

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA 118/06445

Date In: 17/8/18-11:41	Job description	Date & Time Completed	Done by
Ref No: NA/MNA/1801524/124	SAS e-filing		
Veh No: J6E3677J	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 10/8/18-16:45	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: J447782	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%. P: 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

NA180573	Invoice Preparation Checklist	Amt (\$) Inc Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	QD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	17/08/2018 11:41
Date Of Accident	10/08/2018 16:45
Exact Location Of Accident	BLK 628 BEDOK RESERVOIR ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGE3637J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN HAI LENG
NRIC No	S1686177D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90021811
Alternative Phone No	OFFICE-90021811
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	LATIO 1.5L T
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	A28701169TMP
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN CHIN HENG @LIM SAM CHOON
NRIC No	S0235220F
Date Of Birth	23/01/1937
Occupation	INDOOR
Date Of Driving Pass	14/05/1968
Driving Experience	50 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83225918
Fax Number	
Contact Number	OFFICE-83225918
Email Address	NOEMAIL

Address	BLK 628 BEDOK RESERVOIR ROAD #11-1664
Postcode	470628
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	
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

REFER TO STATEMENT.

#### 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	SLL4738Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	JOHNNY KEE CHOON HENG
NRIC/Passport Number	S7126846B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :

Passenger 2

NAME: :

GENDER: :



## 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:

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

**SKETCH PLAN**



A: S4E3637J

B: SLL47382

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

*Refer to statement.*

**DECLARATION**

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

Policyholder's Signature  
Date & Time:

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

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

## Accident Details

My Father (Tan Chin Heng NRIC No: S0235220F) was at his HDB car park (Car Park No: BDB53, Bedok Reservoir Road), reversing his car into a car park lot where a private hire car trying to squeeze through on his left after dropping a passenger, that resulted in his car scratching our car front left bumper, and his car right front & backdoor. The incident happened at 4.45 pm.

### Our Car & driver details:

Car No: SGE3637J

Driver: Tan Chin Heng (NRIC: S0235220F), relationship: my father

MSIG Account NO 155592, Client Code: 11047343

### The other Car & driver details:

Car No: SLL4738Z

Driver: Johnny Kee Choon Heng (NRIC: S7126846B)

I will send you some pictures separately on the damaged of both cars as they are big photo files.

Please feel free to let me know if you need any other details.



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S0235220F**

Name  
**TAN CHIN HENG**

Birth Date: **23 Jan 1937**

Issue Date: **20 Nov 2003**

001012991D




**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S0235220F**

Name  
**TAN CHIN HENG**  
**@LIM SAM CHOON**  
**陈振兴**

Race  
**CHINESE**

Date of Birth: **23-01-1937** Sex: **M**

Country of Birth  
**SINGAPORE**





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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	25 May 1964
Class 2A	Motorcycles between 201 cc and 400 cc	25 May 1964
Class 2	Motorcycles exceeding 400 cc	25 May 1964
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 May 1968

NF 428A

Licence No: S0235220F



1498198

NRIC No. **S0235220F**

Blood Group: **A+** Date of issue: **08-12-1993**

Address  
**APT BLK 62B BEDOK RESERVOIR ROAD**  
**#11-1664**  
**SINGAPORE 1647**







**MSIG**

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

**PRIVATE MOTOR CAR - TP****RENEWAL CERTIFICATE**

Policy Number		Period of Insurance	Place of Issue
A 28701169 TMP		15/03/2018 to 14/03/2019	SINGAPORE
Name and Address of Insured			Date of Issue
Tan Hai Leng 68A Lorong Marzuki Singapore 417156			23/02/2018
			Account Number
			155592
Premium	GST	Total Due	
SGD380.46	SGD26.63	SGD407.09	

**RISK NUMBER 1****PRIVATE MOTOR CAR - TP****OCCUPATION**

Supply Chain Director

**SCOPE OF COVER** Third Party**INTEREST INSURED**

**REGISTRATION NO.** SGE3637J  
**MAKE/MODEL** Nissan Latio 1.5L T  
**ENGINE NUMBER** HR15102941  
**CHASSIS NUMBER** SC11021104  
**YEAR OF MFG** 2005  
**CAPACITY** 1498 C.C.  
**SEATING CAPACITY** 5 (INCL. DRIVER)  
**WINDSCREEN** NIL

**OFF-PEAK CAR** NO  
**NO CLAIM DISCOUNT** 50.00% (or F/D)  
**GOOD DRIVER'S DISCOUNT** SGD20.02  
**NCD PROTECTOR** NOT COVERED  
**EXCESS** NIL  
**ANNUAL PREMIUM** SGD380.46

**AUTHORISED DRIVERS**

Tan Hai Leng  
 Nah Liang Tang  
 Chan Kim Oi

Any other person provided he is driving on the Insured's order or with the Insured's permission.

**LIMITATION AS TO USE**

Use only for social domestic and pleasure purposes and for the