

**NATIONAL Assessment Centre Services.** [ver 1 Jan'03] **MMA 119028293.**

Date In: <b>1/3/19 14:31</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/MSG 1900 3851/44</b>	SAS e-filing		
Veh No: <b>SCM 6888L</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>113/19 08:15</b>	I-Motor Claim Form		
<input checked="" type="radio"/> TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>SLF 8575G</b>	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 repaler.

( ) 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

**NA1901620**

<b>Claimant's Particulars:</b> Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditor's Comments: Tel: 1: 2 / 3	<b>Invoice/Repairation Glider</b> 1) AR: Accident Reporting (\$30) 2) DA: Damage Assessment (\$100); INC (\$80) 3) TP: Towing Fee \$40/\$45 4) FT: Follow-Through Survey \$120 5) PT: Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2003) 6) TR: Re-Inspection \$75 7) NI: Idao DA + SMRT Survey \$160 8) NTUC Additional Services:- ON* *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (Nil): TP (Non INC) against INC \$20 9) N12: Idao Mobile \$0 Invoice dated Invoice dated	Amt (\$) 30.00 Add'l Bill
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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	01/03/2019 14:31
Date Of Accident	01/03/2019 08:15
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM6888L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YE JUNJIE JACKY
NRIC No	S8111967H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96231983
Alternative Phone No	OFFICE-96231983

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER
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?	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	A 300085253 QMY
Cover Note Number	-

### Driver

Name of Driver	YE JUNJIE JACKY
NRIC No	S8111967H
Date Of Birth	28/04/1981
Occupation	INDOOR
Date Of Driving Pass	23/05/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96231983
Fax Number	
Contact Number	OFFICE-96231983
EEmail Address	NOEMAIL

Address	957 BUKIT TIMAH RD #04-15
Postcode	589653
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?	
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 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	SLF8575G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	98299511
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.:

Clementi Ave 6

A

B

A - SCN 6888 L

B - SLF 8575 G

I WAS moving along the road and I saw the car and traffic in front stop. However, I thought traffic started moving again and accelerated and hit the car in front.

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

Date & Time:

NRIC/FIN No.:



Accident Report Information			
Accident Date	01-03-2019	Accident Time	08:15
Location Of Accident	Clementi Ave 6		
Vehicle Registration No	SCN 6888 L		
INSURED/POLICYHOLDER (OWN VEHICLE)			
Registered Owner Name	Ye Junjie, Jacky		
NRIC No/ ROC No	S8111967 H		
Mobile Phone No	96331983	Email Address	
VEHICLE INFORMATION			
Manufacturer/ Model	Subaru Forester		
Exact Purpose for which vehicle was being used at time of accident	<input type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> HIRER USE	Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Own Damage <input type="checkbox"/> Third Party Reporting Only
Vehicle Category	<input type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> TAXI <input type="checkbox"/> BUS <input type="checkbox"/> MOTOR TRADE	<input type="checkbox"/> TANKER <input type="checkbox"/> PRIVATE HIRER <input type="checkbox"/> GOVERNMENT
INSURANCE COMPANY (OWN VEHICLE)			
Insurance Company	MSSB Ins. (Singapore) p/L	Fleet Policy	Yes / <u>No</u>
Policy Number	A300085253 &ny	Type Of Coverage	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party Fire or Theft
Cover Note Number			
DRIVER IDENTIFICATION			
Driver Name	Ye Junjie, Jacky	Driver NRIC	S8111967 H
Date Of Birth	28.04.1981	Occupation	<u>Indoor</u> / Outdoor
Driving Date Pass	23.05.2000	Gender	<u>Male</u> / Female
Mobile Phone No		Email Address	
Address	457 Bukit Timah Rd #04-15		Postcode 589653
Relationship	<input type="checkbox"/> Employee <input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Relative <input type="checkbox"/> Friend	<input type="checkbox"/> Children <input type="checkbox"/> Sibling <input type="checkbox"/> Hirer <input type="checkbox"/> Parent
GENERAL INFORMATION OF THE ACCIDENT			
Type Of Accident			
Weather Condition	<u>Clear</u> / Raining / Others:	Road Surface	<u>Dry</u> / Wet / Others:

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8111967H



NAME  
YE JUNJIE, JACKY

叶俊杰

Race  
CHINESE

Date of birth  
28-04-1981

Sex  
M

Country of birth  
SINGAPORE

58111967H

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8111967H

Name  
YE JUNJIE, JACKY

Birth Date 28 Apr 1981

Issue Date 25 Aug 2004

001278582K

4803850



NRIC No. S8111967H



Date of issue  
20-12-2011

957 BUKIT TIMAH ROAD #04-15  
SINGAPORE 589653

NRIC No. S8111967H

Date 08/12/2016

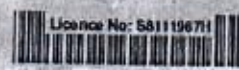
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE  
23 May 2008

NP 428A

License No: S8111967H





**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  
A Member of **MS&AD** INSURANCE GROUP

**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 RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**MOTORMAX PLUS  
Comprehensive**

Certificate No. A 300085253 QMY

Excess : SGD700

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**  
SCM6888L

2. **Name of Policyholder**  
Ye Junjie Jacky

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
30/11/2018

4. **Date of Expiry of Insurance**  
29/11/2019

5. **Persons or Classes of Persons entitled to drive\***

Ye Junjie Jacky, Ng Shih Ying Priscilla, Yap Chee Kah

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 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 Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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

Michael W Gourlay  
Chief Executive Officer