

NATIONAL Assessment Centre Services.

Ref: 1 Jan 05 MJA119064343

| | | | |
|--------------------------|--|-----------------------|---------|
| Date In: 17/1/19-15:40 | Job description | Date & Time Completed | Done by |
| Ref No: 119/MJA119064343 | SAS e-filing | | |
| Veh No: POL 47197 | E-mail (within 5hrs, AIC 2hrs) | | |
| D.O.A: 18/1/19-12:00 | 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: | 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: ()

| | | |
|---|-----------------------|---------|
| 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 |
|-----------|---------|
| | |
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| | |
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| | |
| | |
| | |
| | |

| | | | | |
|--|---|----------------------------|----------|----------|
| Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments : Ref: 1: Ref: 2 / 3: | Invoice Preparation Checklist | | Amf (\$) | Amf (\$) |
| | 1) AR: Accident Reporting (\$30); | | Est Bill | Add Bill |
| | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| | 3) TF: Towing Fee \$40/\$45 | | | |
| | 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) N1: Idac DA + SMRT Survey \$160 | | | |
| | 8) NTUC Additional Services:- | | | |
| QJ* *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 (Non INC) against INC \$20 9) N12: Idac 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 | 17/05/2019 15:42 |
| Date Of Accident | 01/05/2019 12:00 |
| Exact Location Of Accident | PLAZA SINGAPURA ENTRANCE CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBL4719Y |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN JIAN YAN |
| NRIC No | S9722938D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96451470 |
| Alternative Phone No | OFFICE-96451470 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | YAMAHA |
| Model | YZF-R15 |
| 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 | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | MSD/VMS/18-386665-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAN JIAN YAN |
| NRIC No | S9722938D |
| Date Of Birth | 10/07/1997 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/07/2018 |
| Driving Experience | 0 YEAR AND 9 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96451470 |
| Fax Number | |
| Contact Number | OFFICE-96451470 |
| EMail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 34 BEDOK SOUTH AVENUE 2 #15-371 |
| Postcode | 460034 |
| 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 | NO 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 | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| Was any other material or property damaged? | NO |
| 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

I RECEIVED A CLAIM LETTER FROM MY INSURANCE COMPANY. I DID NOT COLLIDED ONTO VEHICLE NUMBER (SJP 406K).

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |


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.:

SKETCH PLAN

No sketch plan provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

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:
NRIC/FIN No.:




SINGAPORE ARMED FORCES

IDENTITY CARD

Name
TAN JIAN YAN

NRIC No
S9722938D



This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.

REPUBLIC OF SINGAPORE

DRIVING LICENCE


 LICENCE NUMBER
S9722938D
 NAME
TAN JIAN YAN
 Birth Date: **10 Jul 1997**
 Issue Date: **29 Jun 2017**

002698664B



GEMALTO80PU105451901116

00000059327332

NRIC No/Colour
S9722938D/ PINK

Race
CHINESE

Date Of Birth
10/07/1997

Service Status
NSF

Address
**Blk 34 BEDOK SOUTH AVENUE 2
#15-371 SINGAPORE 460034**

Blood Group
A (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE

Sex
M



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


| Class | Vehicle Class | Effective Date |
|----------|---|----------------|
| Class 2B | Motorcycles <= 200 CC | 02 Jul 2018 |
| Class 3 | Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg | 29 Jun 2017 |

S / No.9000317232

S9722938D

NP 428A

Licence No: S9722938D



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212Q)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 16/08/2018

AGENCY: A0074-001-10223
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMS/18-386665-CA

INSURED:

NAME: TAN JIAN YAN
ADDRESS: 34 BEDOK SOUTH AVE 2
#15-371
SE 460034

NRIC NO: S9722938D
DATE OF BIRTH: 10/07/1997 (21 yrs)
DRIVING EXP: 02/07/2018 (0 yr)
CONTACT NO: 96451470

BUSINESS OR PROFESSION: NS

PERIOD OF INSURANCE FROM: 21/07/2018 10:42AM TO 20/07/2019

REGISTRATION NUMBER: FBL4719Y

CUBIC CAPACITY: 150

MAKE OF VEHICLE: YAMAHA

YEAR OF REGISTRATION: 2016

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 97 - INSURED

EXCESS: \$300(FIRE&THEFT) \$600(ENDT 2K)

PREMIUM: 715.00

GST @ 7% 50.05

TOTAL: 765.05

NO CLAIM BONUS OF 0% IS ALLOWED

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: A S PHOON PTE LTD

REPLACING POLICY NO: MSD/VMS/17-372369-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers