

NATIONAL Assessment Centre Services. [ver 1 Jan'05] MMA 119007225.

Date In: 16/1/19 11:44	Job description	Date & Time Completed	Done by
Ref No: MA/MSG19000948/h4.	SAS e-Billing		
Veh No: SCY 5550D.	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 7/1/19 06:15.	I-Motor Claim Form		
OD: 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/Wksiz		

Profatrol Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars: Veh No: SHD 6687 M. INC () / Non-INC ()	Tel:	
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: YBS () / NO ()		
Excess: (\$) Loading: \$1,000 () / \$2,000 ()		

General Remarks:

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repolier.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Controls: (INC to time: 07:00 06:00)	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

MA 1900457	Invoice/Receipt/Item Charge	Am't (\$)	By: (S) / Add'l bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claimant against INC Only (ver 10 Jan 2005)		
Cal. 1:	6) TR: Re-Inspection \$75		
Cal. 2/3:	7) HI: 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 30		
	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	16/01/2019 11:44
Date Of Accident	07/01/2019 06:15
Exact Location Of Accident	BLK 124 GEYLANG EAST AVE 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY5550D
Insured/Policyholder	
Name Of Registered Owner	LI HWEE BOON
NRIC No	S1377532Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97525550
Alternative Phone No	OFFICE-97525550

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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 80410803 QMY
Cover Note Number	-

Driver

Name of Driver	LI HWEE BOON
NRIC No	S1377532Z
Date Of Birth	17/12/1959
Occupation	INDOOR
Date Of Driving Pass	23/07/1993
Driving Experience	25 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97525550
Fax Number	
Contact Number	OFFICE-97525550
EMail Address	NOEMAIL

Address	BLK 128 GEYLANG EAST AVE 1 #04-127
Postcode	380128
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	SIDE SWIPE
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?	
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 ATTACHED 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	SHD6687M
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)	

SKETCH PLAN

IMPORTANT NOTICE

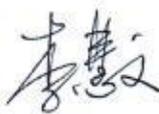
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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:

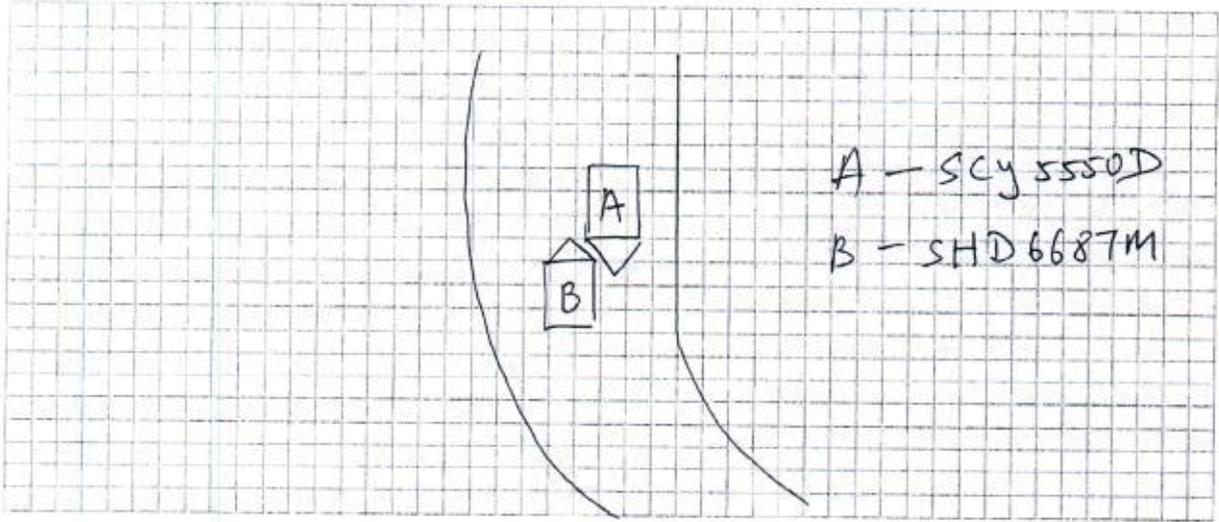


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I was driving my vehicle
A at BLK 124 Geylang East Ave 1 open carpark. I stop
my car to wait for on coming taxi to pass through, suddenly he
hit on my RH side portion.

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.:

Date of Accident : 07/01/19 Accident Time: 6.15am (24-HR-Format)
 Accident Place : BIK 124 Greylang East Ave 1 open carpark
 Vehicle. No. (Car Plate No.) : SCY 5550D Make/Model: Madza 3
 Insurance Company : MSIGA Policy No: A 80410803
 Owner or Company Name /IC No. : L: Hwee BOON / 51377532Z
 Owner or Company Contact No. : _____ Owner's Hp 97525550 Company Tel _____
 DRIVER'S Name / IC No. : as above
 DRIVER'S Date Of Birth : 17/12/1959 DRIVER'S License Pass Date 23/7/1993
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
 DRIVER'S Address : BIK 128 Greylang East Ave 1 #04-127
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) 5380128
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 Driver

Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle. No:	<u>SHD6687M (1st cap)</u>	Vehicle. No:	_____
Vehicle Make\Model:	_____	Vehicle Make\Model:	_____
Name Driver:	_____	Name Driver:	_____
IC No. Driver/Contact:	_____	IC No. Driver/Contact:	_____

* NEW - Passenger's name & gender:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1377532Z



LI HWEE BOON

李慧文

CHINESE

Date of Birth: 17-12-1959 Sex: F

Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1377532Z

Name: LI HWEE BOON

Birth Date: 17 Dec 1959

Issue Date: 17 Feb 2010




0575473



MIC No: S1377532Z



Racial Group: B+ Date of issue: 11-10-1992

APT BLK 129 BEYLANG EAST AVENUE 1 #04-127
SINGAPORE 360128

NRIC No: S1377532Z Date: 01-01-2001 No: 8613028

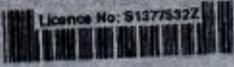
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 23 Jul 1993

NP 428A

Licence No: S1377532Z





MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7898, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

RENEWAL INVITATION

06/06/2018

Insured Name and Address

Li Hwee Boon
128
Geylang East Avenue 1
#04-127
Singapore 380128

Policy No. A 80410803 QMY
Client No. 90151175
Expiry Date 18/08/2018
Account No. 156278
Place of Issue Singapore

Thank you for insuring with MSIG. We are pleased to invite renewal of your policy which is due for renewal soon.

To enjoy continuity of cover, please return this Renewal Invitation with your instruction and payment early. Please speak to your servicing agent should you have any enquiries on your renewal. If you are paying your road tax by GIRO, online or by AXS, kindly send your renewal instruction to your servicing agent at least 2 weeks before the insurance expiry.

If there is any change to your personal particulars, please provide updates on the last page of this Renewal Invitation.

We look forward to continuing as your preferred general insurance partner.

RENEWAL DETAILS

Policy Class MOTOR MAX PLUS
Period of Insurance 19/08/2018 to 18/08/2019
Premium Payable SGD1,028.57
(inclusive of 7% GST)
Financial Interest Hong Leong Finance Limited
as Hire Purchase Owners
Scope of Cover Comprehensive

Interest Insured

Registration No.	SCY5550D	Sum Insured	MARKET VALUE
Make/Model	Mazda 3 4DR SDN 1.5L SP 6EAT	Incl. COE/PARF	YES
Engine Number	P520307243	Off-Peak Car	NO
Chassis Number	JM6BM42A8G0316163	No Claim Discount	50.00% (or F/D)
Year of Mfg	2015	Good Driver's Discount	5.00%
Capacity	1496 C.C.	NCD Protector	COVERED
Seating Capacity	5 (incl. Driver)	Excess	SGD500
Windscreen	UNLIMITED		

IDAC

6392 6636
Tan Li Li

Ms Horng Yuh Lim