

NATIONAL Assessment Centre Services

(Int'l / 24/7)

19/04/18/54552

Date In: 29/4/2018 12:35	Job description	Date & Time Completed	Done by
Ref No: N/A/18/54552/1531/4	SAS e-billing		
Veh No: SMA 7300N	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 27/4/2018 08:00	1-Motor Claim Form		
OD / TP (Reporting Only)	1-Motor W/O (Within 24 hrs, TP 1 day)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars:	Veh No: SMA 6931P	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 repeller.

() 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	Action

N/A/18/07822

Human's Particulars	Invoice Preparation Checklist	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee (\$40/14)		
	4) FT: Follow-Through Survey (\$120)		
	5) FT: Follow-Through Survey (Resurvey) (\$20)		
	6) TR: Re-inspection (\$25)		
	7) NI: NI/DA + SMRT Survey (\$150)		
	8) NTUC Additional Services:		
	9) NI: NI/DA + SMRT Survey (\$150)		
	10) NI: NI/DA + SMRT Survey (\$150)		
	11) NI: NI/DA + SMRT Survey (\$150)		
	12) NI: NI/DA + SMRT Survey (\$150)		
	13) NI: NI/DA + SMRT Survey (\$150)		
	14) NI: NI/DA + SMRT Survey (\$150)		
	15) NI: NI/DA + SMRT Survey (\$150)		
	16) NI: NI/DA + SMRT Survey (\$150)		
	17) NI: NI/DA + SMRT Survey (\$150)		
	18) NI: NI/DA + SMRT Survey (\$150)		
	19) NI: NI/DA + SMRT Survey (\$150)		
	20) NI: NI/DA + SMRT Survey (\$150)		

Checked by (Engr-In-Charge): _____

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	29/11/2018 12:35
Date Of Accident	27/11/2018 08:05
Exact Location Of Accident	ALONG ORCHARD BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA7300D
Insured/Policyholder	
Name Of Registered Owner	MATSUMARU NOBUYUKI
Passport No/FIN	G8331050T
Email Address	MASASHI.OHMATSU@HIT-AD.CO.JP
Mobile Phone No	(LOCAL) +65-94521500
Alternative Phone No	OFFICE-91904941

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29085949 QMY
Cover Note Number	

Driver

Name of Driver	LING MIN SING
NRIC No	S1486251Z
Date Of Birth	26/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91904941
Fax Number	
Contact Number	OTHERS-94521500
Email Address	MASASHI.OHMATSU@HIT-AD.CO.JP

Address	BLK 237 TAMPINES STREET 21 #03-561
Postcode	520237
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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)	3
Passenger 1	NAME: : BOSS SON GENDER: : MALE
Passenger 2	NAME: : BOSS DAUGHTER GENDER: : FEMALE

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	SMA6931P
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN JEN FU
NRIC/Passport Number	S1565919Z
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.
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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.

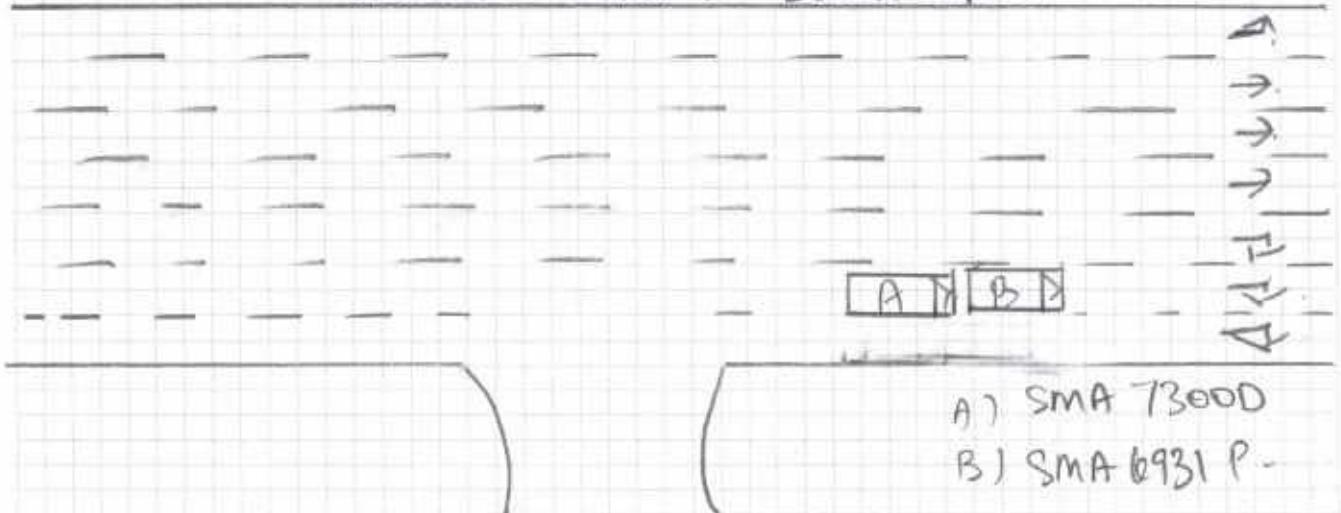
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/11/18
10:57 AM


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

SKETCH PLAN

ALONG ORCHARD BOULEVARD.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 27/11/2018 AT ABOUT 08:05 HRS I WAS DRIVING MY BOSS CAR SMA 7300D WITH MY BOSS 2 KID & SENT THEM TO SCHOOL & WAS USING ORCHARD BOULEVARD AND STOP AT THE JUNCTION BEFORE PARKESON ROAD. WHILE AT THE JUNCTION MY BOSS THE DAUGHTER SAY THAT HER TOY PHONE DROP ON THE FLOOR, SO I TURN AROUND & WAS NOT AWARE THAT MY CAR RELEASE THE BRAKE & MY CAR MOVE FORWARD & HIT THE REAR OF A CAR SMA 6931 P. SO I COME DOWN & TOOK SOME PHOTOS & EXCHANGE PARTICULAR THAT ALL.

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: 29/11/18
10:57AM

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

29/11/2018
Keshi Linaoos

ACCIDENT STATEMENT

ACCIDENT DATE: (27 / 11 / 2018) (DD/MM/YYYY), TIME: (08 : 05) (HH:MM)

LOCATION: Along Orchard Boulevard

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMN 7300D
 b) INSURANCE COMPANY: MSIE
 c) POLICY NUMBER: A 2085945
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA VALVE
 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: MATSUMARU HOBUKUKI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88331050T CONTACT: 9421500
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LING MIN SING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1486251/2 CONTACT: 91904941
 c) ADDRESS: APT BLK 25, TAMPAKES STREET 21, #03-561 SINGAPORE 500251

* d) DATE OF BIRTH: (26 / 04 / 1961) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: SMA 6931P MODEL: SUBARU
 b) DRIVER'S NAME: CHIN JEN FU
 c) NRIC/FIN/PASSPORT: S1565919Z CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = masashi.ohmatsu@hit-td.co.jp

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1486251Z



Name
LING MIN SING
林明盛
Race
CHINESE
Date of Birth
26-04-1961
Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1486251Z
Name
LING MIN SING
Birth Date: 26 Apr 1961
Issue Date: 13 Mar 2004



15143



NRIC No. S1486251Z



Blood Group
O+
Date of issue
16-12-1993

APT BLK 237 TAMPINES STREET 21 #03-561
SINGAPORE 520237
NRIC No. S1486251Z Date: 29-07-2000 No: 3187448

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

Class	Motorcycles	Motor cars	Motor tractors/vehicles	PASS DATE
Class 2B	Motorcycles <= 200 CC			14 Mar 2006
Class 3		Motor cars <= 3000 kg with <= 9 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg		16 Nov 2017

S / No. 9000303927

NP 428A

License No: S1486251Z



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

MOTOR MAX PLUS
Comprehensive

Certificate No. A 29085949 QMY

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SMA7300D

2. Name of Policyholder

Matsumaru Nobuyuki

3. Effective Date of the Commencement of Insurance for the purposes of the Act

19/06/2018

4. Date of Expiry of Insurance

18/06/2019

5. Persons or Classes of Persons entitled to drive*

Matsumaru Nobuyuki

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