

NATIONAL Assessment Centre Services: [wef 1 Jan 2005] **MNA11901863**

Date In: 17/1/19 - 16:25	Job description	Date & Time Completed	Done by
Ref No: NA / M5619007172/24	SAS e-filing		
Veh No: SK263215	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/1/19 - 11:25	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:	Veh No: SK263215	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: (INC hotline: 6788 6616)	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

NA11900977	Invoice Preparation Checklist:	Am't (\$)	Am't (\$)
		Int Bill	Add Bill
Claimant's Particulars:-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11) : TP (Non INC) against INC \$20		
Dat 1:	9) N12: Idac Mobile 30		
Dat 2/3:	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 01/02/2019 16:23
 Date Of Accident 30/01/2019 11:25
 Exact Location Of Accident BLK 1 HAIG RD CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ6321S

Insured/Policyholder

Name Of Registered Owner LIBRA 2002 PTE LTD
 Co Reg No 200209894G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96770675
 Alternative Phone No OFFICE-96770675

Vehicle Particulars

Manufacturer VOLVO
 Model XC90 T6 INSCRIPTION A/T AWD S/R
 Exact Purpose for which vehicle was being used at time of accident WORKING
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number A28874697MCY
 Cover Note Number

Driver

Name of Driver TAN TEAK BING (CHEN ZEMIN)
 NRIC No S7518211B
 Date Of Birth 14/06/1975
 Occupation INDOOR
 Date Of Driving Pass 23/01/1997
 Driving Experience 22 YEARS AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96770675
 Fax Number
 Contact Number OFFICE-96770675
 Email Address NOEMAIL

Address	521 JOO CHIAT ROAD #04-02
Postcode	427701
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?	
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBH82Y
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

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 Authorized 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.
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 lodging 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. Consents 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 purposes 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 making 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 situated 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 (a) above may be stored / 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

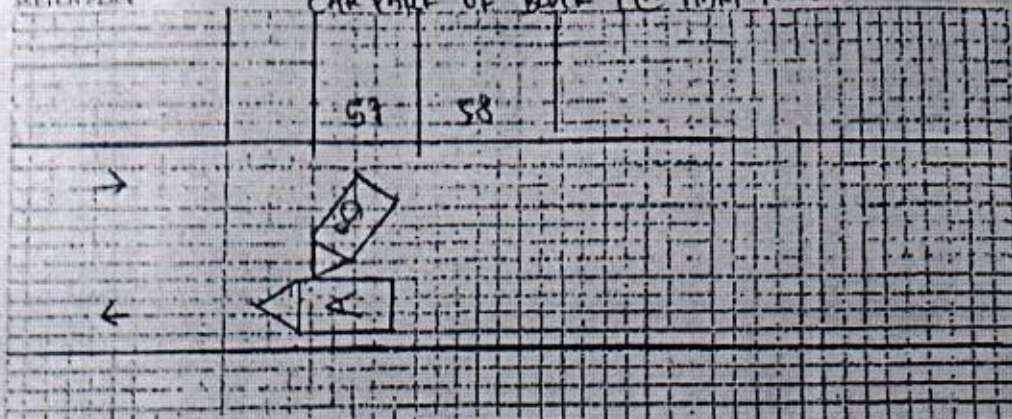

Reporting Centre Representative's Signature
Name
NUIC/PA No.

A: SK263218

B: S8H 824

CARPARK OF BUICK 1 @ HAWK ROAD

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (VEH A) WAS TRAVELLING ALONG STATED VENUE IN THE CARPARK SPACE. AS MY PATH AHEAD WAS CLEAR, I PROCEEDED TO TRAVEL FORWARD AND SUDDENLY, A (VEH B) ON THE OPPOSITE DIRECTION & MOVED OFF AND TURN ON TO MY LANE WITHOUT CHECKING HER BLINDSPOT AND COLLIDED INTO MY RIGHT PORTION. ~~WE~~ WE ALIGHTED AND EXCHANGE PARTICULARS AND LEFT THE SCENE AFTER DECIDED TO GO FOR INSURANCE CLAIMS

DECLARATION

All declarations and statements 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
NIC/FIN No.

Date of Accident : 30.01.2019 Accident Time: 1125 (24-HR-Format)
Accident Place : CARPARK SPACE @ HAIG ROAD BLOCK 1 (LOT NO 56157)
Vehicle Reg. No. (Car Plate No.) : SK2 6321 S
Vehicle Make/Model : VOLVO XC 90
Insurance Company : MSIG Policy No. :
Owner or Company Name /IC No. : LIBRA 2005 PTE LTD. 275182118
Owner or Company Contact No. : Owner's Hp 9677 0675 Company Tel
DRIVER'S Name / IC No. : SAME AS OWNER TAN TEAK BING / 575182118
DRIVER'S Date Of Birth : 14.06.1975 DRIVER'S License Pass Date 23.01.1997
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : 521 JOO CHIAT ROAD #04-02 S(427701)
DRIVER'S Contact No./ Alt No. : 1) SAME AS OWNER 2) 9677 0675
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ZONE587@YANVO.COM.SG
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): 01

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

Other Party Driver's Particular (if any)

Vehicle Reg. No: SBH 82 Y	Vehicle Reg. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver: _____	IC No. Driver: _____
Driver's Contact & Add: _____	Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7518211B



Name

TAN TEAK BING
(CHEN ZEMIN)

陈 泽 敏

Race

CHINESE

Date of birth

14-06-1975

Sex

M

Country of birth

SINGAPORE

S7518211B

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7518211B

Name

TAN TEAK BING (CHEN
ZEMIN)

Birth Date: 14 Jun 1975

Issue Date: 06 Feb 2003



3743422



NRIC No. S7518211B

Date of issue
19-07-2005

521 JOO CHIAT ROAD #04-02
SINGAPORE 427701

NRIC No: S7518211B

Date: 13-02-2006

No: 5348576

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

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

PASS DATE
23 Jan 1997

HP 428A



Licence No: S7518211B



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, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.4
Company Ownership

MOTORMAX PLUS-COMMERCIAL Comprehensive

Certificate No. A 28874697 MCY

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKZ6321S

2. Name of Policyholder
Libra 2002 Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
28/01/2019

4. Date of Expiry of Insurance
27/01/2020

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 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.

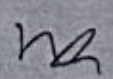
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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