

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

NAI19048228

Date In: 13/04/2019 14:05	Job description	Date & Time Completed	Done by
Ref No: NAIMS900659517	SAS e-filing		
Veh No: SLF 1882	E-mail (within 8hrs, AIC 2hrs)		
DOA: 12/04/2019 21:00	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: SL28655	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: ()

Reminders	Complete	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

NAI1902688	Invoice Details
Claimant's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$80)
Contact No:	3) TP: Towing Fee \$40/\$43
Damaged Portion:	4) PT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (NI): TP (N+INC) against INC \$20
	9) NI2: Idao Mobile \$30
	Invoice dated
	Invoice dated
	Fee Charged
	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	13/04/2019 14:05
Date Of Accident	12/04/2019 21:00
Exact Location Of Accident	KEONG SAIK ROAD CARPARK LOT NO:18
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1828Z
Insured/Policyholder	
Name Of Registered Owner	YOW YEW MENG
NRIC No	S1785850E
Email Address	GILLIC@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96722467
Alternative Phone No	OTHERS-96722467

Vehicle Particulars

Manufacturer	BMW
Model	520i
Exact Purpose for which vehicle was being used at time of accident	PARKING
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	A 29088455 QMY
Cover Note Number	

Driver

Name of Driver	YOW YEW MENG
NRIC No	S1785850E
Date Of Birth	28/04/1967
Occupation	INDOOR
Date Of Driving Pass	21/08/1987
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96722467
Fax Number	
Contact Number	OTHERS-96722467
EMail Address	GILLIC@SINGNET.COM.SG

Address	BLK 75 MARINE DRIVE #11-19
Postcode	440075
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

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	SJZ8655S
Vehicle Make/Model/Colour	MINI COOPER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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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:

13/4/19
11:20 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

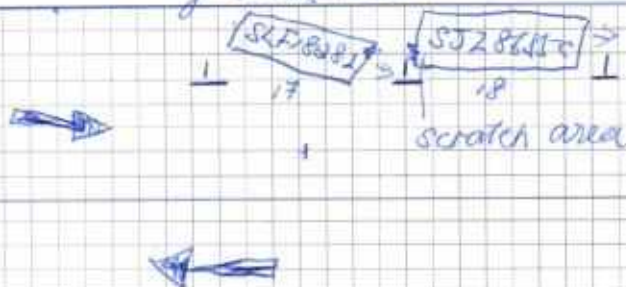
NRIC/FIN No.:

13/04/2019

Rashid Lim Heng

SKETCH PLAN

Keong Saik Road (K0008)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I Yow Yew Meng driver of SLF18282 scratch

Vehicle no: ~~SJZ~~ SJZ 86JTC at Keong Saik Road (K0008)

lot no. 18. My left hand side bumper scratch SJZ 86JTC

rear passenger right bumper.

A notes was put on the wrapper of SJZ 86JTC to inform

that I scratched his/her car. (Notes with name, contact

number & my vehicle number.

But owner of SJZ 86JTC did not contact me until

I make this report.

DECLARATION

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

Policyholder's Signature

Date & Time:

13/4/19

1120 hrs.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/04/2019

Rod Walter

ACCIDENT STATEMENT

ACCIDENT DATE: 12 / 4 / 2019 (DD/MM/YYYY), TIME: 21 : 00 (HH:MM)

LOCATION: Keong Srik Road carpark lot no: 18 (K0008)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUF1828 Z
 b) INSURANCE COMPANY: MSMG
 c) POLICY NUMBER: A 29088455 QMY
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: BMW 520 I
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Parking
 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: Yow Yew Meng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1781510 E CONTACT: 96722467
 c) ADDRESS: Blk 75 Marine Drive #11-19
Singapore 440075

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Partner

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: SJZ 86555 MODEL: MINI COOPER
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = gillic@surgnet.com.sg

fax =

VIDEO =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1785850E



Name

YOW YEW MENG



姚友明

Race

CHINESE

Date of Birth

28-04-1967

Sex

M

Country of Birth

SINGAPORE



1242509



NRIC No: S1785850E

Blood Group: AB+ Date of issue: 03-09-1993

APT BLK 75 MARINE DRIVE #11-19
SINGAPORE 440075

NRIC No: S1785850E

Date: 26/02/2013

No: 7235702

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of a man.

License Number: S1785850E

Name: YOW YEW MENG

Birth Date: 28 Apr 1967

Issue Date: 17 Jun 2003

Barcode: 000873423D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	21 Aug 1987

FP 426A

Barcode: License No: S1785850E

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

MOTOR MAX PLUS
THE SCHEDULE

Policy Number	Period of Insurance	Place of Issue
A 29088455 QMY	29/07/2018 to 28/07/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Yow Yew Meng 75 Marine Drive #11-19 Singapore 440075		12/07/2018
		Account Number
		156066
Premium	GST	Total Due
SGD1,000.81	SGD70.06	SGD1,070.87

RISK NUMBER 1
MOTORMAX PLUS
OCCUPATION

Director

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SLF1828Z
 MAKE/MODEL BMW 520I AT
 ENGINE NUMBER A4631452N20B20B
 CHASSIS NUMBER WBA5A32030D829412
 YEAR OF MFG 2016
 CAPACITY 1997 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)
 GOOD DRIVER'S
 DISCOUNT SGD52.67
 NCD PROTECTOR COVERED
 EXCESS SGD700
 ANNUAL PREMIUM SGD1,000.81

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

AUTHORISED DRIVERS

Yow Yew Meng
 Regine Yow Xin Yi

Any other person provided he is driving on the Insured's order or with the Insured's permission.