

NATIONAL Assessment Centre Services			
Date In: 16/05/2019 17:43	Job description	Date & Time Completed	Done by
Ref No: XIA/MSG190087494	SAS e-filing		
Veh No: SME 1390L	E-mail (within 4hrs. AIC 2hrs)		
D.O.A: 16/05/2019 09:00	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: SMA 2281G	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: (\$)	Landing: \$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

XIA1903579		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
				Est Bill	Add Bill
Claimant's Particulars:-		1) AR: Accident Reporting (\$30);			
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$80)			
Contact No:		3) TP: Towing Fee \$40/\$45			
Damaged Portion:		4) FT: Follow-Through Survey \$120			
		5) FT: Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
		6) TR: Re-inspection \$75			
		7) NI: Idm DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
QC Checked by (Engr-In-Charge):		*N3: Courtesy Car / Tpt Allowance \$5			
		*N6: Repair Co-ordination \$10			
		*N7: Post Repair Inspection \$25			
		*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments:-		*N11: TP (N-a INC) against INC \$20			
Cat. 1:		*N12: Idm Mobile \$10			
Cat. 2/3:		Invoice date/ Fee Charged			
1/1/19		Invoice date/ Fee Charged			

07-MAY-2019 16:39

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	16/05/2019 17:43
Date Of Accident	16/05/2019 09:00
Exact Location Of Accident	BLK 325 SUMANG WALK CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1390L
Insured/Policyholder	
Name Of Registered Owner	GOH SHAO XIANG (WU SHAOXIANG)
NRIC No	S8434791D
Email Address	DAMIEN.GOHSX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96776701
Alternative Phone No	OTHERS-96776701

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 TSI (A)
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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 39096867 AVW
Cover Note Number	

Driver

Name of Driver	GOH SHAO XIANG (WU SHAOXIANG)
NRIC No	S8434791D
Date Of Birth	24/10/1984
Occupation	INDOOR
Date Of Driving Pass	20/05/2004
Driving Experience	14 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96776701
Fax Number	
Contact Number	OTHERS-96776701
EMail Address	DAMIEN.GOHSX@GMAIL.COM

Address	BLK 325A SUMANG WALK #10-981
Postcode	821325
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA2781G
Vehicle Make/Model/Colour	LEXUS LS 460
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	83642363
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.
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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**.
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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:

16/5/2019 4.56pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

16/5/2019 4.56pm

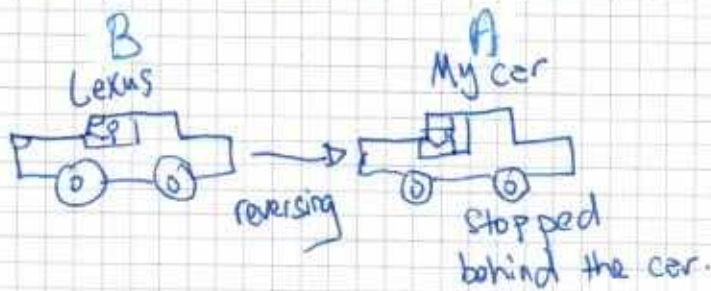
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BIK 325 SUMANGLI WALK CARPARK



A) SME 1390L

B) SMA 281G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The Lexus LS460 car failed to check his rear mirror when making reversing and hit my car which was stopped behind his car.

DECLARATION

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

Policyholder's Signature
Date & Time:

16/5/2019 4:56pm

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (16/5/2019) (DD/MM/YYYY), TIME: (09.02) (HH:MM)

LOCATION: B1K325 carpark Sumang Walk

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SUE 1390L
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A29096867 AVW
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Volkswagen Golf 1.4 TSI CL
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Go to work
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: GOH SHAO XIANG (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: C84347A10 CONTACT: 96776701
c) ADDRESS: B1K325A Sumang Walk #10-981 821325

* 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: (29/10/1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

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: SMA 2781G MODEL: Lexus LS 460
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT: 83642263

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)
(1)

* No of passenger
(including driver)
()

damien.gohsx@gmail.com

email = damien.gohsx

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8434791D



Name
GOH SHAO XIANG
(WU SHAOXIANG)
吴少翔

Race
CHINESE

Date of birth
24-10-1984

Country/Place of birth
SINGAPORE

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8434791D

Name
GOH SHAO XIANG
(WU SHAOXIANG)

Birth Date 24 Oct 1984

Issue Date 30 Jul 2010




001879451C

5476688



NRIC No: S8434791D



Date of issue
20-10-2015

APT. BLK 325A SUMANG WALK #10-881
SINGAPORE 821325

NRIC No: S8434791D Date: 15/03/2018

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 20 May 2004

NP 428A

Licence No: S8434791D



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

VW DRIVEEASY
Comprehensive

Certificate No. A 29096867 AVW

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMB1390L

2. Name of Policyholder
Goh Shao Xiang

3. Effective Date of the Commencement of Insurance for the purposes of the Act
19/09/2018

4. Date of Expiry of Insurance
18/09/2019

5. Persons or Classes of Persons entitled to drive*

Goh Shao Xiang

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 VOLKSWAGEN CENTRE SINGAPORE.

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).

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

bmw
for Chief Executive Officer