

NATIONAL Assessment Centre Services (Ref: JAN05) MNA/18105147			
Date In: 14/08/2018 17:14	Job description	Date & Time Completed	Done by
Ref No: NBA/18105147831	SAS e-filing		
Veh No: SGA 91915	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 13/08/2018 15:20	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: SL 24182	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

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			Int 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			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) NI: Idco DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
Contact No:	OD*			
Damaged Portion:	*N5: Courtesy Car / Tpt Allowance \$5			
QC Checked by (Engr-In-Charge):	*N6: Repair Co-ordination \$10			
Auditors' Comments:-	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	TP (N11): TP (N/A INC) against INC \$20			
	9) N12: Idco Mobile 30			
Cal. 1:	Invoice dated	Fee Charged		
Cal. 2 / 3:	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	14/08/2018 17:14
Date Of Accident	13/08/2018 15:20
Exact Location Of Accident	PIE TOWARDS TUAS AFTER STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA9191J
Insured/Policyholder	
Name Of Registered Owner	YEW SHAN
NRIC No	S7127314H
Email Address	SHANYEW@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81201110
Alternative Phone No	OTHERS-81201110

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	D 28950309 QMY
Cover Note Number	

Driver

Name of Driver	YEW SHAN
NRIC No	S7127314H
Date Of Birth	01/08/1971
Occupation	INDOOR
Date Of Driving Pass	11/08/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81201110
Fax Number	
Contact Number	OTHERS-81201110
EMail Address	SHANYEW@YAHOO.COM

Address	113 UNIVERSITY ROAD
Postcode	297909
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	SJL2418J
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MARSHALL LEE JIA JUN
NRIC/Passport Number	S9043225G
Contact Number	91009563
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGQ3033M
Vehicle Make/Model/Colour	NISSAN MURANO

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	WU YONG
NRIC/Passport Number	S8064717D
Contact Number	81864861
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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:

14/8/18
2:20pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

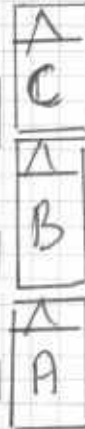
Name:

NRIC/FIN No.:

SKETCH PLAN

Pik Towards MBS AFTER STUKANES ROAD EXIT

- A) SGA919J
- B) SJL2418J
- C) SGQ3033M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the PIE. The traffic was slow and congested when the car in front of me (SJL2418J) hit the car in front of it (SGQ3033M). I was unable to brake in time causing my car to hit the car in front of me.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 14/8/18

2.20pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 14/8/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 13/08/2018 (DD/MM/YYYY), TIME: 15:20 (HH:MM)

LOCATION: PIE towards Tuas after Stevens Road exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGA 9191J
 b) INSURANCE COMPANY: MSIA
 c) POLICY NUMBER: D28950309 QMY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: VW Golf
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: YEW SHAN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110
 c) ADDRESS: 113 UNIVERSITY ROAD
S297909

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: YEW SHAN (as above) (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S7127314H CONTACT: 81201110
 c) ADDRESS: 113 UNIVERSITY ROAD
S297909

*d) DATE OF BIRTH: 01/08/1971 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/08/2004

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) Clear
 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: SJL 2418J MODEL: Corolla Altis
 b) DRIVER'S NAME: MARSHALL LEE JIA JUN
 c) NRIC/FIN/PASSPORT: S9043225G CONTACT: 91009563

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SGA 3033M MODEL: Nissan Murano
 e) DRIVER'S NAME: WU TONG
 f) NRIC/FIN/PASSPORT: S8064717D CONTACT: 81864861

*No of passengers
 (including driver)
(1)

*No of passengers
 (including driver)
(1)

*No of passengers
 (including driver)
(1)

email = shanyew@yahoo.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7127314H



Name

YEW SHAN

游 山

Race

CHINESE

Date of Birth

01-08-1971

Sex

M

Country of Birth

SINGAPORE

S7127314H

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7127314H

Name

YEW SHAN

Birth Date: 01 Aug 1971

Issue Date: 11 Aug 2004



0379782



NRIC No. S7127314H



Blood Group: Date of issue

O+

12-06-1992

113 UNIVERSITY ROAD
SINGAPORE 297909

NRIC No: S7127314H

Date: 06-06-2005

No: 8036903

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

PASS DATE

11 Aug 2004

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

NP 428A



MOTOR MAX PLUS

RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
D 28950309 QMY	27/04/2018 to 01/03/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Yew Shan 113 University Road Singapore 297909		14/02/2018
		Account Number
		393001
Premium	GST	Total Due
SGD1,496.89	SGD104.78	SGD1,601.67

RISK NUMBER 1

MOTORMAX PLUS

OCCUPATION

Music Teacher

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SGA9191J
 MAKE/MODEL Volkswagen -As details below
 ENGINE NUMBER CAV445955
 CHASSIS NUMBER WVWZZZ1KZDW067904
 YEAR OF MFG 2012
 CAPACITY 1390 C.C.
 SEATING CAPACITY 5 (INCL. DRIVER)
 WINDSCREEN UNLIMITED

SUM INSURED	MARKET VALUE
INCL. COE/PARF	YES
OFF-PEAK CAR	NO
NO CLAIM DISCOUNT	10.00% (or F/D)
NCD PROTECTOR	NOT COVERED
EXCESS	SGD500
ANNUAL PREMIUM	SGD1,768.17

ACCESSORIES

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

AUTHORISED DRIVERS

Yew Shan
 Ng Choong San
 Any other person provided he is driving on the Insured's order or with the
 Insured's permission.