

| | | | |
|-------------------------------------|--|-----------------------|---------|
| NATIONAL Assessment Centre Services | | | |
| Date In: 23/07/2018 09:28 | Job description | Date & Time Completed | Done by |
| Ref No: NBA/M8480/3296/Y | SAS e-filing | | |
| Veh No: SJY T31C | E-mail (within 8hrs, Aft 2hrs) | | |
| D.O.A: 20/07/2018 16:00 | i-Motor Claim Form | | |
| OD: TP Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: SKT 2049L | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| | | | | |
|--|---|-------------|----------|----------|
| NA1804668 Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Dat. 1: Dat. 2 / 3: | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
| | 1) AR: Accident Reporting (\$30); | | 1st Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF: Towing Fee \$40/\$45 | | | |
| | 4) FT: Follow-Through Survey \$120 | | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | | |
| | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| ON* | | | | |
| *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: Idac Mobile 30 | | | | |
| 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 | 23/07/2018 09:29 |
| Date Of Accident | 20/07/2018 16:00 |
| Exact Location Of Accident | ALONG PUNGGOL ROAD AT TRAFFIC JUNCTION |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJY7731C |
| Insured/Policyholder | |
| Name Of Registered Owner | LEW SEIN YEOK |
| NRIC No | S1445187J |
| Email Address | KELVIN@NICKCLEANING.COM |
| Mobile Phone No | (LOCAL) +65-96688438 |
| Alternative Phone No | OTHERS-91010743 |

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 | 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 | A 27799076 QMX |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | XU MINGFENG |
| NRIC No | S8243480A |
| Date Of Birth | 25/12/1982 |
| Occupation | INDOOR |
| Date Of Driving Pass | 03/04/2008 |
| Driving Experience | 10 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96688438 |
| Fax Number | |
| Contact Number | OTHERS-91010743 |
| EEmail Address | KELVIN@NICKCLEANING.COM |

| | |
|---|----------------------------------|
| Address | BLK 859C PUNGGOL EAST #14-753 |
| Postcode | 823659 |
| 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: : SON GENDER: : MALE |

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 | SKT2049L |
| Vehicle Make/Model/Colour | TOYOTA WISH |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN AI LIN ,IVAN |
| NRIC/Passport Number | S8220239J |
| Contact Number | 83896644 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

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: 23/07/18 9.20am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Along Punggol Road

A) SJY 7731 C
B) SKT 2049 L

On 19/07/2018 at 4pm, I was travelling home together with my son in the Car A. I stopped my car at the traffic light junction as it was red light. There are around 3-4 cars in front of me.

After 6-8 seconds, Car B crashed into my car A even though the traffic was in complete standstill. Feeling shocked, I checked on my son if he was OK and ~~luckily~~ both of us never suffer any injury.

Went down to check the car and found that the back of the car was badly damaged. The impact resulted the bumper to sink in and both sides of the light casing came off. The car boot on the left & right side is cracked up. It cannot be closed completely. Took Car B driver's particulars down and inform her will get my ~~rescue~~ car insurance company to contact her once repair is done.

On 20/07/2018, went to IDAC to try to make report but was not open as it was a Saturday. So on 23/07/18 at 9.10am went to make a report at the accident.

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

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/07/18 9:30am

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

ACCIDENT STATEMENT

ACCIDENT DATE: 20 / 07 / 2018 (DD/MM/YYYY), TIME: 16 : 00 (HH:MM)

LOCATION: Along Punggol Road At traffic Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SY 7731C
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A27799076 QMX
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: Toyota Camry 2.0 Auto
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: Lew Sein Yeok (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1445187J CONTACT: 96688438/91010793
c) ADDRESS: 162 Marium Way #01-02
Singapore (507085)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Xu Mingfeng (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8243480A CONTACT: 9296 8953
c) ADDRESS: Blk 659c, Punggol East #14-753
Singapore (823659)

* d) DATE OF BIRTH: 25 / 12 / 1982 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 03/04/2006

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

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS _____

b) ROAD SURFACE: DRY / WET / OTHERS _____

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKT 2049L MODEL: Toyota wish 1.8
b) DRIVER'S NAME: Tan Ai Lin, NAN
c) NRIC/FIN/PASSPORT: S8220239J CONTACT: 8389 6644

9. THIRD PARTY VEHICLE

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

Email = kelvin@nickcleaning.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8243480A



Name

XU MINGFENG

许 铭 峰

Race

CHINESE

Date of birth

25-12-1982

Country of birth

SINGAPORE

Sex

M



4024805

NRIC No. S8243480A



Date of issue

17-01-2013

APT BLK 659C PUNGGOL EAST #14-753
SINGAPORE 823859

NRIC No: S8243480A

Date: 11/02/2018

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8243480A

Name

XU MINGFENG

Birth Date 25 Dec 1982

Issue Date 03 Apr 2006



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

PASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 03 Apr 2006



Licence No: S8243480A

NP 422A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1445187J



Name

LEW SEIN YEOK



刘倩玉

Race

CHINESE

Date of Birth

Sex

20-10-1960

F

Country of Birth

SINGAPORE

S1445187J



1638667



NRIC No: S1445187J

Blood Group Date of issue

A+ 25-01-1994

162 MARIAM WAY #01-02
SINGAPORE 507085

NRIC No: S1445187J

Date: 10/12/2011

No: 6958857

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

MOTOR MAX**RENEWAL CERTIFICATE**

| Policy Number | Period of Insurance | Place of Issue |
|--|--------------------------|----------------|
| A 27799076 QMX | 30/09/2017 to 29/09/2018 | SINGAPORE |
| Name and Address of Insured | | Date of Issue |
| Lew Sein Yeok 162 Mariam Way #01-02 Ballota Park Condominium Singapore 507085 | | 30/08/2017 |
| | | Account Number |
| | | 1A1322 |
| Premium | GST | Total Due |
| SGD702.08 | SGD49.15 | SGD751.23 |

NAME OF INSURED

Lew Sein Yeok (Not Driving)

RISK NUMBER 1**MOTORMAX****OCCUPATION**

Indoor Occupation

FINANCIAL INTEREST

Hong Leong Finance Limited
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SJY7731C
MAKE/MODEL Toyota Camry 2.0 Auto
ENGINE NUMBER 1AZE180299
CHASSIS NUMBER MR053BK4107061253
YEAR OF MFG 2010
CAPACITY 1998 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED MARKET VALUE
INCL. COE/PARF YES
OFF-PEAK CAR NO
NO CLAIM DISCOUNT 50.00% (or F/D)
NCD PROTECTOR NOT COVERED
EXCESS SGD700
ANNUAL PREMIUM SGD702.08

ACCESSORIES

Aircon, radio/cassette/compact disc player, in-vehicle unit,
 rust-proofing and other accessories that are factory fitted.