

NATIONAL Assessment Centre Services.

[Ref: J34100]

2019/01/27/68

Date In: 28/01/2019 10:45	Job description	Date & Time Completed	Done by
Ref No: NPA/MS919001757/4	SAS e-filing		
Veh No: SJM 9321 Y	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 28/01/2019 09:00	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLV 4566 K	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 repeler.

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

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

Comments: (NPA/MS919001757/4) Date: 28/01/2019 Time: 09:00 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

<p>CLAIMANT'S PARTICULARS</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Ref: 1:</p> <p>2 / 3:</p>	<p>Invoice Item / Amount</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) FT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2009)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpl Allowance \$3</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>*N9: TP (Nil) / TP (Non INC) against INC \$20</p> <p>9) N12: Idao Mobile \$0</p>	<p>Fee Charged</p> <p>Fee Charged</p>
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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	28/01/2019 10:45
Date Of Accident	28/01/2019 09:00
Exact Location Of Accident	VALLEY POINT DROP OFF ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN9321Y
Insured/Policyholder	
Name Of Registered Owner	XU DAOXING
NRIC No	S8222962J
Email Address	XUDAOXING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98792242
Alternative Phone No	OTHERS-98792242

Vehicle Particulars

Manufacturer	BMW
Model	325I-2.5 CONVERTIBLE (A)
Exact Purpose for which vehicle was being used at time of accident	SENDING WIFE TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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 27419580 SMP
Cover Note Number	

Driver

Name of Driver	XU DAOXING
NRIC No	S8222962J
Date Of Birth	23/07/1982
Occupation	INDOOR
Date Of Driving Pass	19/08/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98792242
Fax Number	
Contact Number	OTHERS-98792242
Email Address	XUDAOXING@GMAIL.COM

Address	BLK 26 JALAN BERSEH 05-164
Postcode	200026
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	COLLISION - ROUNDABOUT
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	SKV4556K
Vehicle Make/Model/Colour	VOLVO XC90
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TERENCE DANIEL JACOBSON
NRIC/Passport Number	S7657383B
Contact Number	
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.
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:

28/1/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

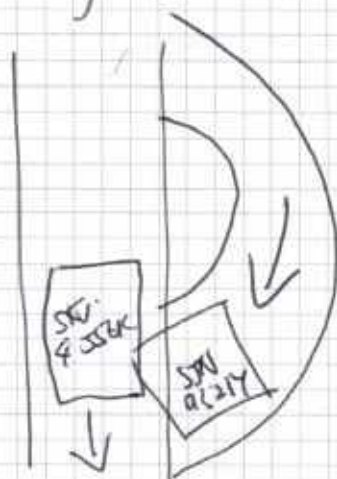
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

VALLEY POINT DROP OFF ROUNDABOUT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I just drop off my wife at the roundabout and while i was about to turn right, my car was slightly out into the road and the on coming car hit on my right side.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

28/1/17

GIARMC Sketch Plan Form V3

09:30

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

28/01/2017

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 28.01.2019 (DD/MM/YYYY). TIME: 09:00 (HH:MM)

LOCATION: Valley Point Drp at roundabout

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 9321 Y
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: 325 convertible
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Sending my wife to work
 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: Xu Daoxing (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8559623 CONTACT: 9879242
 c) ADDRESS: BLK 26, TAJAN BERT4, #05-164, 520026

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 23/07/1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 11/8/2003

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: SKV 4556F MODEL: h/w XC 90
 b) DRIVER'S NAME: Gerard Daniel Jacobson
 c) NRIC/FIN/PASSPORT: S76572836 CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = XUDAOXING @ Gmail . Com
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8222962J



Name

XU DAOXING

徐道兴

Race

CHINESE

Date of birth

23-07-1982

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Number S8222962J

XU DAOXING

Birth Date 23 Jul 1982

Valid Until 19 Aug 2003



4881859



NRIC No. S8222962J

Date of issue
05-10-2012

Address
APT BLK 26 JALAN BERSEH
#05-104
SINGAPORE 200026

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS ES

PRD DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 19 Aug 2003



NP 425A

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

SIME MOTOR PRIVATE
Comprehensive

Certificate No. B 27419580 SMP

Excess: SGD2,000

1. Index Mark and Registration Number of Vehicle
SJN9321Y

2. Name of Policyholder
Xu Daoxing

3. Effective Date of the Commencement of Insurance for the purposes of the Act
29/11/2018

4. Date of Expiry of Insurance
28/11/2019

5. Persons or Classes of Persons entitled to drive*

Xu Daoxing

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 PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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