

NATIONAL Assessment Centre Services. [wef 1 Jan 05] MNA 1900429

Date In: 16/01/2019 16:28	Job description	Date & Time Completed	Done by
Ref No: MNA/msg19001008/Y	SAS e-filing		
Vch No: GBE 1008 J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 15/01/2019 17:20	I-Motor Claim Form		
OD / 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:	Vch No: SHD 1210T	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:	1) Apply for Transport Allowance () / Courtesy Car ()
	2) QC Check / Post Repair Inspection ()
	3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

MNA 1900429	Invoice No: MNA 1900429	Inv (\$)	PAID (\$)
Claimants 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) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*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		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors Comments:	Invoice dated	Fee Charged	
Ref: 1			
2/3			

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 16:23
Date Of Accident	15/01/2019 17:20
Exact Location Of Accident	ALONG COLEMAN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7068J
Insured/Policyholder	
Name Of Registered Owner	THE LAUNDRY BOUTIQUE
Co Reg No	-
Email Address	ORCHID73@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92470737
Alternative Phone No	OFFICE-67346188

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28893265 MKC
Cover Note Number	

Driver

Name of Driver	ANG CHEE MING
NRIC No	S1323492B
Date Of Birth	17/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92470737
Fax Number	
Contact Number	OFFICE-67346188
Email Address	ORCHID73@SINGNET.COM.SG

Address	BLK 450A SENGKANG WEST WAY #26-331
Postcode	791450
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	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 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SHD1210T
Vehicle Make/Model/Colour	HYUNDAI
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

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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.

X



Policyholder's Signature
Date & Time:

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

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

COLEMAN STREET

A) GBE 7068J
B) SHC 1210T

Excelsior Hotel
Lobby

Pillar

To Car Park
and loading Bay



Flower & tree.

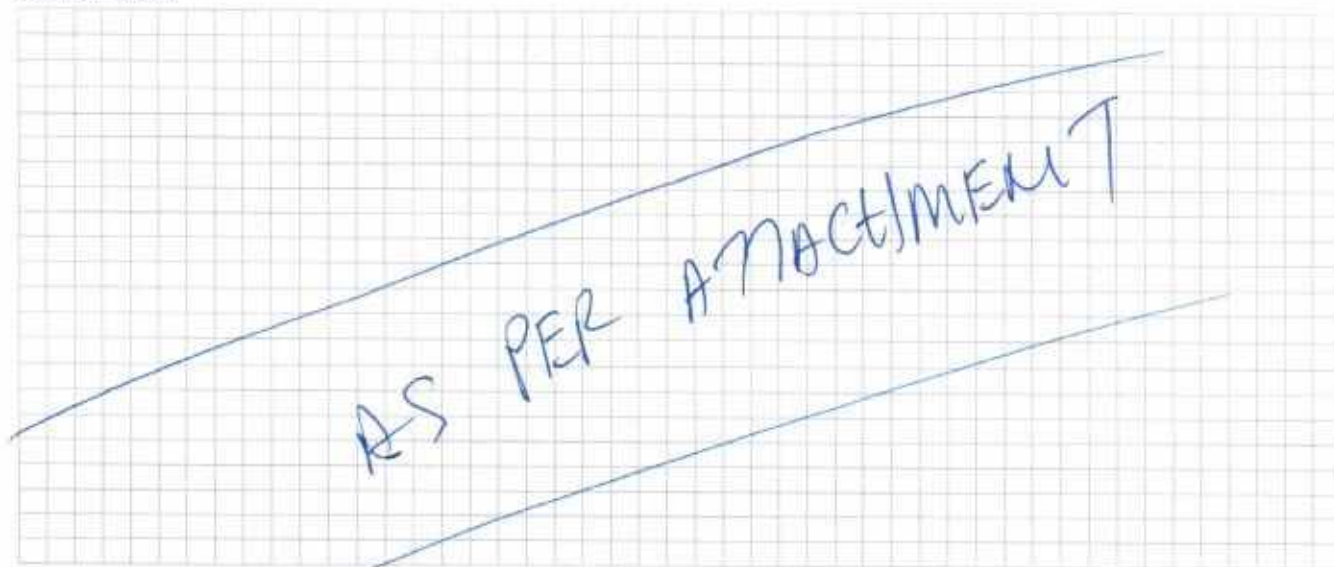
Lobby of Peninsula.

16/01/2015
Rishi Wadhwa

[Signature]



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15-1-19 about 17:20 pm I was Delivery Laundry to Excelsior Hotel. The Taxi in the taxi stand. Taxi no: SHC/2101T was talking to the customer. So before I turning to the loading bay I was hounding three time to let him know THAT I want to turn in the loading bay. after I was turning in the taxi start to move forward so the taxi bang my Van. GBE 1068J THAT ALL -

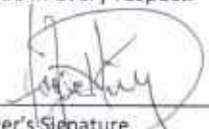
DECLARATION

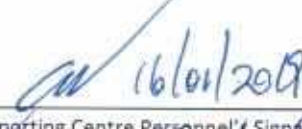
I/We declare the foregoing particulars are true in every respect.

X

 Policyholder's Signature

Date & Time:


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


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

ACCIDENT STATEMENT

ACCIDENT DATE: (15/1/19) (DD/MM/YYYY). TIME: (17:20) PM (HH:MM)

LOCATION: Coleman St

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBE T068 J
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 28893265 MKC
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: W880M NV 25.0
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: WORKING PURPOSE
 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: THE LAUNDRY BOY71QUE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: B529931200 CONTACT:
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANG CHIAH MINA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1323492B CONTACT: 92470737
 c) ADDRESS:

* d) DATE OF BIRTH: (17/08/1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 26/21/2018

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: 8HD1210T MODEL: ~~Taxi~~ Hyundai (Taxi)
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

* No of passenger
 (Including driver)
 (1)

* No of passenger
 (Including driver)
 ()

* No of passenger
 (Including driver)
 ()

email = ORCH1073@SINGNET.COM.SG

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1323492B



Name

ANG CHEE MING

洪振銘

Race

CHINESE

Date of birth

17-08-1958

Country/Place of birth

SINGAPORE

Sex

M



5763868



NRIC No. S1323492B



Date of issue

05-07-2017

Address

APT BLK 450A SENGKANG WEST WAY
#26-331
SINGAPORE 791450

REPUBLIC OF SINGAPORE DRIVING LICENCE

S1323492B



ANG CHEE MING

Birth Date: 17 Aug 1958

Issue Date: 21 Feb 2018



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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ 21 Feb 2018

NP 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, 1986 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE

Comprehensive

Certificate No. A 28893265 MKC

Excess : SGD800

1. Index Mark and Registration Number of Vehicle

GBE7068J

2. Name of Policyholder

The Laundry Boutique

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/03/2018

4. Date of Expiry of Insurance

28/02/2019

5. Persons or Classes of Persons entitled to drive*

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 in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

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