

NATIONAL Assessment Centre Services

Ref: Jan 09

18 MAY 2018 20956

Date In: 18/05/2018 11:46	Job description	Date & Time Completed	Done by
Ref No: N/A/1805/1696214	SAS e-filing		
Veh No: SGG 84C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 16/05/2018 05:50	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: SGG 9796H	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

N/A/1805939	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
			Est Bill	Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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 2003)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*N5: Courtesy Car / Tpl 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			
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:-				
Cat. 1:				
Cat. 2 / 3:				

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	18/09/2018 11:46
Date Of Accident	16/09/2018 05:50
Exact Location Of Accident	BLK 446C JALAN KAYU MSCP 2ND FLOOR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG84C
Insured/Policyholder	
Name Of Registered Owner	CHUA CHENG XUN
NRIC No	S8436034A
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-83007788
Alternative Phone No	OTHERS-83007788

Vehicle Particulars

Manufacturer	LAMBORGHINI
Model	HURACAN-5.2 LP610-4 (M)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	83007788

Driver

Name of Driver	CHUA CHENG XUN
NRIC No	S8436034A
Date Of Birth	05/11/1984
Occupation	INDOOR
Date Of Driving Pass	06/11/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	+65-83007788
Fax Number	
Contact Number	OTHERS-83007788
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG

Address	BLK 407 HOUGANG AVENUE 10 #12-1104
Postcode	530407
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

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	SGG9796H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PUA YOKE TING
NRIC/Passport Number	S9050632C
Contact Number	82915354
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
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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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

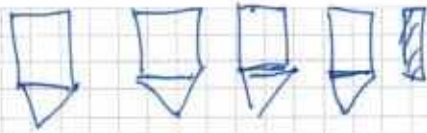
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

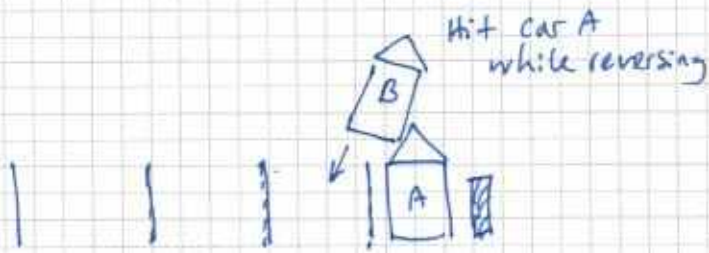
Name:

NRIC/FIN No:

SKETCH PLAN

A) SJS 84C

B) SGG 9796H.



multistorey car park at blk 446C Jalan Kayu (level 2)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle, a Lamborghini Huracan SJS 84C, was parked on the 2nd Level MSCP at Blk 446C Jalan Kayu. (S 791446)

According to my in car camera, the other party car SGG 9796H hit my car front left bumper while reversing to park her car next to mine. The impact damaged and broke my front car bumper and the lower spoiler.

The accident happened on 16/09/2018 at 5.50 AM.

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 Report Form:

Date of Report: 17/9 Date & Time of Accident: 16/9/18. 5.50AM
Exact Location of Accident: 446C Jalan Kayu MSCP 2nd Level
Vehicle Reg. No. SJG 84C
Name of Reg. Owner: CHUA CHENG XUN NRIC No. S8436034A
Mobile No. 8612 8133 Email Addr. —
Vehicle Make and Model LAMBORGHINI HURACAN Private Use or Commercial work: indoor
Choose one: Reporting Only / Own Damage Claim / Third Party Claim
Insurance Company MSIG Comprehensive / Third Party / Fire & Theft
Policy / Cover Note No. 83007788
Name Of DRIVER SAME NRIC No. / (Male/Female)
Date Of Birth. 05/11/1984 Date of Driving Pass 6/11/2008
Mobile No. Address.
Employee of Insured? / Relationship with veh. Owner

Type of Accident. Hit while parked Weather / Road Condition DRY
Any Foreign Veh.? Ø Any Body Injured? Where. NO
Number of Passenger + Drv Ø Any photo or video? Yes
Name of 3rd Party Driver Goh Hwee Koon PHUA YOKA TING S9050632C
Other Party Veh. Reg No. SGG 9796H NRIC / Phone No. S7238563B
INCOME INS. 82915354

Need:

Driver NRIC / Passport and Driving License (Copy front and back)

Copy of Insurance Certificate

Take photo of Vehicle Damages, Mileage, Chassis number

Fill out the accident statement and draw sketch or diagram

Sign all forms

RICHARD HARGANTO @ EUROSORTSAUTO.COM.SG

RICHARD HARGANTO 91740253

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8436034A



Name

CHUA CHENG XUN

蔡承勳

Race

CHINESE

Date of Birth

05-11-1984

Sex

M

Country of Birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identification Number: S8436034A

CHUA CHENG XUN

Birth Date: 05 Nov 1984

Valid Until: 06 Nov 2008



0016731978

338-830



NRIC No: S8436034A



Issue Date: 15-08-2003

Address

APT BLK 407 HOUGANG AVENUE 10
#12-1104
SINGAPORE 530407

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

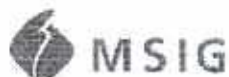
VALID DATE

Class 3 Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg. 06 Nov 2008



License No: S8436034A

NP 428A



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. 83007788

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. : 219102
Name of Insured : Chua Cheng Xun
Make and Description of Vehicle : LAMBORGHINI HURACAN LP610-4
Vehicle Registration No. : SJG84C
Year of Manufacture : 2015
Engine No. : CSJ002770
Chassis No. : ZHWEC1ZFXFLA01782
Capacity : 5.204 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : 698,000
Period of Insurance : 24/08/2018 to 23/08/2019
Excess (SGD) : 20,000 (within Singapore)
40,000 (outside Singapore)

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



Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Katherine Yap
Senior Vice President, Brokers

Date of Issue : 14/08/2018

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

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: MUA418120956 Vehicle Registration No: SJG 84C
Name (as shown in NRIC): CHUA CHUAN YU NRIC/FIN/Passport No: S8436034A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 83007788
Email Address: _____
Date of Accident: 16/09/2018 Time of Accident: 05:50
Place of Accident: BK 466C Jln Kaya MSEP 2ND FLOOR
Insurance Company: MSIA

(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:

THIRD PARTY PARTICULARS ① PUA Yoke Lin ② S9050632C
③ 82915354

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Raddi Upthar
NRIC/FIN No: _____
Date: 18/09/2018