

NATIONAL Assessment Centre Services.

(w/ef 1 Jan'05)

NA1901382

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 21/02/2019 10:31 | Job description | Date & Time Completed | Done by |
| Ref No: N301M8419003254Y | SAS e-filing | | |
| Veh No: SKK 6509Y | E-mail (4 days 8hrs, AIC 2hrs) | | |
| D.O.A: 21/02/2019 10:00 | I-Motor Claim Form | | |
| OID: TP: Reporting Only | I-Motor W/O (W/O: 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: SKP 8827P | 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: () | | |

| | | |
|---|--|--|
| 1) Apply for Transport Allowance () / Courtesy Car () | | |
| 2) QC Check / Post Repair Inspection () | | |
| 3) Upload Resurvey Photo [Repair Cost > \$3000] () | | |

Injury: _____

| | |
|-----------|---------|
| Date/Time | Actions |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|--|-------------|---------|
| NA1901382 | Invoice Information | Amount | Payable |
| Driver/Owner: | 1) AR: Accident Reporting (\$30) | | |
| Contact No: | 2) DA: Damage Assessment (\$100) INC (\$50) | | |
| Damaged Portion: | 3) TP: Towing Fee \$40/\$45 | | |
| QC Checked by (Engr-In-Charge): | 4) PT: Follow-Through Survey \$120 | | |
| | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (w/ef 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | OP: | | |
| | *N5: Courtesy Car / Tpt Allowance \$3 | | |
| | *N6: Repair Co-ordination \$10 | | |
| | *N7: Post Repair Inspection \$25 | | |
| | *N8: DV / Collect Excess Coordination \$3 | | |
| | 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 | 21/02/2019 10:31 |
| Date Of Accident | 21/02/2019 10:00 |
| Exact Location Of Accident | KAMPONG BAHRU SLIP ROAD TOWARDS JALAN BUKIT MERAH |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKK6509Y |
| Insured/Policyholder | |
| Name Of Registered Owner | ADNAN S/O ZAINUDDIN |
| NRIC No | S1754406C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96640085 |
| Alternative Phone No | OTHERS-96640085 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | FORD |
| Model | MONDEO |
| 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 27562148 SVP |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | ADNAN S/O ZAINUDDIN |
| NRIC No | S1754406C |
| Date Of Birth | 09/02/1966 |
| Occupation | INDOOR |
| Date Of Driving Pass | 27/10/2011 |
| Driving Experience | 7 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96640085 |
| Fax Number | |
| Contact Number | OTHERS-96640085 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | 34 KEPPEL BAY DRIVE #05-74 |
| Postcode | 098652 |
| 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 - 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) | 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

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 | SKP8827P |
| 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

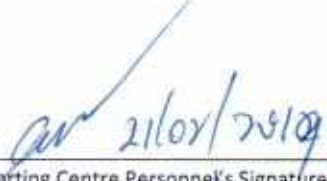

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

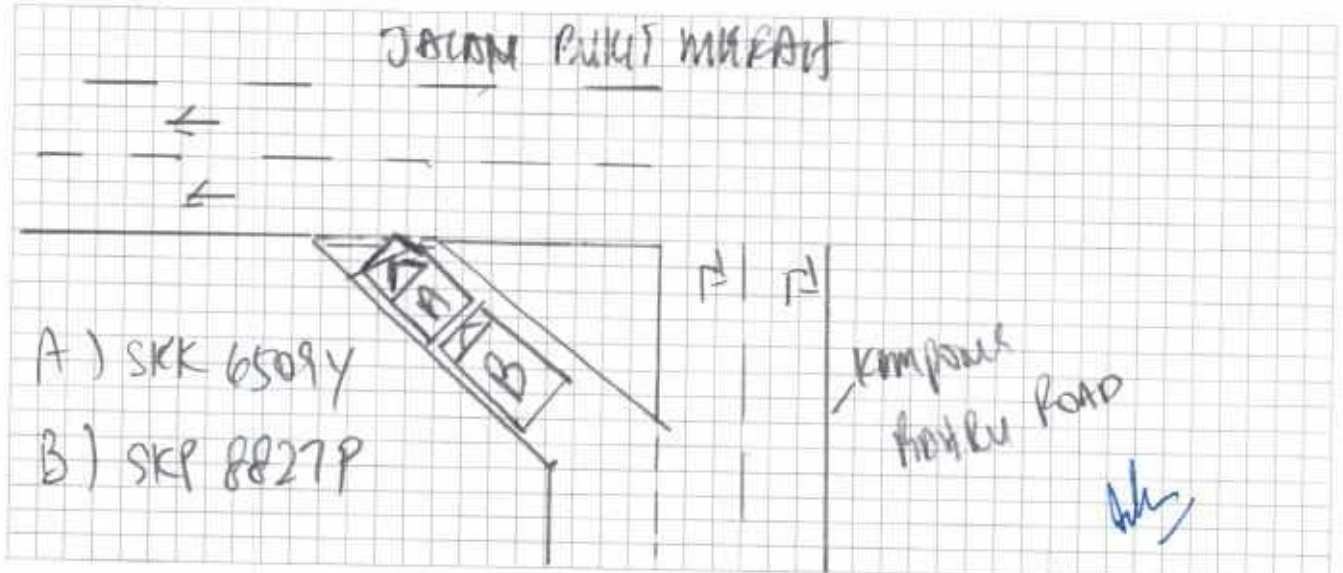
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT HAPPENED WHEN I HAD TO STOP AT THE SLIP ROAD. THE CAR HIT ME AT THE BACK.

THE ACCIDENT HAPPENED WHEN I HAD TO STOP AT THE SLIP ROAD. THE CAR HIT ME AT THE BACK.

Ah

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:

Reporting Centre Personnel's Signature
Name: 21/01/2019
NRIC/FIN No.: [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 21, 02, 2019 (DD/MM/YYYY). TIME: 10.00 (HH:MM)

LOCATION: Kampung Bahru Slip Road → Jalan Bukit Merah

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKK 6509 Y
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 27562148 SVP
d) POLICY TYPE: (COMPREHENSIVE / ~~THIRD PARTY~~ / ~~THIRD PARTY FIRE & THEFT~~)
e) MAKE & MODEL: FORD Mondeo
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE
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: Adnan s/o Zainuddin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1754406 C CONTACT: 9640085 96640085
c) ADDRESS: 34 Keppel Bay Drive
#05-74 Singapore 098652

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27 OCT 2011

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

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: SKP 8827 P MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96894375

9. THIRD PARTY VEHICLE

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

Email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1754406C



Name

ADNAN S/O ZAINUDDIN

Race

INDIAN

Date of birth

09-02-1966

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1754406C

Name

ADNAN S/O ZAINUDDIN

Birth Date 09 Feb 1966

Issue Date 27 Oct 2011



002012581C

5836530



NRIC No S1754406C



Date of issue

07-12-2017

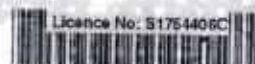
Address

34 KEPPEL BAY DRIVE
#05-74
SINGAPORE 098652

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 27 Oct 2011



Licence No: S1754406C

NP 428A



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

SIME VANTAGE PRIVATE**RENEWAL CERTIFICATE**

| Policy Number | Period of Insurance | Place of Issue |
|---|--------------------------|----------------|
| B 27562148 SVP | 16/08/2018 to 15/08/2019 | SINGAPORE |
| Name and Address of Insured | | Date of Issue |
| Adnan s/o Zainuddin 34 Keppel Bay Drive #05-74 Singapore 098652 | | 05/07/2018 |
| | | Account Number |
| | | 212606 |
| Premium | GST | Total Due |
| SGD1,676.28 | SGD117.34 | SGD1,793.62 |

RISK NUMBER 1**SIME VANTAGE PRIVATE****OCCUPATION**

Project Manager

FINANCIAL INTERESTDBS Bank Ltd
as Hire Purchase Owners**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

REGISTRATION NO. SKK6509Y
MAKE/MODEL Ford Mondeo 2.0
ENGINE NUMBER DR43848
CHASSIS NUMBER WF0EXXGBBEDR43848
YEAR OF MFG 2013
CAPACITY 1999 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED
INCL. COE/PARF YES
OFF-PEAK CAR NO
NO CLAIM DISCOUNT 50.00% (or F/D)
NCD PROTECTOR COVERED
EXCESS SGD1,200
ANNUAL PREMIUM SGD1,676.28

MARKET VALUE

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit,
rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Adnan s/o Zainuddin