

**NATIONAL Assessment Centre Services.** [ver 1 Jan'05] *MUB48144210*

Date In: <i>07/11/2008 18:39</i>	Job description	Date & Time Completed	Done by
Ref No: <i>NBA/MSG/18020176/4</i>	SAS e-filing		
Veh No: <i>89E 8689 J</i>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: <i>07/11/2008 08:30</i>	I-Motor Claim Form		
OID / TR: <i>Reporting Only</i>	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: *SLA 3131M* 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 ( ) / Non-INC ( )	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/Registration/Guide/...	Part (\$)	Auto (\$)	Add/Bill
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)			
Damaged Portion:	3) TP: Towing Fee 340/345			
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey 120			
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) 330			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection 375			
	7) NI: Idao DA + SMRT Survey 160			
	8) NTUC Additional Services:			
	ON:			
	*N5: Courtesy Car / Tpt Allowance 35			
	*N6: Repair Co-ordination 510			
	*N7: Post Repair Inspection 23			
	*N8: DV / Collect Excess Coordination 35			
	TP (N11): TP (Non INC) against INC 320			
	9) N12: Idao Mobile 30			
	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 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	07/11/2018 18:39
Date Of Accident	07/11/2018 08:30
Exact Location Of Accident	TELOK BLANGAH FOOD CENTRE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE3689J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAU AI KIAN MRS TEH-CHAU A K
NRIC No	S1322462E
Email Address	JULIAN.TEH@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96614104
Alternative Phone No	HOME-62740150

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	BUYING BREAKFAST
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	8VPCP1812310

### Driver

Name of Driver	TEH WEI LIANG, JULIAN
NRIC No	S9036495B
Date Of Birth	06/10/1990
Occupation	INDOOR
Date Of Driving Pass	05/10/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96614104
Fax Number	
Contact Number	HOME-62740150
E Mail Address	JULIAN.TEH@OUTLOOK.COM

Address	BLK 74 LELOK BLANGAH HEIGHTS #05-305
Postcode	100074
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	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	SLA3131M
Vehicle Make/Model/Colour	TOYOTA
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:

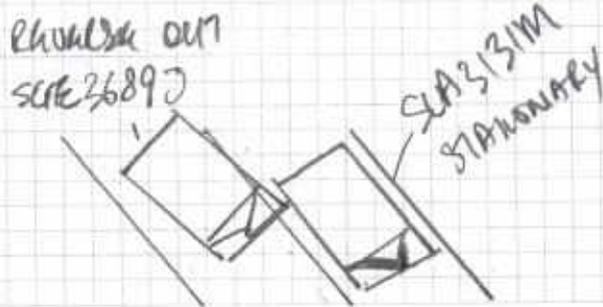
  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07 NOV 2018  
4:38 PM

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Rosdi Hartono

NRIC/FIN No.:

SKETCH PLAN

TALOK BEANGGAH FOOD CENTRE CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both cars were parked head in at the open-air carpark. As I was reversing out, the front of my car hit the side of the car beside ~~on the left~~ near the right side rear wheel of the other car. This resulted in a dent in my car and a rear in the rear of the other car just behind the rear right side wheel.

DECLARATION

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

Policyholder's Signature  
Date & Time:

*[Signature]*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 07 Nov 2018  
 4:44 PM

*[Signature]* 07/11/2018  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

*[Signature]*  
 Rosli Haniffa

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 11 / 2018) (DD/MM/YYYY), TIME: (08 : 30) (HH:MM)

LOCATION: TELOK BLANGAH FOOD CENTRE CARPARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGE3699J
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: RNPCP1812310
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: TOYOTA COROLLA ALTIS
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: BUYING BREAKFAST
- 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: CHAU AI KIAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1322462E CONTACT: 62140150
- c) ADDRESS: TELOK BLANGAH HEIGHTS BLK 74 #05-305  
SPORE 100074

\* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: JULIAN TEH WEI LIANG (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8036458B CONTACT: 96614104
- c) ADDRESS: TELOK BLANGAH HEIGHTS BLK 74 #05-305  
SPORE 100074

\* d) DATE OF BIRTH: (06 / 10 / 1990) (DD/MM/YYYY)

- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) DATE OF DRIVING PASS: 05/10/2010

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

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: SLA3131M MODEL: TOYOTA
- 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)  
(0)

# No of passenger  
(including driver)  
( )

email = julian.teh@outlook.com  
fax =  
video

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9036495B



Name

TEH WEI LIANG, JULIAN

郑伟良

Race

CHINESE

Date of birth

06-10-1990

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S9036495B

Name

TEH WEI LIANG, JULIAN

Birth Date: 06 Oct 1990

Issue Date: 05 Oct 2010



001009200E

4584658



NRIC No: S9036495B



Date of issue

08-04-2010

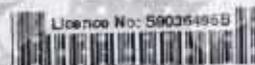
Address

APT BLK 74 TELOK BLANGAH HEIGHTS  
#05-305  
SINGAPORE 100074

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

EFFECTIVE DATE

Class 2 Motor Cars <= 3000kg with <= 4 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 05 Oct 2010



Licence No: S9036495B

\*MP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
msig.com.sg

**MOTOR VEHICLE COVER NOTE**

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

12 Jul 2018

1A0402

MOTORMAX PLUS

COVER NOTE No.

: 8VPCP1812310

- 1. Index Mark and Registration Number of Vehicle : SGE3689J
- 2. Chassis Number of Vehicle : MR053REH104536750
- 3. Name of Policyholder : CHAU AI KIAN MRS TEH-CHAU A K

4. Effective date of the Commencement of Insurance for the purposes of the Act : 12 Aug 2018 00:01AM

5. Date of Expiry of Insurance : 11 Aug 2019

6. Persons or Classes of Persons entitled to drive\*

- (a) The Policyholder.
- (b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use\*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, tuition, driving test, 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 Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

ONE-STOP INSURANCE AGENCY  
163 GEYLANG ROAD #02-03  
THE GRANDPLUS  
SINGAPORE 389240  
TEL: 6747 5667 FAX: 6747 6586

For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorized Person

Approved Insurer

**IMPORTANT NOTICE**

This temporary Cover Note is valid for a maximum of 14 days only.  
You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note.  
If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.X.1 (001)

7VPCP1728910

(For the Issuance of Motor Cover Note only)

MSD/QMY/28-791106