

NATIONAL Assessment Centre Services

[Ref: Jan 10]

NA804/860/730

Date In: 06/08/2018 19:10	Job description	Date & Time Completed	Done by
Ref No: NA804/860/4320/4	SAS e-filing		
Veh No: 2LS 3810S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/08/2018 09:35	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: SCF P237

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

NA804/960

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cat. 1:

Cat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

- 1) AR: Accident Reporting (\$30)
- 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
- 6) TR: Re-inspection \$75
- 7) NI: Idao DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) NI2: Idao Mobile \$10

Invoice dated
Invoice dated

Fee Charged
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	06/08/2018 19:10
Date Of Accident	05/08/2018 09:35
Exact Location Of Accident	BALESTIER RD TOWARDS MOULMEIN ROAD EXIT 7C
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS3810S
Insured/Policyholder	
Name Of Registered Owner	TAN QI MING
NRIC No	S8239621G
Email Address	TANQIMING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90035293
Alternative Phone No	OTHERS-90035293

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-1.6 (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?	YES
If No, Please state action to be taken	
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 29025519 QMY
Cover Note Number	

Driver

Name of Driver	TAN QI MING
NRIC No	S8239621G
Date Of Birth	14/11/1982
Occupation	INDOOR
Date Of Driving Pass	28/04/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90035293
Fax Number	
Contact Number	OTHERS-90035293
EMail Address	TANQIMING@GMAIL.COM

Address	BLK 10 EUNOS CRESCENT #15-2717
Postcode	400010
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	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF1223T
Vehicle Make/Model/Colour	KIA K3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG MENG HUK
NRIC/Passport Number	S1292466F
Contact Number	98153101
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

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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: 06/08/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A1 SLS3810S B4
B1 SLS1223T B4
A2 SLS3810S After
B2 SLS1223T After

VEH. A Keep a lookout of incoming traffic from Balesther Road.
Saw VEH B going straight along Balesther Road, hence proceed to
come out of filter lane to proceed to Moulmein Rd. Noticed
VEH B suddenly change lane towards Moulmein Road filter lane
and knocked into ~~VEH A~~. VEH A. There is no noted signal light
from VEH B.

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

Policyholder's Signature _____
Date & Time: 10/6/2018

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: 05/08/2018 (DD/MM/YYYY), TIME: 09:37 (HH:MM)

LOCATION: Balestier Road towards Moulmein Road, Exit 7C

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL538105
 b) INSURANCE COMPANY: MSSG
 c) POLICY NUMBER: A29025819 QMY
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: SUBARU IMPREZA 1.6A
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LEISURE
 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: TAN QI MING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S82396216 CONTACT: 90035293
 c) ADDRESS: BLK 10 Eunos CRESCENT #15-2717 S(460010)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AI ABUL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 14/11/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 28 Apr 2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 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)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLF 1223T MODEL: KIA K3
 b) DRIVER'S NAME: WONG MENG HUK
 c) NRIC/FIN/PASSPORT: S1292466F CONTACT: 98153101

9. THIRD PARTY VEHICLE

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

Email = Tanqi.ming@gmail.com

VIDEO =

WIFE
DAUGHTER

* No of passengers
(including driver)
(3)

* No of passengers
(including driver)
(2)

* No of passengers
(including driver)
(1)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8239621G



Name

TAN QI MING

陈奇铭

Race

CHINESE

Date of birth

14-11-1982

Country/Place of birth

SINGAPORE

Sex

M



5235403



NRIC No. S8239621G



Date of issue

31-10-2013

Address

APT BLK 10 EUNOS CRESCENT
#15-2717
SINGAPORE 400010

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S 8239621 G**

Name:

TAN QI MING

Birth Date: **14 Nov 1982**

Issue Date: **28 Apr 2003**



ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E)

Class 2B Motorcycles \leq 200 CC

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg

PASS DATE

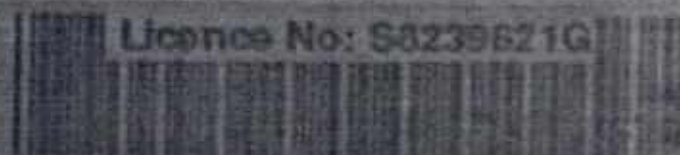
28 Dec 2005

28 Apr 2003

S8239621G

S / No. 9000045905

IP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, # 21-01, SCX 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.X.1
Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 29025519 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLS3810S

2. Name of Policyholder
Tan Qi Ming

3. Effective Date of the Commencement of Insurance for the purposes of the Act
22/09/2017

4. Date of Expiry of Insurance
21/09/2018

5. Persons or Classes of Persons entitled to drive*

Tan Qi Ming

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMAY18101730 Vehicle Registration No: SLS 3810 S
Name (as shown in NRIC): Tan Qi Ming NRIC/FIN/Passport No: S8239621G
(*Vehicle Driver/ Vehicle Owner *) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 90035293
Email Address: _____
Date of Accident: 05/08/2018 Time of Accident: 09:35
Place of Accident: BANJARAN ROAD TOWARDS MALLMALL ROAD EXIT 7 TC
Insurance Company: MSL

(B) ADDITIONAL INFORMATION (AMENDMENTS)

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

to change to own damage claim

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rohi Kato
NRIC/FIN No.: 0505/2018
Date: