

Date In: 19/10/2018 15:59	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG18019050/14	SAS e-tiling		
Veh No: SKH 2689C	E-mail (withh sheet, AIC sheet)		
D.O.A: 19/10/2018 04:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor Y/O (with 100 sheet, TP sheet)		
TP Insureh:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VKHSO		

Preferred Wksp / INC Assign Wksp / OW: () Toll () Fax: ()

TP Particulars: Yell No: SLX9651T, INC () / Non-INC ()

Owner / Drivers: () Toll ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BSL 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 repeller.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: INC 678810067

Remarks	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	Action

NA1806706

Item	Amount	Unit	Remarks
1) AR: Accidental Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$30)	
3) TP: Towing Fee		\$10/\$42	
4) PT: Follow-Through Survey		\$150	
5) RT: Follow-Through Survey (Resurvey)		\$30	
Excluding excess INC Only (w/ef 10 Jan 2018)			
6) TR: Re-inspection		\$15	
7) NI: DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
OIL			
NI: Courtesy Car / Tpl Allowance		\$5	
NI: Repair Coordination		\$10	
NI: Post Repair Inspection		\$15	
NI: DY / Collect Excess Coordination		\$5	
TP (Nil) / TP (Non-INC) against INC		\$70	
9) NTUC Mileage Reimburse		\$0	
Invoice dated		1/11/2018	
Invoice due		1/11/2018	

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 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. 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	19/10/2018 15:59
Date Of Accident	19/10/2018 04:00
Exact Location Of Accident	JURONG EAST AVE 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH2689C
Insured/Policyholder	
Name Of Registered Owner	TAN THUAN HUAT
NRIC No	S0238098F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98212792
Alternative Phone No	OTHERS-98212792
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	-
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	B 27423604 SVP
Cover Note Number	
Driver	
Name of Driver	TAN THUAN HUAT
NRIC No	S0238098F
Date Of Birth	29/04/1951
Occupation	INDOOR
Date Of Driving Pass	15/06/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98212792
Fax Number	
Contact Number	OTHERS-98212792
EEmail Address	NOEMAIL

Address	BLK 37 JURONG EAST AVENUE 1 #09-06
Postcode	609775
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	RAINING
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?	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

PLS REFER TO THE ATTACHED 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	SLX9651T
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)	

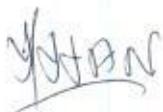
SKETCH PLAN

IMPORTANT NOTICE

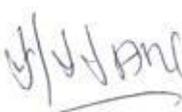
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

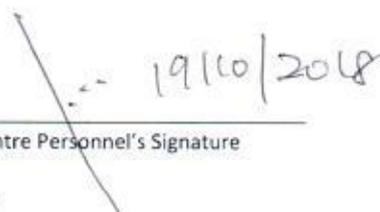
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:



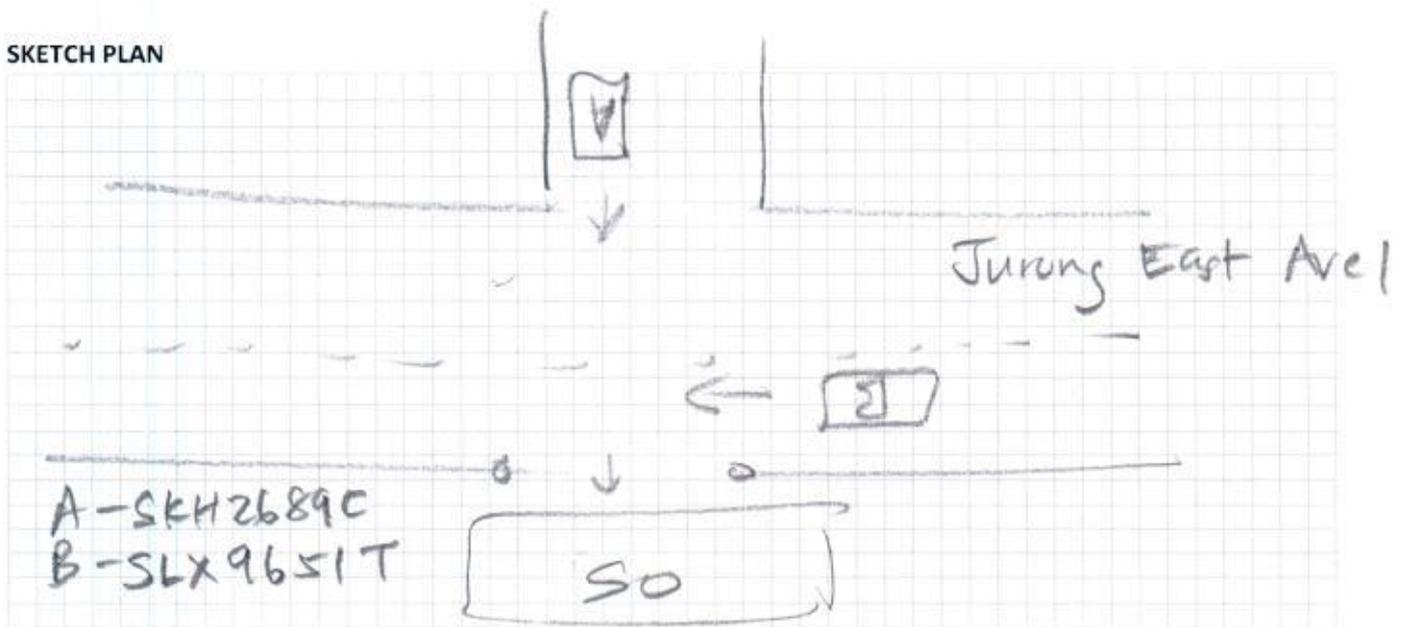
Driver's Signature
(If driver is not the policyholder)
Date & Time:



19/10/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along Jurong East Ave 1. While entering Petrol Station suddenly Vehicle B from left came and hit on Vehicle A left side portion. Vehicle A damage was at the left side bumper.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 19/10/2018

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

Reported on 19/10/2018 @ 14:55 hrs

ACCIDENT STATEMENT

ACCIDENT DATE: 19/10/2018 (DD/MM/YYYY), TIME: 04:00 AM (HH:MM)
LOCATION: Jurong East Ave 1

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 2689C
- b) INSURANCE COMPANY: _____
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: _____
- 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: _____ (MALE / FEMALE)
- B) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- C) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 98212792
- c) ADDRESS: Blk 37 #09-06 (S 609775)

* d) DATE OF BIRTH: _____ (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SLX 9651T MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

No of passenger (including driver) (1)

No of passenger (including driver) ()

No of passenger (including driver) ()

Info @ Yew Tee group.com ✓

workshop email = vinx@wengfatt.sg ✓

fax = _____
Tel: 62714963
V1 060

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S0238098F



Name
 TAN THUAN HUAT



Race
 CHINESE

Date of Birth 29-04-1951 Sex M

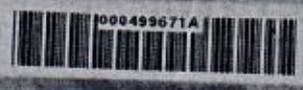
Country of Birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S0238098F

Name
 TAN THUAN HUAT

Birth Date: 29 Apr 1951
 Issue Date: 21 May 2003



1915328



NRIC No. S0238098F



Blood Group B+ Date of issue 18-04-1994

Address
 ST. JURONG EAST AVENUE 1 908-08
 SINGAPORE 2288

NRIC No: S0238098F Date: 06-12-1994 No: 1604074

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

CLASS DATE
 15 Jun 1977

Class 5 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

NP 426A

License No: S0238098F





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

SIME DARBY INSURANCE BROKERS (SINGAPORE) PTE. LTD.
 300 Beach Road
 #12-01/02 The Concourse
 Singapore 199597
 Tel: 6722 6000 Fax: 6294 8810

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	SIME VANTAGE PRIVATE Comprehensive
Certificate No. B 27423604 SVP	Excess: SGD750
<p>1. Index Mark and Registration Number of Vehicle SKH2689C</p> <p>2. Name of Policyholder Tan Thuan Huat</p> <p>3. Effective Date of the Commencement of Insurance for the purposes of the Act 22/11/2017</p> <p>4. Date of Expiry of Insurance 21/11/2018</p> <p>5. Persons or Classes of Persons entitled to drive* Tan Thuan Huat Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.</p> <p>* 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.</p> <p>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.</p> <p>* 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.</p>	
<p>PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT VANTAGE AUTOMOTIVE LTD OR AT ANY WORKSHOP OF YOUR CHOICE.</p> <p>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).</p>	

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