

NATIONAL Assessment Centre Services. [ver 1 Jan'05]		1904/9033261	
Date In: 12/03/2009 10:59	Job description	Date & Time Completed	Done by
Ref No: NBA/M8619004955/Y	SAS e-filing		
Veh No: SCG 1610M	E-mail (6 jobs 2hrs, AIC 2hrs)		
D.O.A: 12/03/2009 10:10	I-Motor Claim Form		
CID: TP X 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/Wksn		

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: ()

Repair Request Form (0788 6016)		Date Completed	
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury: _____

[illegible]

NA1901870	INVOICE INFORMATION		
	13 AR: Accident Reporting (\$30)	Sales Person	

3) DP: Damage Prevention (\$100%)	100%	100%
3) DA: Damage Assessment (\$100%)	100%	100%
3) TP: Towing Fee		\$120
3) W: Wallow-Thru Survey		\$20

Driver/Owner:	4) FT: Follow-Through Survey (Resurvey)	\$30
Contact No:	5) FT: Follow-Through Survey (Resurvey)	\$75
	Forfeiting against INC Only (w/ef 10 Jan 2023)	

6) TR: Re-inspection	\$160
7) NI: Idaho DA + SMRT Survey	

	NTUC Additional Services	\$1
	NTUC Courtesy Car Rental Allowance	\$10

QC Checked by	(Ingr-Int-Charge)	KCPD	0	#6: Repair Coordination	CELLBCH	\$29	80	JNC	C
				#7: Post Repair Inspection		\$3			
				TW / Collect Excess Coordination					

TP (N1): TP (N1) INC. 5010000000	30
9) N1: 1200 Mobile	Fee Charged

2/3	Invoice dated	Fee Charged	2/3
	Invoice dated		

10-DEC-2018 MON 06:09

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 12/03/2019 14:59
Date Of Accident 12/03/2019 10:10 ✓
Exact Location Of Accident SPC PETROL STATION AT 158 PASIR PANJANG ROAD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ1610M ✓
Insured/Policyholder
Name Of Registered Owner YU JIANHONG @ YU XIAOMEI ✓
NRIC No S8771636H
Email Address JIANHONG@AIA.COM.SG
Mobile Phone No (LOCAL) +65-98220220
Alternative Phone No OTHERS-98220220

Vehicle Particulars

Manufacturer TOYOTA
Model HARREIR
Exact Purpose for which vehicle was being used at time of accident PUMP PETROL
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 80455164 QMX ✓
Cover Note Number

Driver

Name of Driver YU JIANHONG @ YU XIAOMEI ✓
NRIC No S8771636H ✓
Date Of Birth 25/07/1987 ✓
Occupation INDOOR
Date Of Driving Pass 04/01/2011
Driving Experience 8 YEARS AND 2 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-98220220
Fax Number
Contact Number OTHERS-98220220
Email Address JIANHONG@AIA.COM.SG

Address	BLK 845 WOODLANDS STREET 82 #07-137
Postcode	730845
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

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	SLX3043M ✓
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	COOKIE CAROLINE ELIZABETH
NRIC/Passport Number	G5363849Q
Contact Number	97242862
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: 12/03/19

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

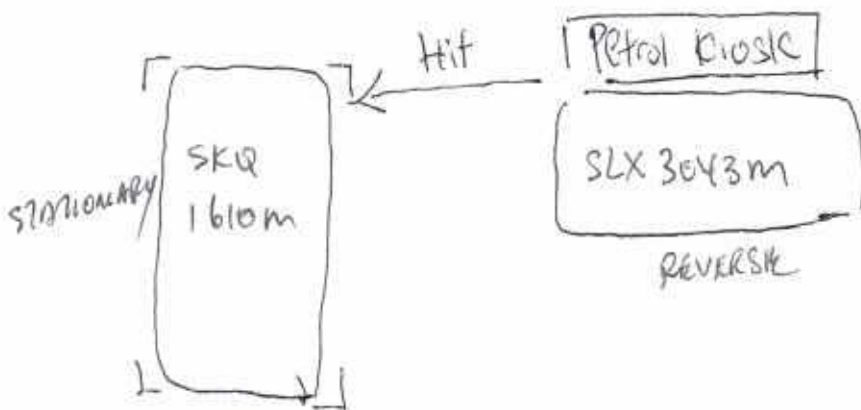


12/03/2019

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

SKETCH PLAN

158 PASIR PAJANAN ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle was parked and stationary in the parking lot
I went in for payment. 3rd party vehicle failed
to control her vehicle while reversing, collide onto
my right side of vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 12/03/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

12/03/2019

Rashid Umar

ACCIDENT STATEMENT

ACCIDENT DATE: (12/03/19) (DD/MM/YYYY). TIME: (10.10) (HH:MM)

LOCATION: Petrol station (SPC) 158 Pasir Panjang rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ1610M
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Harrier Toyota
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Pump Petrol
 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: YU JIANHONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S871636H CONTACT: 98220220
 c) ADDRESS: BIK 194B Bukit Batok West Ave 6 #10-227 S652194

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (25/07/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04/01/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SLX3043M MODEL: Subaru
 b) DRIVER'S NAME: COOKE CAROLINE Elizabeth
 c) NRIC/FIN/PASSPORT: G5363849Q CONTACT: 97242862

9. THIRD PARTY VEHICLE

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

Email = Jianhong@aia.com.sg

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8771636H



YU JIANHONG
@ YU XIAOMEI

翁建宏

CHINESE

25-07-1987 M

CHINA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8771636H
Name



YU JIANHONG
@ YU XIAOMEI

Birth Date 25 Jul 1987

Issue Date 04 Jan 2011



4389102

NRIC No. S8771636H



Date of issue
04-03-2009

Address
APT BLK 845 WOODLANDS STREET 82
#07-137
SINGAPORE 730845

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

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) <= 2000kg 04 Jan 2011
with <= 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals <= 2500kg

NP 425A





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

ORIGINAL

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 80455164 QMX

Excess: SGD700
Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SKQ161QM

2. Name of Policyholder
YU JIANHONG

3. Effective Date of the Commencement of Insurance for the purposes of the Act
13/03/2018

4. Date of Expiry of Insurance
12/03/2019

5. Persons or Classes of Persons entitled to drive*

YU JIANHONG

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.



Signature/Date

Counter-Signatory:

IMotor Insure

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory

XIMOTCLHH2018031315338987