

NATIONAL Assessment Centre Services. (wef 1 Jan 2005)

Date In: 02/02/2019 17:15	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19002194/K4	SAS e-filing		
Veh No: SBV 3131 X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/02/2019 10:00	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: SY362Z	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

NA1901076		Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$30)			
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: Idao DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
		ON:			
		*N5: Courtesy Car / Tpf Allowance \$5			
		*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 30			
Auditors' Comments:		Invoice dated	Fee Charged		
Cat. 1:		Invoice dated	Fee Charged		
Cat. 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	02/02/2019 17:15
Date Of Accident	01/02/2019 10:00
Exact Location Of Accident	LINDEN DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBV3131X

Insured/Policyholder	
Name Of Registered Owner	CHUA SIN MOH
NRIC No	S1492026I
Email Address	KILO11PAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97441346
Alternative Phone No	OTHERS-97441346

Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR
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	A 29089419 QMX
Cover Note Number	

Driver	
Name of Driver	CHUA SIN MOH
NRIC No	S1492026I
Date Of Birth	10/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1982
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97441346
Fax Number	
Contact Number	OTHERS-97441346
Email Address	KILO11PAT@HOTMAIL.COM

Address	BLK 864 TAMPINES STREET 83 #04-438
Postcode	520864
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?	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)	0

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SY362Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96426129
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.


Policyholder's Signature
Date & Time:

 10AM
2/2/19

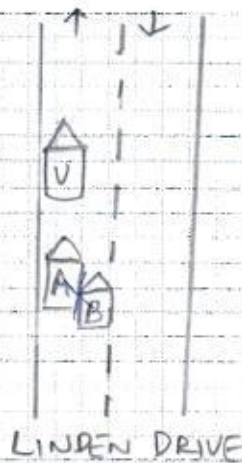
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

 2/2/2019

SKETCH PLAN



A → SBV 3131X

B → SY 362Z

U → UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 1-2-19 at 10AM, I (SBV 3131X) parking my vehicle (SBV 3131X) on Linden Drive. I come back to collect vehicle on 4:15 PM, I found that my vehicle was damage on rear right portion and a note leave on my car. I contacted him, he admit his fault that he hit onto my vehicle (SBV 3131X) and asked me to claim against his vehicle (SY 362Z) INSURANCE.

DECLARATION

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

Policyholder's Signature
Date & Time:

2/2/19
10 AM

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

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

2/2/2019

ACCIDENT STATEMENT

Date of accident: 1-2-19 Time: 10:00 AM
 Location of accident: LINDEN DAVE

Details of Own Vehicle

Vehicle Number: SBV 3131 X Make/Model: MITSUBISHI LANCER
 Insurer: MSIG Policy Type: TPFT/ TPO
 Policy No: A 29089419 QMX

Policyholder

Name: CHUA SIN MOH NRIC/FIN no.: S1492026I
 Email: to kilol1pa@hotmail.com Contact no.: 97441346 ✓

Driver

Name: CHUA SIN MOH NRIC/FIN no.: S1492026I
 Email: kilol1pa@hotmail.com Contact no.: 97441346

Occupation: Indoor / Outdoor

D.O.B: 10 APR 1961

Address: BLK 864, TAMANES, ST 83, #04-438, S(520864)

Driving pass date: 09 NOV 1982

Relationship with Policyholder: owner

General Information

Weather conditions: Clear / Raining

Road surface: Dry / Wet

Police report: Yes / No

Video Footage: Yes / No

Prosecution Letter: Yes / No

If Yes against whom: _____

Passenger (incl. Driver): 0 If it's more than 1 person, provide passengers details:-

Passenger 1

Passenger 2

Name: _____

Gender: _____

Male / Female

Male / Female

Witness: Yes / No

If Yes, provide injuries details:-

Witness 1

Witness 2

Name: _____

Contact no.: _____

Injuries: Yes / No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
—		Yes / No	Yes / No
—		Yes / No	Yes / No

Details of Third party

Vehicle B

Vehicle C

Vehicle no.: S4 3622

Driver name: _____

NRIC/ FIN no.: _____

Contact no: 96426129

Insurance Co: _____

Remarks: _____

(Make/Model, Passenger, property info & etc)

Claim Type & Acknowledgement

Claim Type: Own Damage / Third Party / Reporting Only

Policyholder/
driver

Workshop: YI HENG MOTOR WORKSHOP

Signature: _____

FAX 67479402 ✓

TP claim ✓

✓ No injury
 (C) ✓

Passengers List

S/N	Name	Gender
3		Male / Female
4		Male / Female
5		Male / Female
6		Male / Female
7		Male / Female
8		Male / Female
9		Male / Female
10		Male / Female
11		Male / Female
12		Male / Female
13		Male / Female
14		Male / Female
15		Male / Female
16		Male / Female
17		Male / Female
18		Male / Female
19		Male / Female
20		Male / Female

Injuries list

[illegible]

Witness List

[illegible]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1492026I



Name
CHUA SIN MOH

Race
蔡勇茂

CHINESE

Date of Birth

10-04-1961

Sex

M

Country of Birth

SINGAPORE

S1492026I



2282439

NRIC No. S1492026I



Blood Group

O+

Date of issue

17-08-1994

Address

APT BLK 864 TAMPINES STREET 83 #04-438
SINGAPORE 520864

NRIC No: S1492026I

Date: 30-10-2000

No: 3884119

REPUBLIC OF SINGAPORE DRIVING LICEN



Licence Number: S1492026I

Name:

CHUA SIN MOH

Birth Date: 10 Apr 1961

Issue Date: 29 Oct 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

09 Nov 1982

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

Form M.X.1
 Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 29089419 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SBV3131X

2. Name of Policyholder

Chua Sin Moh

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

19/07/2018

4. Date of Expiry of Insurance

13/08/2019

5. Persons or Classes of Persons entitled to drive*

Chua Sin Moh

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 MUST BE CARRIED OUT 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