

NATIONAL Assessment Centre Services. Page 1 of 1 MH4118165481

Date In: <u>26/12/18 - 11:37</u>	Job description	Date & Time Completed	Done by
Ref No: <u>N/A/MDL18023126/24</u>	SAS e-filing		
Veh No: <u>JB1539 C</u>	E-mail (within 3hrs, AOC 3hrs)		
D.O.A. <u>25/12/18 - 17:40</u>	i-Motor Claim Form		
OD: <u>(TP) Reporting Only</u>	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax</u> and to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: ()		Fax: ()	
TP Particulars:		Veh No: SHD6119L		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 repairs.
<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:- (INC hotline: 6788 6616)	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: _____

[illegible]

HAIR 08465		Incident Preparation Checklist		Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars:		1)	Accident Reporting (\$10);		
Driver/Owner:		2)	Damage Assessment (\$100); INC (\$80)		
Contact No:		3)	Towing Fee \$10/\$45		
Damaged Portion:		4)	Follow-Through Survey \$120		
		5)	Follow-Through Survey (Resurvey) \$30		
		For Claiming against INC Only (wef 10 Jan 2005)			
		6)	Re-Inspection \$75		
		7)	Inc DA + SMRT Survey \$160		
		8)	INC Additional Services:-		
INC Checked by (Engr-In-Charge):			Courtesy Car / Tol Allowance \$5		
			Repair Coordination \$10		
			Post Repair Inspection \$25		
Auditors' Comments:			TP / Collect Receipts Coordination \$5		
at 1:			TP (w/ Inc) against INC \$20		
at 2 / 3:			TP Mobile \$0		
		14)	Days / Fee Charged		
		15)	Days / 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	26/12/2018 11:37
Date Of Accident	25/12/2018 17:40
Exact Location Of Accident	TAMPINES WALK OPP TAMPINES HUB
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJB1539C
Insured/Policyholder	
Name Of Registered Owner	TAN TIOH CHUAH
NRIC No	S0133522G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98367014
Alternative Phone No	OFFICE-98367014
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
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	A27820949QMY
Cover Note Number	
Driver	
Name of Driver	TAN TIOH CHUAH
NRIC No	S0133522G
Date Of Birth	16/12/1954
Occupation	INDOOR
Date Of Driving Pass	23/07/1980
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98367014
Fax Number	
Contact Number	OFFICE-98367014
EMail Address	NOEMAIL

Address	BLK 869 TAMPINES STREET 83 #09-171
Postcode	520869
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	6
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: : - 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

REFER TO 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	SHD6119L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA5361R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKT2716U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJR1364E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number FR2211D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number
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.
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:

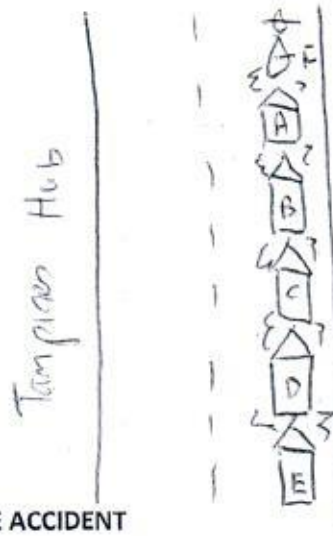


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DCA: 25/12/18

A: SJ: B 1539C

B: SHD 6119L

C: SMA 5361R

D: SKT 2716U

E: SJR 1364E


F: FR 2211D


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Front car stopped so I followed suit but veh
B failed to brake in time hit into my veh
rear portion & due to the impact my car moved
forward & hit veh F. later I realised there was
another cars involved

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:


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

Personal Particulars

Date of Accident: 25/12/18 Time of Accident: 5.40 pm
Exact Location of Accident: Tampines Walk (Opposite Tampines Hub)
Owner's Name: Tan Tien Chuan NRIC No: S01335226 HP No: 98367014
Driver's Name: " NRIC No: " HP No: "
Date of Birth: 16/12/1950 Driving Licence Passing Date: 23/1/1980 Occupation: Indoor / Outdoor
Address: 869 Tampines St 83 #09-171 (520867)
Relationship of Driver with Insured: Owner Email Address: "
Vehicle No: SJB 1539C Make & Model: MIT
Insurance Co: MSIG Coverage: Comprehensive Policy No: A278 20949 Qm y

*Purpose of Reporting? ☐ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☒ Private Use / ☐ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: " Wet / ☒ Dry / Others: "

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1 + 1 B: SMB 6119L C: SMA 5361RD D: SKT 2716 U
Woman

*Was Anybody Injured? (Yes / ☒ No) If yes,

Name / NRIC / In Vehicle: "

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? "

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: " Insurer: "

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: "

*Was there any video captured by Car Camera? (Yes / ☒ No)

Third Party Driver's Particulars

Vehicle B No: SMB 6119L Make & Model: "
Driver's Name: " NRIC No: " HP No: "
Vehicle C No: " Make & Model: "
Driver's Name: " NRIC No: " HP No: "

Witness Particulars

Name: " NRIC No: " HP No: "

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0133522G

Name
TAN TIOH CHUAH

陳潮泉

Race
CHINESE

Date of Birth
16-12-1954

Sex
M

Country of Birth
SINGAPORE



1541361



NRIC No. S0133522G

Blood Group
D+

Date of issue
26-12-1993

Address
APT BLK 869 TAMPINES STREET 83
#09-171
SINGAPORE 1852



REPUBLIC OF SINGAPORE DRIVING LICENCE

NP 429A

11 Nov 1990

23 Jul 1990

15 Oct 1990

Class 2B Motorcycles not exceeding 200 cc

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

NP 429A

1000487513G

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

Class 2B Motorcycles not exceeding 200 cc

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms

NP 429A

1000487513G

**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 CST 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

MOTOR MAX PLUS
Comprehensive

Certificate No. A 27820949 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SJB1539C

2. Name of Policyholder
 Tan Tioh Chuah

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 07/01/2018

4. Date of Expiry of Insurance
 06/01/2019

5. Persons or Classes of Persons entitled to drive*

Tan Tioh Chuah

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