

NATIONAL Assessment Centre Services [Ref: J1075]

154

Date In: 08/05/2019 17:32	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19008149/KY	SAS e-filing		
Veh No: SKH9047J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/05/2019 16:50	i-Motor Claim Form		
OD: TP 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: FBE8216Z	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%; F: 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. ()

Remarks:- (INC hotline: 6788 6616)	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:-		
	OD*:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11) : TP (N-on INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fax 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 willful 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	08/05/2019 17:32
Date Of Accident	07/05/2019 16:50
Exact Location Of Accident	SLIP RD SOUTH BUONA VISTA RD INTO AYE (MCE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9047J
Insured/Policyholder	
Name Of Registered Owner	SU ZHEN HUA @ FELIX
NRIC No	S8118622G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98374968
Alternative Phone No	OTHERS-98374968

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SPORTBACK 1.4 TFSI
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 29083445 QMY
Cover Note Number	

Driver

Name of Driver	SU ZHEN HUA @ FELIX
NRIC No	S8118622G
Date Of Birth	20/01/1981
Occupation	INDOOR
Date Of Driving Pass	07/11/2001
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98374968
Fax Number	
Contact Number	OTHERS-98374968
EMail Address	NOEMAIL

Address	61 UPPER SERANGOON VIEW #09-17
Postcode	534015
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	CHAIN COLLISION
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	3
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: : NIL 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

PLS REFER TO THE 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	FBE8216Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	87266912
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKP1112C

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.

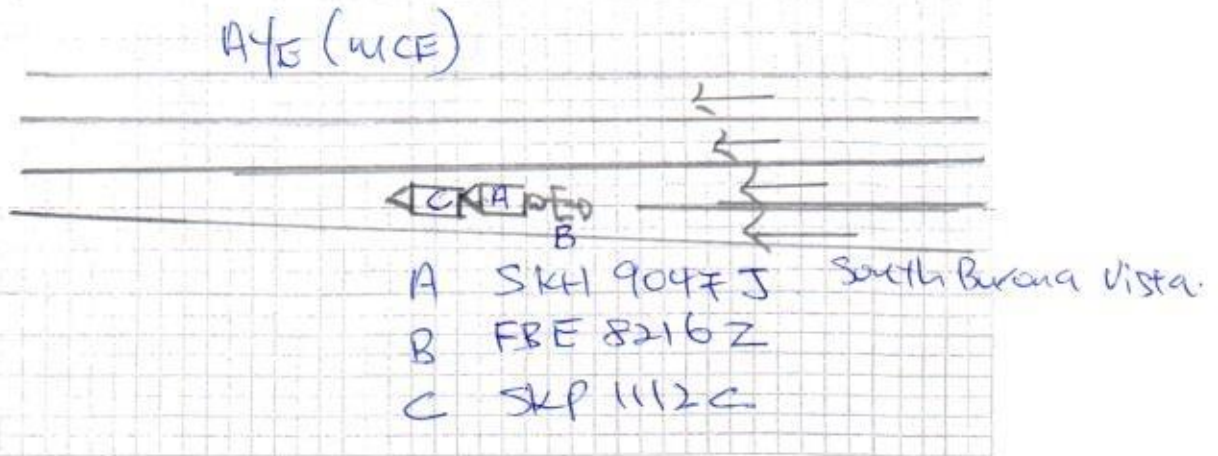
Policyholder's Signature
Date & Time:

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

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

8/5/2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving SKH 9047J along South Buona Vista Road, to slip road onto AYE (towards MCE).


As I approached the end of the slip road merging to AYE, SKP 1112C, suddenly stopped. I did not brake in time and my vehicle's front left bonnet collided with the vehicle's rear right side.


3 seconds later, a motorbike, FBE 8216S, collided onto the rear of my vehicle.

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: c. 8/5/2019
 NRIC/FIN No.:

~~From~~ Given on 8/5/19 @ 11:05 AM

* 1st Photos (00)

VEHICLE NO: SKH 9047J. MAKE & MODEL: Audi A3

DATE OF ACCIDENT	07 / 05 / 2019.	
TIME OF ACCIDENT	16.51 AM (PM)	
LOCATION OF ACCIDENT	SLIP Rd South Buona Vista Rd into AYE (MCE)	
Exact Purpose use during accident		
NAME OF OWNER	Su Zhen Hua @ FELIX.	
TELP NO	98374968.	
NRIC	S8118622G.	
CLAIM TYPE	<input checked="" type="radio"/> OD THIRD PARTY / Reporting Only	
PRIVATE HIRE	YES / <input checked="" type="radio"/> NO	
INSURANCE CO.	MSIG	
TYPE OF COVERAGE	<input checked="" type="radio"/> Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	A 29083445 QMY.	
NAME OF DRIVER	<input checked="" type="radio"/> as above / If No:	
NRIC	as above Any passengers: one.	
DATE OF BIRTH	20 / 01 / 1981.	
OCCUPATION	Outdoor / <input checked="" type="radio"/> Indoor	
DATE OF DRIVING PASS	07 / 11 / 2001.	
GENDER	<input checked="" type="radio"/> Male / Female	
CONTACT NO.	98374968 Office: Home:	
ADDRESS	61 Upper Serangoon View #09-17 (534015)	
DRIVER HAVE ANY OWN Vehicle	<input checked="" type="radio"/> NO / If yes: Reg No:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	<input checked="" type="radio"/> Clear / Raining / Other:	
ROAD SURFACE	<input checked="" type="radio"/> Dry / Wet / Other:	
ANY INJURIES	<input checked="" type="radio"/> No / If yes: Who?	
CONTACT NO.		
POLICE REPORT	<input checked="" type="radio"/> No / If yes: Where?	
VEHICLE B NO.	FBE 8216J. Any Passenger: -	
NAME		
CONTACT NO.	87266912	
VEHICLE C NO.	SKD 112C Any Passenger:	
VEHICLE D NO.		
VEHICLE E NO.		
VEHICLE F NO.		
ANY WITNESS		
WITNESS CONTACT NO.		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
PARTICULAR WORKSHOP	Sme Motor Pte Ltd	6 Speed Autowerkz Pte Ltd
TELP NO	1 Kaki Bukit ave 6 #02-15	68 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki bukit	#02-05 ARK @ KB, Singapore 417896
FAX NO.	Singapore 417883	Tel: 6384 7037 Fax: 6384 7039
	Tel: 67476106 (6 lines)	Email: 6speedautowerkz@gmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8118622G**



Name

SU ZHEN HUA @ FELIX

苏振华

Race

CHINESE

Date of birth

20-01-1981

Sex

M

Country of birth

SINGAPORE



4207125



NRIC No. **S8118622G**

Valid till

30-12-2011

**61 UPPER SERANGOON VIEW #09-17
SINGAPORE 534015**

NRIC No. **S8118622G**

Date: **25/07/2016**

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number

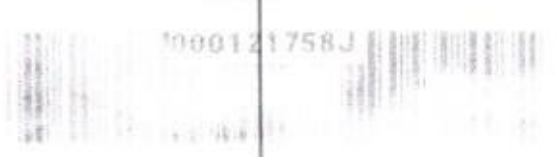
S 8 1 1 8 6 2 2 G

Name

SU ZHEN HUA @ FELIX

Birth Date 20 Jan 1981

Issue Date 08 Jan 2003



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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

07 Nov 2005



SP 4284



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

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 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 PLUS
Comprehensive

Certificate No. A 29083445 QMY

Excess : SGD1,500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKH9047J

2. Name of Policyholder
Su Zhen Hua @ Felix

3. Effective Date of the Commencement of Insurance for the purposes of the Act
12/06/2018

4. Date of Expiry of Insurance
11/06/2019

5. Persons or Classes of Persons entitled to drive*

Su Zhen Hua @ Felix
Lee Li Ming

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 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 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.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer