

NATIONAL Assessment Centre Services.

(Ref: 1 Jan 09)

19 MAY 1903 28 39

Date In: 11/03/2019 19:35	Job description	Date & Time Completed	Done by
Ref No: N8A/M86190044017	SAS e-filing		
Veh No: SKS 4100L	E-mail (e-filing Mtr, AIC 2hrs)		
D.O.A: 10/03/2019 15:05	I-Motor Claim Form		
OD / 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: SLA 2646B	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 repairor.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (Note: 10/03/2019)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Assigned

11/01/901857

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
	4) FT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	Forfeiting against INC Only (wef 10 Jan 2009)	
	6) TR: Re-inspection	\$75
	7) NI: Idao DA + SMRT Survey	\$160
	8) NTUC Additional Services:	

QC Checked by (Engr-In-Charge):

11/01/901857

9) NI: Idao Mobile	
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	11/03/2019 19:35
Date Of Accident	10/03/2019 15:05
Exact Location Of Accident	JUNCTION OF JURONG GATEWAY ROAD/JURONG EAST ST 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4144L
Insured/Policyholder	
Name Of Registered Owner	LEE CHOW YING MRS CHOW YING LEE-MOTANI
NRIC No	S7670553D
Email Address	SALCHOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96390834
Alternative Phone No	OTHERS-96390834

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 27880607 DMA
Cover Note Number	

Driver

Name of Driver	LEE CHOW YING MRS CHOW YING LEE-MOTANI
NRIC No	S7670553D
Date Of Birth	24/04/1976
Occupation	INDOOR
Date Of Driving Pass	13/09/1999
Driving Experience	19 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96390834
Fax Number	
Contact Number	OTHERS-96390834
EMail Address	SALCHOW@GMAIL.COM

Address	345 PASIR PANJANG ROAD #02-07
Postcode	118684
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	SLA2646B
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PRADEEP KUMAR GOVINDAN
NRIC/Passport Number	G3080970Q
Contact Number	92951447
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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: 11 Mar 2019
4pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Roshan
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were stopped at the junction of Jurong Gateway Road and Jurong East St 12. When the lights turned green I saw the car in front of me inch forward, so I prepared to accelerate. However I noticed too late that it had stopped, as the arrow light was still red. I was unable to stop in time. ~~and~~

DECLARATION

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

Policyholder's Signature

Date & Time: 11 Mar 2019
4pm

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Rodi Ibrahim
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 10/03/2019 (DD/MM/YYYY). TIME: 15:05 (HH:MM)

LOCATION: Junction of Jurong Gateway Road & Jurong East St 12

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKS 4144L
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: P27880607
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA ALTIS
 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LEE CHOW YING (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S767053D CONTACT: 93690834
 c) ADDRESS: 345 Pasir Panjang Road #0207
Singapore 118684

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ASOVK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 24/04/1996 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 13 Sep 1999

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 clear)

b) ROAD SURFACE: (DRY / WET / OTHERS Dry)

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: SLA 2646B MODEL: HONDA VEZEL
 b) DRIVER'S NAME: Pandey Kumar Govindan
 c) NRIC/FIN/PASSPORT: G3080970Q CONTACT: 92951447

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

Email = salchow@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7670553D



Name
LEE CHOW YING
MRS CHOW YING LEE-MOTANI
李昭颖

Race
CHINESE

Date of birth
24-04-1976

Sex
F

Country of birth
MALAYSIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7670553D

Name
LEE CHOW YING

Birth Date 24 Apr 1976

Issue Date 30 Jul 2003




3810606



NRIC No. S7670553D



Date of issue
16-08-2006

345 PASIR PANJANG ROAD #02-07
SINGAPORE 118884
S7670553D

24/02/2014


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

CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 13 Sep 1999

HP 428A

License No. S7670553D



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SOX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 Co. Reg. No. 200412212G, GST Reg. No. 20-0412212G

DRIVESHIELD - PREMIER PLAN
RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
P 27880607 DMA	14/04/2018 to 13/04/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Lee Chow Ying 345 Pasir Panjang Road #01-07 Singapore 118684		14/03/2018
		Account Number
		680116
Premium	GST	Total Due
SGD872.87	SGD61.10	SGD933.97

RISK NUMBER 1
DRIVESHIELD - PREMIER PLAN
OCCUPATION

Teacher/Coach

FINANCIAL INTEREST

 DBS Bank Ltd
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SKS4144L	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Corolla Altis 1.6L CVT	INCL. COE/PARF	YES
ENGINE NUMBER	1ZRX496887	OFF-PEAK CAR	NO
CHASSIS NUMBER	MR053REH104529008	NO CLAIM DISCOUNT	30.00% (or F/D)
YEAR OF MFG	2015	NCD PROTECTOR	NOT COVERED
CAPACITY	1598 C.C.	EXCESS	SGD500
SEATING CAPACITY	5 (INCL. DRIVER)	ANNUAL PREMIUM	SGD872.87
WINDSCREEN	UNLIMITED		

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

AUTHORISED DRIVERS

Lee Chow Ying