

NATIONAL Assessment Centre Services. [ver 1 Jan 05] M/MAY18/162331

Date In: 17/12/2018 16:40	Job description	Date & Time Completed	Done by
Ref No: NGA/m8968022600/y	SAS e-filing		
Veh No: SMD 5425A	E-mail (Within 8hrs, AIC 2hrs)		
D.O.A: 16/12/2018 21:15	I-Motor Claim Form		
OID / 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: SKZ 5014K	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Action

Claimant's Particulars: Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Cal 1:	Invoice/Assessment/GR/DA/TP/PT/TT/NTUC/Additional Services:		
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100); INC (\$50)		
	3) TP: Towing Fee \$40/\$45		
	4) PT: Follow-Through Survey \$120		
	5) TT: Follow-Through Survey (Resurvey) \$30		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	9) NI: Idao Mobile 30		
	*NS: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *NB: DV / Collect Excess Coordination \$5 TE (N11): TP (Non INC) against INC \$20 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	17/12/2018 16:40
Date Of Accident	16/12/2018 21:15
Exact Location Of Accident	JUNCTION DEFU LANE AND HOUGANG AVENUE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5425A
Insured/Policyholder	
Name Of Registered Owner	LIWAN YUEN HIN
NRIC No	S1792863E
Email Address	DRADLYH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90484636
Alternative Phone No	OTHERS-90484636

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (A)
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	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	P 29093744 DMA
Cover Note Number	

Driver

Name of Driver	LIWAN YUEN HIN
NRIC No	S1792863E
Date Of Birth	06/08/1967
Occupation	INDOOR
Date Of Driving Pass	16/05/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90484636
Fax Number	
Contact Number	OTHERS-90484636
Email Address	DRADLYH@HOTMAIL.COM

Address	BLK 319 HOUGANG AVENUE 5 #09-23
Postcode	530319
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	WET

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	SKZ5014K
Vehicle Make/Model/Colour	TOYOTA SIENTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG
NRIC/Passport Number	
Contact Number	96156469
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

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.

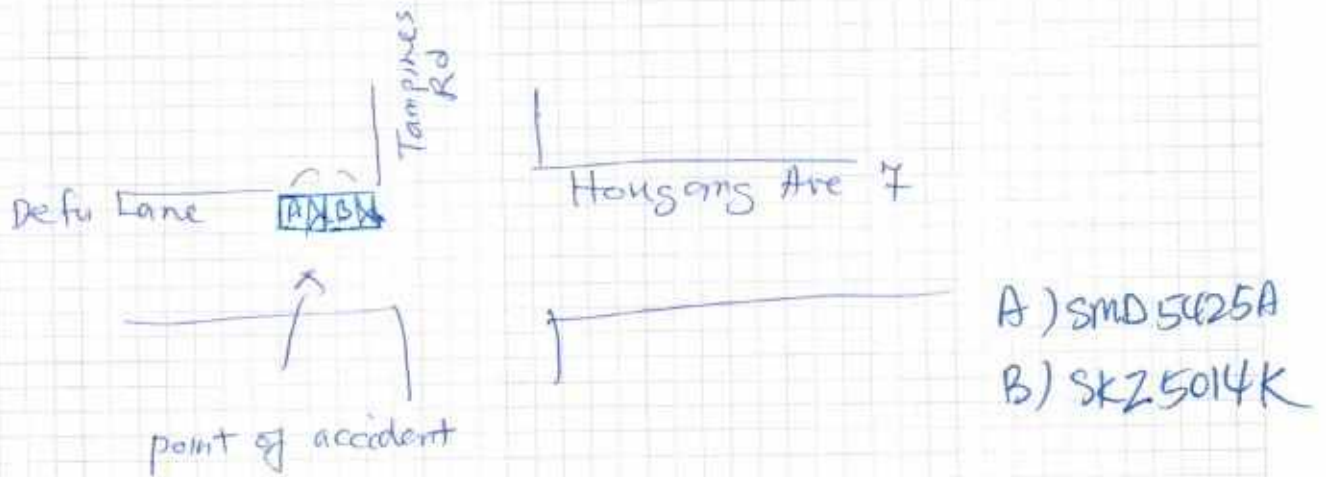
Liew Yuen Hin
17.12.2018

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16 Dec 2018, at the traffic junction of Defu Lane, Hougang Ave 7 and Tampine Rd, my car SMD 5425A came to a halt. A Toyota Sienta SLK 5014K was in front of me.

Then, my foot was on the car park.

I got distracted by an item in my box to my left. As I was fiddling with that item, my car inched forward without awareness, and ultimately banked to the Toyota Sienta.

The driver and a lady from the Toyota Sienta stepped out to take pictures and discuss with me.

There was NO injury observed at point of time. There was NO police report made by both parties at this pt in time.

No ambulance, no traffic police.

DECLARATION

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

Juan 17/12/2018
Policyholder's Signature
Date & Time:

Juan 17/12/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

17/12/2018
Reporting Centre Personnel's Signature
Name: Resli Antonio
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (16/12/2018) (DD/MM/YYYY), TIME: (21:15) (HH:MM)

LOCATION: Defu Lane, Hongfeng Ave 7 junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMD5425A
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: P 29093744 DMA
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Vezel Hybrid 1.5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
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: LINAN YUEN HIN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1792863E CONTACT: 90484636
c) ADDRESS: Blk 319 Hongfeng Ave 5 #01-23
5530319

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Linan Yuen Hin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1792863E CONTACT: 90484636
c) ADDRESS: Blk 319 Hongfeng Ave 5 #01-23 5530319

*d) DATE OF BIRTH: (16/12/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22

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

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: SKZ5014K MODEL: Toyota Sienta
b) DRIVER'S NAME: Ng
c) NRIC/FIN/PASSPORT: CONTACT: 96156469

9. THIRD PARTY VEHICLE

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

email = dradlyh@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1792863E



LIWAN YUEN HIN
廖永兴

CHINESE
Date of Birth 06-08-1967 Sex M
Country of Birth SINGAPORE



2450817



NRIC No. S1792863E



Blood Group O+ Date of issue 05-10-1994

Address
APT BLK 319 HOUGANG AVENUE 5
#09-23
SINGAPORE 1953

REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S 1792863E**

Name:

LIWAN YUEN HIN

Birth Date: **06 Aug 1967**

Issue Date: **23 Oct 2014**

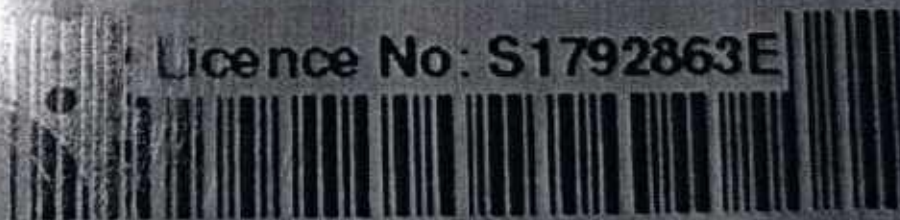


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 16 May 1996

Licence No: S1792863E



IP 428A

**MSIG**

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.X.1
 Individual Ownership

DRIVESHIELD - PREMIER PLAN
Comprehensive

Certificate No. P 29093744 DMA

Excess : SGD1,000
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SMD5425A

2. Name of Policyholder
 Liwan Yuen Hin

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 24/08/2018

4. Date of Expiry of Insurance
 23/08/2019

5. Persons or Classes of Persons entitled to drive*

Liwan Yuen Hin

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