

NATIONAL Assessment Centre Services. [ver 1 Jan'09]

MNA 119014075

Date In: 30/1/19 09:15	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19001943/h4	SAS e-filing		
Veh No: SBZ 322K	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/1/19 14:30	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: SJT 2404 G, 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	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

Client's Particulars	Invoice Preparation Checklist	Am't (\$)	PAID (\$)	ADD' Bill
MA1900844	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) 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 (wof 10 Jan 2009)			
Pat. 1:	6) TR: Re-Inspection \$75			
Pat. 2/3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repairs 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	30/01/2019 09:15
Date Of Accident	29/01/2019 14:30
Exact Location Of Accident	PIE TWDS JURONG B4 EUNOS EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBZ322K
Insured/Policyholder	
Name Of Registered Owner	SEAH ENG TECK
NRIC No	S0206783H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96895913
Alternative Phone No	OFFICE-96895913
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	-
Cover Note Number	8VPCB1844770
Driver	
Name of Driver	SEAH ENG TECK
NRIC No	S0206783H
Date Of Birth	11/11/1954
Occupation	OUTDOOR
Date Of Driving Pass	09/07/1975
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96895913
Fax Number	
Contact Number	OFFICE-96895913
EMail Address	NOEMAIL

Address	BLK 161 TAMPINES ST 12 #07-231
Postcode	521161
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

I WAS TRAVELLING ALONG PIE TWDS JURONG B4 EUNOS EXIT ON THE THIRD LANE, SUDDENLY I FELT AN IMPACT FROM MY LEFT HAND SIDE, AFTER THE INCIDENT, I REALIZED VEH B (BEARING NO SJT2404G) FROM THE EXTREME LEFT LANE CUT INTO MY LANE AND HIT ONTO MY VEH LEFT HAND 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	SJT2404G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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:

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



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

SKETCH PLAN

A = SBJ 322K
B = SJJ 2404G

PIE trols Jurong B4 Gunos Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

DECLARATION

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

Seah

Policyholder's Signature
Date & Time:

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

[Signature]

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

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0206783H**
 Name: **SEAH ENG TECK**
 Birth Date: **11 Nov 1954**
 Issue Date: **19 May 2003**

000492130A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0206783H



Name: **SEAH ENG TECK**
 Race: **CHINESE**
 Date of Birth: **11-11-1954** Sex: **M**
 Country of Birth: **SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	11 Aug 1976
Class 2A	Motorcycles between 201 cc and 400 cc	11 Aug 1976
Class 2	Motorcycles exceeding 400 cc	11 Aug 1976
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	09 Jul 1975

NP 428A

Licence No. S0206783H

1656681



NRIC No. **S0206783H**



Blood Group: **O+** Date of Issue: **04-02-1994**
 Address: **APT BLK 161 TAMPINES STREET 12**
#07-231
SINGAPORE 1852



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888. Fax +65 6827 7800
msig.com.sg

MOTOR VEHICLE COVER NOTE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

28 Dec 2018

1A0185

COVER NOTE No

MOTORMAX

8VPCB1844770

1 Index Mark and Registration Number of Vehicle

SBZ322K

2 Chassis Number of Vehicle

MR053BK4007038330

3 Name of Policyholder

SEAH ENG TECK

4 Effective date of the Commencement of Insurance for the purposes of the Act

13 Jan 2019

00:01AM

5 Date of Expiry of Insurance

11 Jan 2020

6 Persons or Classes of Persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his permission

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7 Limitations as to Use*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward, tuition, driving test, 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 Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Golden Prime Insurance Agency

20 Ubi Road 4
#01-07 Think One Building
Singapore 408622
Tel: 6842 6788 Fax: 6842 6766

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorized Person

IMPORTANT NOTICE

This temporary Cover Note is valid for a maximum of 14 days only.

You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM M.X.1 (001)