

NATIONAL Assessment Centre Services.

Ref: JAN03 MNA19003405

Date In: 12/01/2019 16:10	Job description	Date & Time Completed	Done by
Ref No: NA/MNA19000729/Y	SAS e-filing		
Veh No: SBW 29885	E-mail (w/John Shirs, AIC 2hrs)		
DOA 12/01/2019 12:15	I-Motor Claim Form		
OD / TPC: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars:	Veh No: IBN 1934A	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: ()

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: ()

Date/Time	Actions

NA1900333	Invoice Preparation Checklist
Claimant's Particulars:	1) AR: Accident Reporting (\$30);
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2003)
Pat 1:	6) TR: Re-inspection \$75
2/3:	7) N1: Idao DA + SMRT 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
	TP (N11): TP (Non INC) against INC \$20
	9) N12: Idao Mobile \$0
	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	12/01/2019 16:10
Date Of Accident	12/01/2019 12:15
Exact Location Of Accident	ALONG MOULMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBW2988S
Insured/Policyholder	
Name Of Registered Owner	LEE GEOK ING
NRIC No	S1496455Z
Email Address	ERLEESY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96734766
Alternative Phone No	OTHERS-97376990

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 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	B 29052107 QMY
Cover Note Number	

Driver

Name of Driver	ER LIAN HONG
NRIC No	S1229011Z
Date Of Birth	24/09/1957
Occupation	INDOOR
Date Of Driving Pass	19/04/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97376990
Fax Number	
Contact Number	OTHERS-96734766
EMail Address	ERLEESY@YAHOO.COM.SG

Address	398 KALLANG ROAD #13-02
Postcode	339098
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) 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: : LEE GEOK ING 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	FBN1943A
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	92303408
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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: 12/01/2019
1615



Driver's Signature

(If driver is not the policyholder)
Date & Time: 12/01/2019
1615



Reporting Centre Personnel's Signature

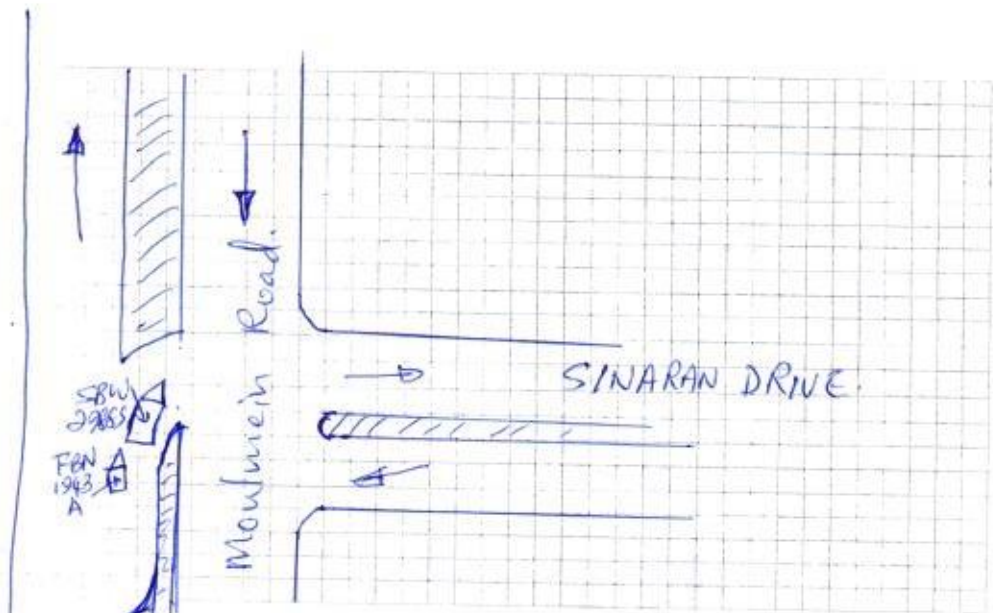
Name:

NRIC/FIN No.:

12/01/2019

Roshan Kumar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 1215 in mountbatten road moving ^{slowly} at filter lane to turn into Sinaran Drive, a car sudden cut into my path to go into sinaran drive. I stopped my car. Later I heard some noise behind my car. Look at the rear mirror & side mirror saw a motorbike at my left back side. I go down to check. Found that it had minor knock on my back of the vehicle, left side.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 2/6/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (12/01/2019) (DD/MM/YYYY), TIME: (12:15) (HH:MM)

LOCATION: Moulmein Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBW 2988S
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: B29052107 Qmy
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Cdg.ssy
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: others pte 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: LEE GEOK ING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S18964552 CONTACT: 96734766
c) ADDRESS: 398 Kallang Road #13-02
S 339098

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Er Lian Hong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S12290112 CONTACT: 91376990
c) ADDRESS: 398 Kallang Road #13-02
S 339098

* d) DATE OF BIRTH: (24/09/1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19/04/2008

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

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: FBN 1943A MODEL: Motor Bike Honda
b) DRIVER'S NAME: =
c) NRIC/FIN/PASSPORT: = CONTACT: 9230 3408

9. THIRD PARTY VEHICLE

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

email = erleesy@yahoo.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1229011Z



Name
ER LIAN HONG

Race
CHINESE

Date of Birth
24-09-1957

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number, S1229011Z.

Name
ER LIAN HONG

Birth Date 24 Sep 1957

Issue Date 03 Mar 2003




REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1496455Z



Name
LEE GEOK ING

Race
CHINESE

Date of Birth
03-09-1961

Sex
F

Country of Birth
SINGAPORE



2541716



NRIC No. S1229011Z



Blood Group: O+ Date of issue: 10-12-1994


398 KALLANG ROAD #13-02
SINGAPORE 339098
NRIC No: S1229011Z Date: 02/07/2017

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

PASS DATE 19 Apr 1980

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

Licence No: S1229011Z



NP 428A

2542061



NRIC No. S1496455Z



Blood Group: O+ Date of issue: 10-12-1994

398 KALLANG ROAD #13-02
SINGAPORE 339098
NRIC No: S1496455Z Date: 02/07/2017

**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

MOTOR MAX PLUS
Comprehensive

Certificate No. B 29052107 QMY

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SBW2988S

2. Name of Policyholder
 Lee Geok Ing

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 29/12/2018

4. Date of Expiry of Insurance
 28/12/2019

5. Persons or Classes of Persons entitled to drive*
 Lee Geok Ing

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