Motor V/O (within 10 days, V/O this)		
Police Uploaded		
Assessment/Survey Report		
Acc Report by Fax/Hand to Owner/VVW/O		

TP Insured:

Performed Wksp / INC Assign Wksp / OWI

TP Particulars: Yell No: **SGP 69267** Toll: _____ Fax: _____

Owner/Driver: _____ INC () / Non-INC ()

Policy No: _____ Toll: _____

Confirmed by: _____ Date: _____ Cover Type: _____

Insured/Driver Liability: _____ % (Note: EIL Status (WO): NI: 0.20%, PI: 21.79%, P: 80.100%)

Year of Registration: _____ Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: _____

() Work-in-Garage / Customers Information strictly Confidential & strictly NO (copy of report)

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

Drive-In () / Towed-In () / Injured: YES () / NO () / Towing Cost: _____

Remarks: _____

1) Apply for Transition Allowance () / Courtway Cost ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: _____

Other Tolls: _____

NBA03363

Union/Particulars	Injury Preparation Checklist
Driver/Owner	1) AA: Accident Reporting (30)
Policy No:	2) DA: Damage Allowance (3100) INC No:
Involved Person:	3) TP: Towing Fee
Checked by (Engr-In-Charge):	4) FT: Follow Through Survey
Will be in Comments:	5) PT: Follow Through Survey (Recovery)
	6) TR: Toll Expense
	7) NI: NI & DA + SMAT Survey
	8) NTUC: Additional Fee (300)
	9) _____
	10) _____
	11) _____
	12) _____
	13) _____
	14) _____
	15) _____
	16) _____
	17) _____
	18) _____
	19) _____
	20) _____
	21) _____
	22) _____
	23) _____
	24) _____
	25) _____
	26) _____
	27) _____
	28) _____
	29) _____
	30) _____

Invoice date: _____ Net Cost: _____

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 19:26
Date Of Accident	27/05/2018 14:45
Exact Location Of Accident	BALESTIER RD(LAVENDER) OUTSIDE INDIAN ASSOCIATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9712S
Insured/Policyholder	
Name Of Registered Owner	TEO CHOO KEE
NRIC No	S1734668G
Email Address	CKTEO9@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93875696
Alternative Phone No	OTHERS-93875696

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
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	7VPCB1766220

Driver

Name of Driver	TEO CHOO KEE
NRIC No	S1734668G
Date Of Birth	30/04/1966
Occupation	INDOOR
Date Of Driving Pass	11/08/1989
Driving Experience	28 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93875696
Fax Number	
Contact Number	OTHERS-93875696
EMail Address	CKTEO9@GMAIL.COM

Address	132 LORONG L. TELOK KURAU #04-01
Postcode	425569
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)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE
Passenger 3	NAME: : PASSENGER 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	SGP6926Y
Vehicle Make/Model/Colour	NISSAN LATIO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	POH KENG MONG
NRIC/Passport Number	S1229128J
Contact Number	97903089

SKETCH PLAN

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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: 28/05/2018
2.58 pm

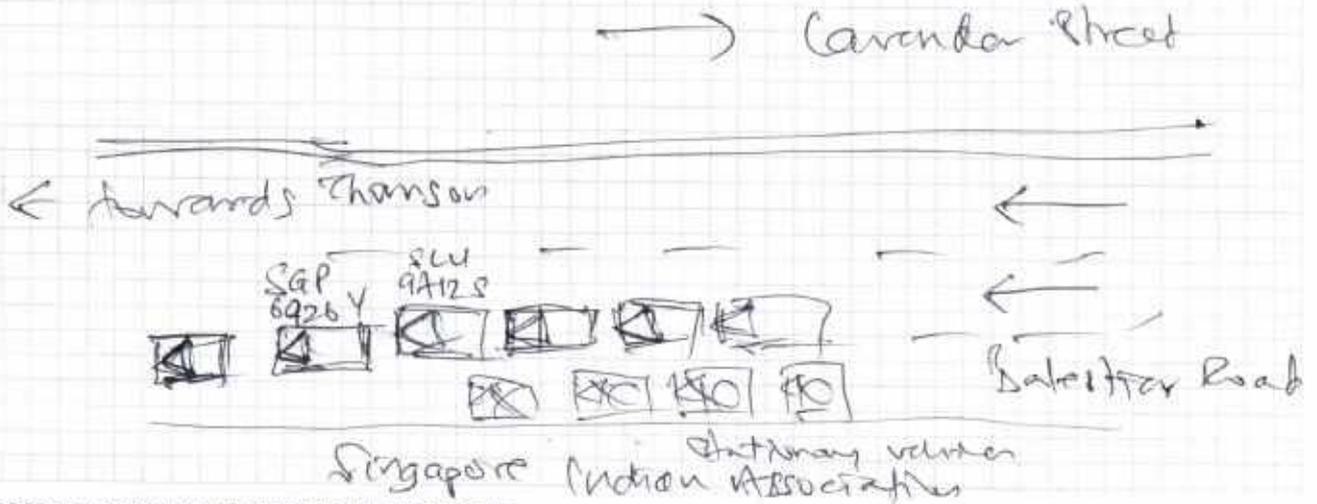
Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: *Paul WONG*
NRIC/FIN No. *W01123456789*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/5/2018 @ 2.45 pm, I was driving along Salak Road (from Caranda Street) near Indian Association. Traffic heavy. The front car SGP 6926 Y braked. I also braked but bumped into the rear of his car. we alighted and exchanged particulars. We also took photographs. Slight damage to both vehicles. No one injured.

DECLARATION

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

Policyholder's Signature
 Date & Time: 28/05/2018
 12:56 pm

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 27/05/2018 (DD/MM/YYYY), TIME: 10:45 (HH:MM)

LOCATION: Estetia Road (from Larnder Street) outside Indian Association

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLU 9712S
b) INSURANCE COMPANY: MSIA
c) POLICY NUMBER: _____
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Camry 2.0A
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Casualty
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: Teo Choo Kee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1A346684 CONTACT: 93875696
c) ADDRESS: 132 Lor L 404-01 Telok Kurau
S 425569

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Teo Choo Kee (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1A346684 CONTACT: 93875696
c) ADDRESS: 132 Lor L 404-01 Telok Kurau
S 425569

*d) DATE OF BIRTH: 30/04/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 1989

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NA
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS _____
b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES / NO) NO

7. a) REPORTED TO POLICE (YES / NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGP 69264 MODEL: Nissan Latio
b) DRIVER'S NAME: Poh Keng Hong
c) NRIC/FIN/PASSPORT: S12291285 CONTACT: 97903089

9. THIRD PARTY VEHICLE

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

2 M
2 F
(04)

NUMBER OF
PASSENGER
INCLUDING DRIVER

1 M
1 F
(02)

NUMBER OF
PASSENGER
INCLUDING DRIVER

NUMBER OF
PASSENGER
INCLUDING DRIVER

1) EMAIL: ckteo9@gmail.com

2) VIDEO:

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1734668G



Name
TEO CHOO KEE



Race
CHINESE

Date of Birth
30-04-1966

Sex
M

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1734668G**

Name
TEO CHOO KEE

Birth Date **30 Apr 1966**

Issue Date **17 Nov 2003**




1304733



NRIC No. **S1734668G**



Blood Group
A+

Date of Issue
25-08-1993

132 LORONG L TELOK KURAU #04-01
 SINGAPORE 425569
 NRIC No. **S1734668G** Date: **23-07-2006** No. **5321005**

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

PASS DATE
11 Aug 1999

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms



License No: **S1734668G**



NP 428A



MSIG

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

MOTOR VEHICLE COVER NOTE

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)

26 Dec 2017

1A0402 MOTORMAX

COVER NOTE No. : 7VPCB1766220

1. Index Mark and Registration Number of Vehicle : SLU9712S

2. Chassis Number of Vehicle : MR053BK4107041211

3. Name of Policyholder : TEO CHOO KEE

4. Effective date of the Commencement of Insurance for the purposes of the Act : 27 Dec 2017 00:01AM

5. Date of Expiry of Insurance : 13 Jan 2019

6. Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his 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*

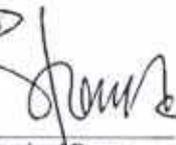
Use only for social, domestic & pleasure purposes and for the Policyholder's business.

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.

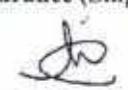
I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

ONE-STOP INSURANCE AGENCY
163 GEYLANG ROAD #02-03
THE GRANDPLUS
SINGAPORE 389240
TEL: 6747 5567 FAX: 6747 6326



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.



Approved Insurer

IMPORTANT NOTICE

This temporary Cover Note is valid for a maximum of 14 days only.
You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note.
If you are involved in an accident, full details must be forwarded immediately to the Company.