

NATIONAL Assessment Centre Services. [wel 1 Jan 2003] MNAY18/48652

Date In:	Job description	Date & Time Completed	Done by
16/11/2018 16:23	SAS e-filing		
Ref No: NBA/MS/18020807/Y	E-mail (within 3hrs, A/C 2hrs)		
Veh No: SCU 99898	I-Motor Claim Form		
D.O.A: 16/11/2018 13:55	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OID: TP 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: ( )		Veh No: <u>SLF 4119S</u>		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:	
<input type="checkbox"/>	Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repairer.
<input type="checkbox"/>	Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In <input type="checkbox"/>	Towed-In <input type="checkbox"/> ; Invoice: YES <input type="checkbox"/> / NO <input type="checkbox"/> ; Towing Co: <input type="text"/>

Remarks	UNEP ID (e.g. 6788 6616)	Date	Complete	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )				
2) QC Check / Post Repair Inspection ( )				
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )				

Injury: \_\_\_\_\_

[illegible]

Invoice/Repairation Charge/Disbursement		Particulars	Amount	Remarks
1) AR: Accident Reporting	(330)			
2) DA: Damage Assessment	(5100); INC (550)			
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: Idau DA + EMRT 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			
TE (Nil): TP (Nil) INC against INC	\$20			
9) NI: Idau 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 GtA 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	16/11/2018 16:23
Date Of Accident	16/11/2018 13:55
Exact Location Of Accident	ALONG BRAS BASAH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCU9989S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO KONG BENG
NRIC No	S1585711J
Email Address	TEOKONGBENG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90301329
Alternative Phone No	OTHERS-90301329

### Vehicle Particulars

Manufacturer	BMW
Model	320i
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	7VPCB1762570

### Driver

Name of Driver	TEO KONG BENG
NRIC No	S1585711J
Date Of Birth	30/09/1963
Occupation	INDOOR
Date Of Driving Pass	01/03/1985
Driving Experience	33 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90301329
Fax Number	
Contact Number	OTHERS-90301329
Email Address	TEOKONGBENG@YAHOO.COM

Address	BLK 673B JURONG WEST STREET 65 #15-12
Postcode	642673
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	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF4119S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN TECK MENG
NRIC/Passport Number	S1614736B
Contact Number	87311206
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.
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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:

16/11/18 16:15

Driver's Signature

(If driver is not the policyholder)

Date & Time:

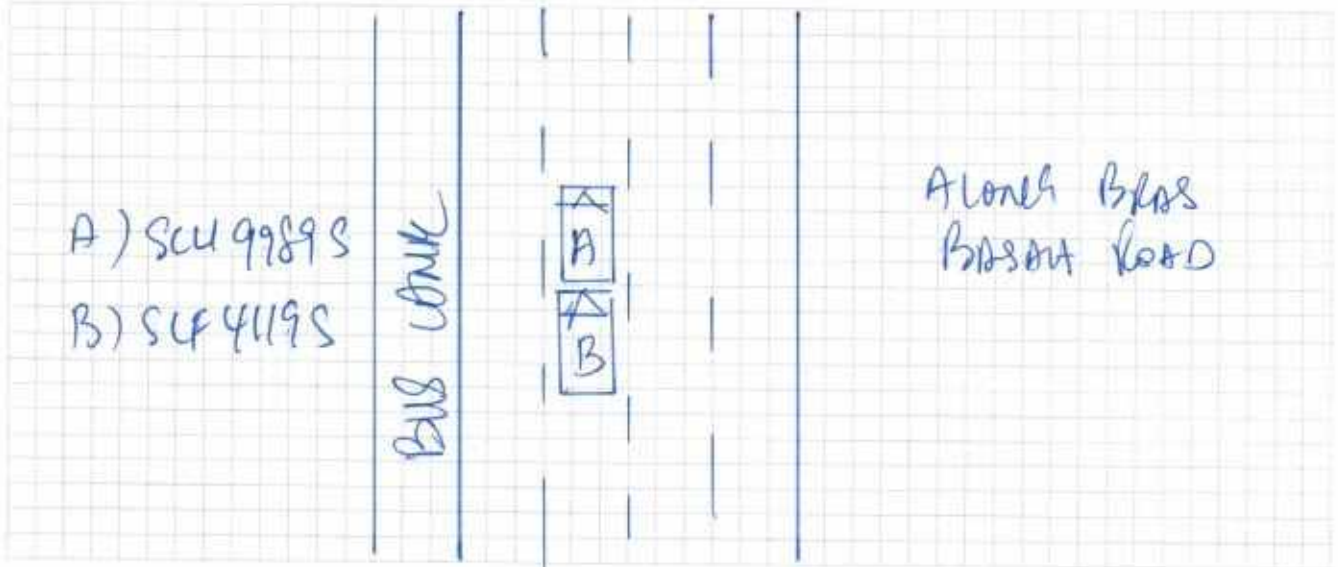
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bras Basah Road. Traffic light turned red, so I stop my car. Just A while later, somebody knocked onto my rear. I am not injured. I have in-car camera

## DECLARATION

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

Policyholder's Signature  
Date & Time: 16/11/18

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

16/11/2018  
Reporting Centre Personnel's Signature  
Name: Rodin / NH003  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 16/11/2018 (DD/MM/YYYY), TIME: 13.57 (HH:MM)

LOCATION: Ban Barah Rd

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SCU 998.9 S  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: 7 VPCB1762570  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: BMW 320i  
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 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: TEO KONG BENH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S15857113 CONTACT: 90301329  
 c) ADDRESS: BLK 673B JURONG WEST ST 54 65  
#15-12 (642673)

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

## DRIVER

- a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 30/09/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13/2/2002 1/3/1985

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

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: SLF 4119 S MODEL: Toyota  
 b) DRIVER'S NAME: Chan Teck Mang  
 c) NRIC/FIN/PASSPORT: S1614736B CONTACT: 87311206

## 9. THIRD PARTY VEHICLE

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

Email = teokongben@yahoo.com

fax =

VIDEO yes

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1585711J



Name  
TEO KONG BENG



張孔鳴

Race  
CHINESE

Date of birth  
30-09-1963

Country/Place of birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1585711J

Name  
TEO KONG BENG

Birth Date 30 Sep 1963

Issue Date 13 Feb 2003



1000199366J

6053744



NRIC No S1585711J



Date of issue  
26-10-2018

Address  
APT BLK 673B JURONG WEST STREET 65  
#15-12  
SINGAPORE 642673

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

Class	Vehicle Description	Valid Date
Class 2B	Motorcycles not exceeding 200 cc	28 Apr 1965
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	01 Mar 1965

NP 426A



License No: S1585711J





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  
www.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)

07 Dec 2017

1A0402

MOTORMAX

COVER NOTE No.

: 7VPCB1762570

1. Index Mark and Registration Number of Vehicle : SCU9989S  
2. Chassis Number of Vehicle : WBAVA76000NK65388  
3. Name of Policyholder : TEO KONG BENG

4. Effective date of the Commencement of Insurance for the purposes of the Act : 13 Jan 2018 00:01AM  
5. Date of Expiry of Insurance : 12 Jan 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

183 GEYLANG ROAD #02-03  
THE GRANDPLUS  
SINGAPORE 389240

TEL: 6747 6667 FAX: 6747 6586

Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

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)

6VPCB1680310

(For the Issuance of Motor Cover Note only)

MSD/QMX/28-870145