

# NATIONAL Assessment Centre Services

(Int'l 1 Jan 2000)

NA4/18154850

Date In: 29/11/2018 18:02	Job description	Date & Time Completed	Done by
Ref No: NBO/18665035764	SAS e-Mailing		
Veh No: SLP 6793D	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 29/11/2018 15:10	E-Motor Claim Form		
OD: TP / Reporting Only	E-Motor W/O (within 100 hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Veh No: SLX 9025B	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 repeler.

( ) 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:

NA1807829	Invoice Preparation Checklist	Amount	Amount
Customer Particulars:	1) AR: Accident Reporting (J30)		
Driver/Owner:	2) DA: Damage Assessment (J100) INC (350)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$100		
	5) RT: Follow-Through Survey (Resurvey) \$70		
	6) TR: Re-inspection \$75		
	7) NI: NI & DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) Q11		
	*N1: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (NI) / TP (Non-INC) against INC \$20		
	TP (NI) / TP (Non-INC) \$20		
	Invoice dated	Paid Charged	
	Invoice dated	Paid 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 18:02
Date Of Accident	29/11/2018 15:10
Exact Location Of Accident	ALONG STONE AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP6793D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MELANIE TAN CHAI MIN
NRIC No	S7638501G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97641662
Alternative Phone No	OTHERS-97641662

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	A 28975761 QMY
Cover Note Number	

### Driver

Name of Driver	MELANIE TAN CHAI MIN
NRIC No	S7638501G
Date Of Birth	10/12/1976
Occupation	INDOOR
Date Of Driving Pass	30/10/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97641662
Fax Number	
Contact Number	OTHERS-97641662
EMail Address	NOEMAIL

Address	17 STONE AVENUE
Postcode	588238
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 - OPENING DOOR OF 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)	2
Passenger 1	
	NAME: : FATHER
	GENDER: : MALE

#### 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
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX9025B
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YET DUN HUI
NRIC/Passport Number	S8700964E
Contact Number	81884823
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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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.

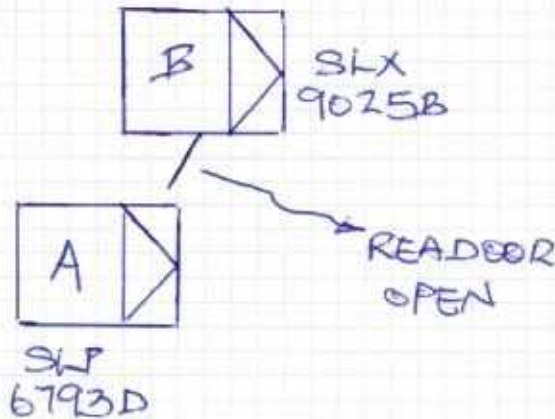
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

ALONG STONE AVENUE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Stone Avenue to my home and I was driving pass a row of parked cars on my left. Suddenly the car SLX 9025B open his rear <sup>right-hand</sup> door and hit the front of my car and causing damage to the complete left-hand side. The driver in army attire apologized for his oversight and asked me to claim insurance.

DECLARATION

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

MEKANTHAN

Policyholder's Signature

Date & Time:

29/11/18 410pm

MEKANTHAN

Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/11/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Rosh Wathoo

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## ACCIDENT STATEMENT

Date Of Report

Date Of Accident / Time 29/11/18 1510

Exact Location Of Accident STONE AVE

Country/State Of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLP 6793D

Insured/Policyholder

Name Of Registered Owner / COMPANY MELANIE TAN CHAI MIN

NRIC No / CO-REG NO. S7638501G

Email Address

Mobile Phone No

97641662

Alternative Phone No

Vehicle Particulars

Manufacturer

HYUNDAI

Model

ELANTRA

Exact Purpose for which vehicle was being used at time of accident PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken

CLAIMING THIRD PARTY

Vehicle Category

Insurance Company

Name of Insurance Company

Type Of Coverage

COMPREHENSIVE

Fleet Policy

Policy Number

Cover Note Number

Driver

Name of Driver

AS INSURER

NRIC No

Date Of Birth

10/12/1976

Occupation

Date Of Driving Pass

30/10/1999

Driving Experience

Gender

FEMALE

Mobile Number

Fax Number

Contact Number

Email Address

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7638501G



Name

MELANIE TAN CHAI MIN

陈在敏

Race

CHINESE

Date of birth

10-12-1976

Sex

F

Country of birth

SINGAPORE

S7638501G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7638501G

Name:

MELANIE TAN CHAI MIN

Exp. Date: 10 Dec 1976

Issue Date: 30 Sep 2003



000877372F



3903522

IDIC No. S7638501G



Date of issue

03-01-2007

Address

17 STONE AVENUE  
SINGAPORE 588238

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

ISSUE DATE

Class 3 Motor Cars and Motor Tractors the weight of which, unladen, does not exceed 2000 kilograms

30 Oct 1999

NP 438A



Licence No: S7638501G



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

## 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.K.1  
Individual Ownership

MOTOR MAX PLUS  
Comprehensive

Certificate No. A 28975761 QMY

Excess : SGD500  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLP6793D

2. Name of Policyholder  
Tan Chai Min Melanie

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
15/06/2018

4. Date of Expiry of Insurance  
14/06/2019

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

Tan Chai Min Melanie

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