

NATIONAL Assessment Centre Services part 1 of 2 MMA 118087473

Date In	717118 10:06	Job description	Date & Time Completed	Done by
Ref No	MA/MSG18012380164	SAS e-filing		
Veh No	SJD 2760L	E-mail (within 3hrs, 24C 2hrs)		
D.O.A	617118 12:45	i-Motor Claim Form		
OP	<input checked="" type="radio"/> Reporting Only	i-Motor W/O (within 01/2hrs, TP 4hrs)		
TP Insurer		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Veh No: **SDR 9329B** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

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:-	(INC hotline: 6788 6616)	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	Actions

MMA1804294		Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30)	30.00	
Driver/Owner:		2) DA : Damage Assessment (\$100), INC (\$80)		
Contact No:		3) TP : Towing Fee \$40/\$45		
Damaged Portion:		4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):		5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-		For claiming against INC Only (wef 10 Jan 2005)		
Ref 1:		6) TR : Re-inspection \$75		
Ref 2/3:		7) N1 : Idnc DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		QJ:		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11) - TP (Non-INC) against INC \$20		
		9) N12: Idnc Mobile \$0		
		Invoice dated _____ Fee Charged _____		
		Invoice dated _____ 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	07/07/2018 10:06
Date Of Accident	06/07/2018 12:45
Exact Location Of Accident	SLIP RD OF CLEMENTI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2760L
Insured/Policyholder	
Name Of Registered Owner	FENG YUAN PING
NRIC No	S2586937J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90729680
Alternative Phone No	OFFICE-90729680

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SPORTSVAN 1.4 AT AM13HZ CL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	-
Cover Note Number	50506569

Driver

Name of Driver	FENG YUAN PING
NRIC No	S2586937J
Date Of Birth	31/07/1957
Occupation	INDOOR
Date Of Driving Pass	08/11/1990
Driving Experience	27 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90729680
Fax Number	
Contact Number	OFFICE-90729680
Email Address	NOEMAIL

Address	BLK 66 TOH TUCK RD #07-12
Postcode	596730
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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: : UNKNOWN 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 ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDR9329B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG HUIQI GRACE
NRIC/Passport Number	S8126213F
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.
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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:

6/7/18 2:25pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

6/7/18 2:25pm



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Personal Particulars

Date of Accident: 6/7/18 Time of Accident: 12:45 pm
 Exact Location of Accident: Slip Rd of Clementi
 Owner's Name: Feng Yuanping NRIC No: S25869377 HP No: 90729680
 Driver's Name: n NRIC No: ~ HP No: ~
 Date of Birth: 31/7/1957 Driving Licence Passing Date: 8/11/1980 Occupation: Indoor / Outdoor
 Address: Blk 66 Tuh Tuck Rd # 07-12 (596730)
 Relationship of Driver with Insured: Owner Email Address: _____
 Vehicle No: SJD 2760 L Make & Model: Volkswagen
 Insurance Co: MSIG Coverage: Comprehensive Policy No: 50506569

- *Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
- *Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
- *Weather Condition? Clear / Raining / Others: _____ Wet / Dry / Others: _____
- * Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
 A: 1+1 women B: 1+0 C: _____ D: _____
- *Was Anybody Injured? (Yes / No) If yes,
 Name / NRIC / In Vehicle: _____
- *Was The Accident Reported To The Police?
 No Yes, Which Police Station? _____
- *Does the Driver Own Any Other Vehicle?
 No Yes, Vehicle Registration No: _____ Insurer: _____
- *Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____
- *Was there any video captured by Car Camera? (Yes / No)

Third Party Driver's Particulars

Vehicle B No: SDR 9329B Make & Model: _____
 Driver's Name: Wang Huiqi Grace NRIC No: S8126213 HP No: _____
 Vehicle C No: _____ Make & Model: _____
 Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



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

MOTOR INSURANCE COVER NOTE

Cover Note No. 50506569

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 156346
Name of Insured : FENG YUAN PING
Make and Description of Vehicle : VOLKSWAGEN SPORTSVAN 1.4 TSI CL
Vehicle Registration No. :
Year of Manufacture : 2017
Engine No. : CZC887736
Chassis No. : WWWZZZAUJW533217
Capacity : 1,390 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : One year from Date of Registration of the vehicle with LTA
Excess (SGD) : As Agreed

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative



S. S. S. S.
Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Amy Ler

Amy Ler
Senior Vice President, Agencies

Date of Issue : 12/02/2018

This Cover Note is valid for 30 days from the date of issue.



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, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Y.1
Individual Ownership

VW DRIVEEASY
Comprehensive

Certificate No. A 29073331 AVW

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SJD2760L

2. Name of Policyholder

Feng Yuanping

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

26/02/2016

4. Date of Expiry of Insurance

25/02/2019

5. Persons or Classes of Persons entitled to drive*

Feng Yuanping

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 MUST BE CARRIED OUT AT VOLKSWAGEN CENTRE SINGAPORE.

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.

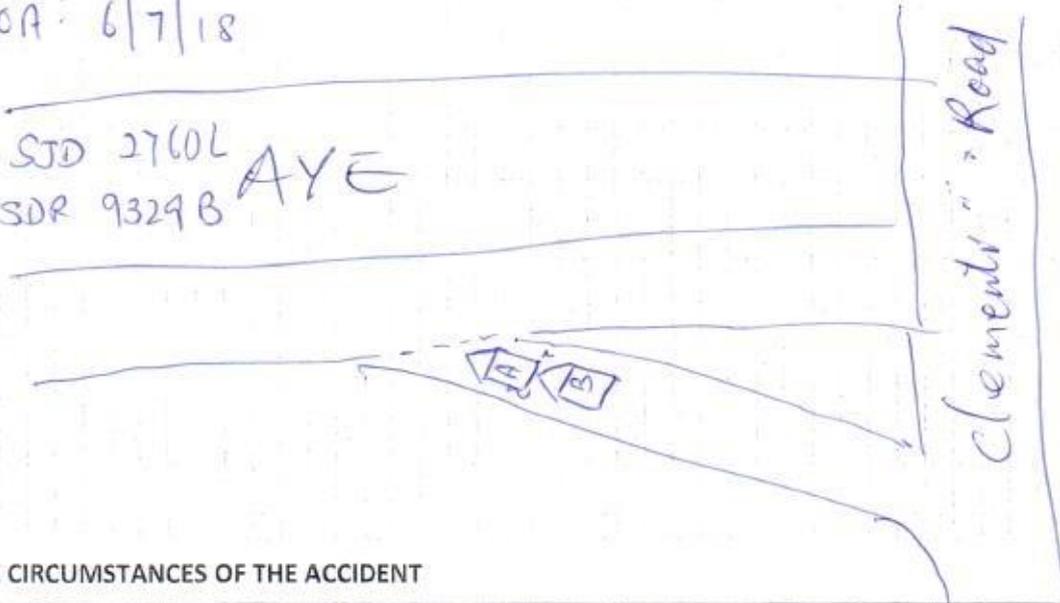
MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


for Chief Executive Officer

SKETCH PLAN

DOA: 6/7/18

A: SJD 2760L
B: SDR 9329B AYE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While waiting for the main road to be clear
suddenly my vehicle rear portion being collided
by veh B.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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