

NATIONAL Assessment Centre Services. (ver 1 Jan 09)

NA19004824

Date In: 11/01/2019 12:03	Job description	Date & Time Completed	Done by
Ref No: NBA/M&I/19001056/Y	SAS e-filing		
Veh No: SLX 9953 Y	E-mail (w/Join 8hrs, AIC 2hrs)		
D.O.A: 16/01/2019 13:40	I-Motor Claim Form		
OID (TP) 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: Vch No: GY 3868 D 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%. F: 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	Activity	Completed	Done by

NA1900481	Invoice Information	Invoice No	Invoice Date
Claimant Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idco DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*NS: Courtesy Car / Tpl Allowance \$3		
	*NG: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$3		
	TP (N11): TP (N-n INC) against INC \$20		
	9) N12: Idco 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	17/01/2019 12:03
Date Of Accident	16/01/2019 13:40
Exact Location Of Accident	JALAN BUKIT MERAH OUTSIDE SMF BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX9953Y
Insured/Policyholder	
Name Of Registered Owner	TAN CHEE KEONG (CHEN ZHIQIANG)
NRIC No	S7212363H
Email Address	LYNETTE_CCY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91732168
Alternative Phone No	OTHERS-96870448

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180
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	B 29081725 QMY
Cover Note Number	

Driver

Name of Driver	CHUA CHENG YIN (CAI QINGYAN)
NRIC No	S7412218C
Date Of Birth	06/04/1974
Occupation	INDOOR
Date Of Driving Pass	03/12/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96870448
Fax Number	
Contact Number	OTHERS-91732168
EMail Address	LYNETTE_CCY@YAHOO.COM.SG

Address 44 JANSEN ROAD
 #01-03
 Postcode 548446
 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: : COLLEAGUE
 GENDER: : MALE

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? YES
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY3868D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver TAN PENG TEOW
 NRIC/Passport Number
 Contact Number 90671852
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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.

Policyholder's Signature
Date & Time:



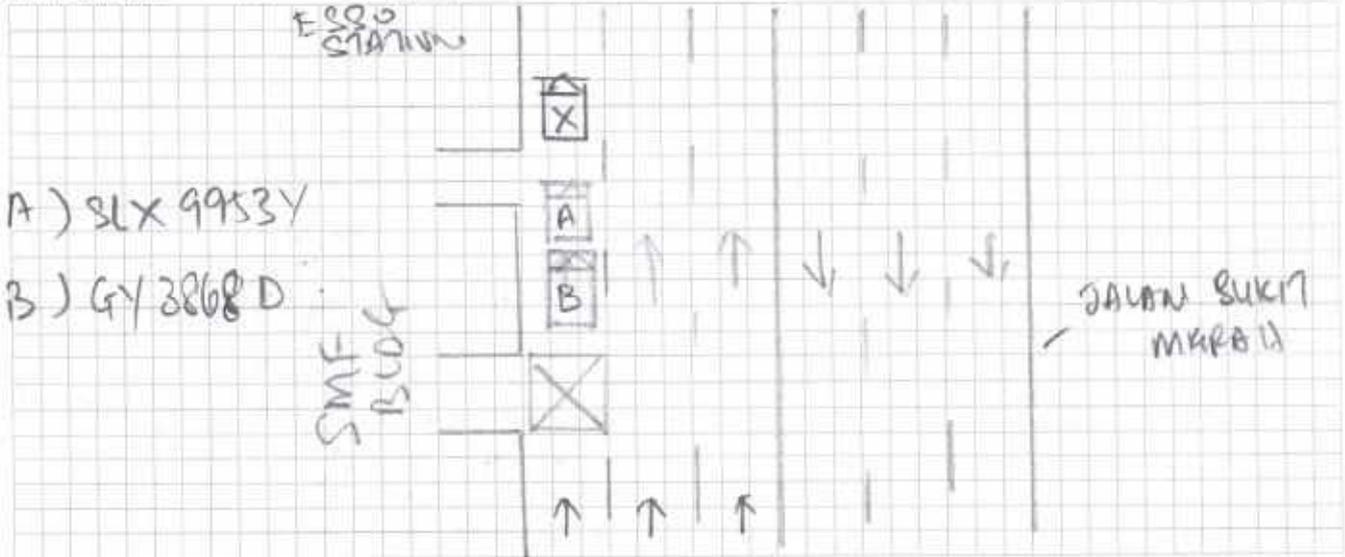
Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/1/19 10am



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

SKETCH PLAN

ALONG JALAN BUKIT MERAH OUTSIDE SMF BLOK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

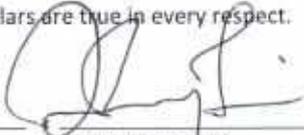
ON 16/01/19 @ 1340 HRS, I WAS DRIVING SLX9953 ON JIN BUKIT MERAH ROAD. MY VEHICLE WAS STATIONARY AS THE LIGHT WAS RED. SUDDENLY I FELT AN IMPACT ON THE REAR OF MY VEHICLE. I PUT ON THE HAZARD LIGHT. BOTH ME AND MY PASSENGER GOT OUT TO CHECK AND REALISE VEHICLE B HAS BUMPED INTO THE REAR OF MY VEHICLE. MY BUMPER HAD A DENT AND CHIP.

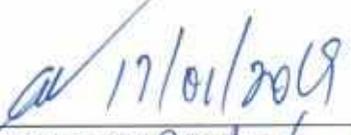
WE EXCHANGED DETAILS AND TOOK PHOTOS OF THE VEHICLES AND ROAD. BEFORE LEAVING THE SCENE. NO ONE WAS INJURED IN THIS INCIDENT.

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: 17/1/19 10am

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

ACCIDENT STATEMENT

ACCIDENT DATE: 16/1/19 (DD/MM/YYYY), TIME: 13:40 (HH:MM)

LOCATION: Jln Bukit Merah outside SMC

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 8499531
b) INSURANCE COMPANY: MCI
c) POLICY NUMBER: B29081725 QMP
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MERCEDES BENZ C180
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Tan Chee Keong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7212363H CONTACT: 91732165
c) ADDRESS: 4F Jansen Rd #01-03 5548446

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Chua Cheong Tin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7412318E CONTACT: 96870448
c) ADDRESS: 4F Jansen Rd #01-03 5548446

*d) DATE OF BIRTH: 06/04/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 03 DEC 93

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: wife

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: G13868D MODEL: _____
b) DRIVER'S NAME: Tan Beng Tom
c) NRIC/FIN/PASSPORT: _____ CONTACT: 90671852

9. THIRD PARTY VEHICLE

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

NTUC No.
500549
254913

email = lynette_ccy@yahoo.com.sg

VIDEO

Accident (M)

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7412218C



Name

CHUA CHENG YIN
(CAI QINGYAN)

蔡清燕

Race

CHINESE

Date of birth

06-04-1974

Sex

F

Country of birth

SINGAPORE

S7412218C

3515905



NRIC No. S7412218C

Date of issue

20-04-2004

47 JANSEN ROAD #01-03
SINGAPORE 548448

NRIC No. S7412218C

Date: 07/10/2012

No: 7142632

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S7412218C

Name:

CHUA CHENG YIN
(CAI QINGYAN)

Birth Date: 06 Apr 1974

Issue Date: 08 May 2003



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

PASS DATE

Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Dec 1993
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NP 428A



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 058807
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 29081725 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLX9953Y
2. Name of Policyholder
Tan Chee Keong (Chen Zhiqiang)
3. Effective Date of the Commencement of Insurance for the purposes of the Act
09/05/2019
4. Date of Expiry of Insurance
27/05/2019
5. Persons or Classes of Persons entitled to drive*



Tan Chee Keong (Chen Zhiqiang)
Chua Cheng Yin (Cai Qingyan)

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