

NATIONAL Assessment Centre Services. [wef 1 Jan 03]

Date In: 08/11/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18020181/13	SAS e-filing		
Veh No: SKP608H	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 07/11/18 1315	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: GY569.Z	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 repaler.

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

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

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/Time	Actions

NA1807407	Invoice Preparation Checklist		Amo (\$)	Amo (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);			
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TP: Towing Fee \$40/\$45			
Damaged Portion:	4) FT: Follow-Through Survey \$120			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	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:			
	ON:			
	*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 (N'in INC) against INC \$20			
	9) N12: Idac Mobile \$0			
	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	08/11/2018 09:29
Date Of Accident	07/11/2018 13:15
Exact Location Of Accident	AYE TWDS CITY B4 CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP608H
Insured/Policyholder	
Name Of Registered Owner	SEAH TAT HONG
NRIC No	S8205815Z
Email Address	TATHONG.SEAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85332218
Alternative Phone No	OTHERS-85332218

Vehicle Particulars

Manufacturer	BMW
Model	428I
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	
Cover Note Number	10119370

Driver

Name of Driver	SEAH TAT HONG
NRIC No	S8205815Z
Date Of Birth	23/02/1982
Occupation	INDOOR
Date Of Driving Pass	11/07/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85332218
Fax Number	
Contact Number	OTHERS-85332218
EEmail Address	TATHONG.SEAH@GMAIL.COM

Address	BLK 137 BEDOK NORTH AVE 3 #10-172
Postcode	460137
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	COLLISION - HEAD TO REAR
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)	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	GY5669Z
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AKBARSHA
NRIC/Passport Number	
Contact Number	94551320
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:

Reporting Centre Personnel's Signature
Name:
NRIC, FIN No:

SKETCH PLAN

AYE TOWARDS CITY.

A - SKP608M

B - GY5669Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling on AYE, the traffic in front of me slow down.

As I was slowing down, I felt an impact in my rear of my vehicle. Vehicle

B has rear ended into my vehicle.

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]

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

Date of Accident : 7/11/2018 Accident Time: 1315 (24-HR-Format)
Accident Place : AYE TOWARD CTR Before Clementi Ave 6.
Vehicle No. (Car Plate No.) : SKP608H Make/Model: BMW 428i
27761134
Insurance Company : MSIG Policy No: _____
Owner or Company Name / IC No. : SEAH TAT HONG
Owner or Company Contact No. : _____ Owner's Hp 85332218 Company Tel _____
DRIVER'S Name / IC No. : SEAH TAT HONG / S82058152
DRIVER'S Date Of Birth : 23/2/1982 DRIVER'S License Pass Date 11/7/2001
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner.
DRIVER'S Address : BLK 137 BEDOK NORTH AVE 3 # 10-172
S 460137
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ~~tat~~ tathong-seah@gmail.com
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): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>GY5669Z</u>	Vehicle No: _____
Vehicle Make/Model: <u>KIA</u>	Vehicle Make/Model: _____
Name Driver: <u>AKBAR SHAMS/O JAINULABDEEN</u>	Name Driver: _____
IC No. Driver/Contact: <u>9455/320</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8205815Z



Name

SEAH TAT HONG
(XIE DAFENG)

谢达丰

Race

CHINESE

Date of birth

23-02-1982

Country/Place of birth

SINGAPORE

Sex

M

S8205815Z



5901458

NRIC No. S8205815Z



Date of issue

10-03-2018

Address

APT BLK 137 BEDOK NORTH AVENUE 3
#10-172
SINGAPORE 460137

REPUBLIC OF SINGAPORE DRIVING LICENCE

006552313A

882058152

SEAH TAT HONG
(YEE DAFENG)

Birth Date: 23 Feb 1982
Valid Date: 07 Jul 2003

006552313A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Jul 2001

NP 428A

Licence No: 882058152



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. 10119370

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. : 212165
Name of Insured : SEAH TAT HONG
Make and Description of Vehicle : B.M.W. 428i
Vehicle Registration No. : SKP608H
Year of Manufacture : 2014
Engine No. : B8100765N20B20A
Chassis No. : WBA3V32010J993058
Capacity : 1,997 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 12/08/2018 to 11/08/2019
Excess (SGD) : 1,000
Finance Company : BMW FINANCIAL SERVICES SINGAPORE PTE LTD

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

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers


Sime Darby Insurance Brokers (Singapore) Pte. Ltd.


Katherine Yeo
Senior Vice President, Brokers

Date of Issue : 03/08/2018

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

ACKNOWLEDGMENT

I, holding NRIC / Passport no.*
(*delete which is not applicable)

of vehicle no. acknowledge the following :

1. I am clear about the information disseminated by the counter staff during my accident reporting.
2. My accident reporting is for
(please circle the appropriate one)
 - a) **REPORTING PURPOSE ONLY**
 - b) **CLAIMING OWN DAMAGE**
 - c) **CLAIMING THIRD PARTY**
3. I came

a)	with my workshop	} (please circle the appropriate one)
b)	without my workshop	
4. My workshop who came with me is ORION AUTOCLINIC
(please provide the workshop name)
5. My preferred workshop who did not come with me is
..... and not recommended by the staff
(please provide the workshop name)

Signature :  X

* PLS email G/A to vervemotorclinic@gmail.com