

Date In: 24/9/18 10:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA/MSG18017293164.	E-mail (within 3hrs, AIC 2hrs)		
Vch No: SJX S915H	i-Motor Claim Form		
DOA: 21/9/18 17:05.	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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:	Vch No: SLE 9467J.	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

MA 1806047	Invoice Preparation Checklist		Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Ref. 1: Ref. 2 / 3:	1) AR : Accident Reporting (\$30);		30.00	
	2) DA : Damage Assessment (\$100); INC (\$80)			
	3) TP : 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 : Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	9) NI12: Idao Mobile 30			
	* 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			
	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	24/09/2018 10:28
Date Of Accident	21/09/2018 17:05
Exact Location Of Accident	AYE TWDS ECP NEAR JALAN AHMAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5915H
Insured/Policyholder	
Name Of Registered Owner	NG ANGELINA
NRIC No	S7029225D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97985991
Alternative Phone No	OFFICE-97985991

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I45 2.0 AT ABS AIRBAG 2WD 4DR
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 80314692 QMY
Cover Note Number	-

Driver

Name of Driver	NG SHI HUI
NRIC No	S9648292B
Date Of Birth	31/12/1996
Occupation	INDOOR
Date Of Driving Pass	04/10/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92777687
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 427 BUKIT PANJANG RING ROAD #03-697
Postcode	670427
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	AFTER RAINED
Road Surface	WET

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?	YES
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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE9467J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD5927E
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Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLF3094K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SCY5665G
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NG SHI HUI
 Approximate Age
 Injuries Sustain BACK ACHE, CHEST PAIN, NECK ACHE
 Injured person in which vehicle? SJX5915H
 Were seat belts worn? YES
 Was this injured conveyed to hospital by ambulance? NO
 Address
 Postcode

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:



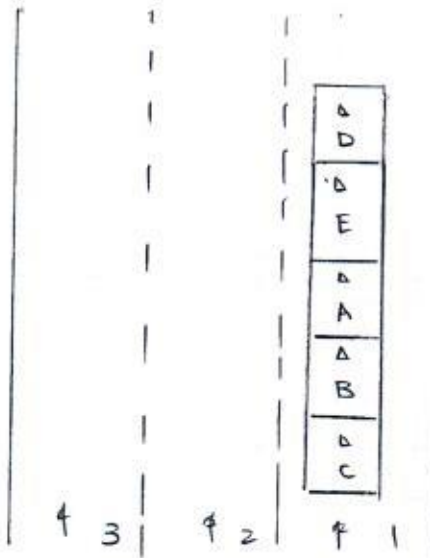
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

AYE Towards ECP
near Jalan Ahmad
Ibrahim Exit



A: SJX 5915H
B: SLE 9467J
C: SLD 5927E
D: SLF 3094K
E: SCH 5665G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/09/2018 at about 5.05pm, I was travelling
along AYE Towards ECP near Jalan Ahmad Ibrahim
Exit. I was stationary due to the front traffic.
Suddenly I felt an impact from the rear. My vehicle
was pushed forward. I was involved in a five
vehicle chain collision.

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.:

3rd A.

Date of Accident : 21/09/18 Accident Time: 5:05 PM (24-HR-Format)

Accident Place : AYE Towards ECP Near Jalan Ahmad Ibrahim Exit.

Vehicle No. (Car Plate No.) : SJX5915H Make/Model: Hyundai

Insurance Company : HSIG Policy No: A803146A2 QMY

Owner or Company Name /IC No. : NG Angelina

Owner or Company Contact No. : 97985991 Owner's Hp _____ Company Tel _____

DRIVER'S Name / IC No. : S9642202B NG Shi Hui

DRIVER'S Date Of Birth : 31 Dec 1946 DRIVER'S License Pass Date 04/10/2016

Relationship of Owner & Driver : Spouse | Parents | Children | Sibling | Employee | Others: Friend

DRIVER'S Address : B 427 Bukit Panjang Ring road #03-697 S670427

DRIVER'S Contact No/ Alt No. : 1) 92777627 2) _____

DRIVER'S Occupation : INDOOR | OUTDOOR (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : CLEAR & DRY | RAINING & WET | AFTER RAIN & WET

Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance

Number of Passengers (Including Driver): Driver only

Was there any video Captured by car camera: YES | NO

Exact purpose for which vehicle was being used at the time of accident: Private use | Work purpose

Any Injury (If YES, Pls state): Yes Driver : Back ache Chest Pain. Neck ache

Other Party Driver's Particular (if any)

4th C 5th

Vehicle No: SLE9467J Vehicle No: SLD59127E

Vehicle Make/Model: _____ Vehicle Make/Model: _____

Name Driver: _____ Name Driver: _____

IC No. Driver/Contact: _____ IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**

D 1st SLE3094K

E 2nd SLY5665G

Signature

0000060315572

NRIC No / Colour
S9648292B PINK

Race
CHINESE

Date of Birth
31/12/1996

Service Status
NSP

Address
BR 427 BLK7 PANJANG RING ROAD
#03-697 SINGAPORE 670427

Blood Group
AB (+)

Country of Origin
SINGAPORE

Military / Nanyang Service
ENLISTEE

Sex
M

Barcode

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

Class 3A
Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

EFFECTIVE DATE
04 Oct 2016

License No: S9648292B

NP 423A

Barcode

SINGAPORE ARMED FORCES
IDENTITY CARD

Name
NG SHI HUI

NRIC No
S9648292B

Photo

This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Identification Branch or any Police Station.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait

License Number: S 9648292B

Name
NG SHI HUI

Date of Birth: 31 Dec 1996

Issue Date: 04 Oct 2016

Barcode



owner



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Seletar 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

THE 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)
 FOR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
 Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 80314692, QMY

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SJX5915H

2. Name of Policyholder
 Ng Angelina

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 28/12/2017

4. Date of Expiry of Insurance
 27/12/2018

5. Persons or Classes of Persons entitled to drive*

Ng Angelina

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