

NATIONAL Assessment Centre Services

Date In: 21/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19008938/13	SAS e-filing		
Veh No: 5AV8133T	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/05/19 1915	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: 5HB9904C	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

NA1903693 / NA1903694 (TRANSPORTATION)	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : 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) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Auditors' Comments :-	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat. 2 / 3:	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	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	21/05/2019 18:59
Date Of Accident	18/05/2019 19:15
Exact Location Of Accident	SCOTTS ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDV8133J
Insured/Policyholder	
Name Of Registered Owner	YEO ZHENLIANG(YANG ZHENLIANG)
NRIC No	S8126602F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93373795
Alternative Phone No	OTHERS-93373795
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER
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	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 29086470 QMX
Cover Note Number	
Driver	
Name of Driver	YEO ZHENLIANG(YANG ZHENLIANG)
NRIC No	S8126602F
Date Of Birth	13/08/1981
Occupation	INDOOR
Date Of Driving Pass	23/11/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93373795
Fax Number	
Contact Number	OTHERS-93373795
EMail Address	NOEMAIL

Address	BLK 19 DOVER CRESCENT #07-24
Postcode	130019
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

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	SHB9904C
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM TZE KHIN
NRIC/Passport Number	S1402498J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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: 21/05/2019 12:10hr

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Far East Plaza

Van X: SDV 8133J



Van B: SHB 9904C

Scotts Road →

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/06/2019 @ about 1915hrs, I was travelling along
 Scotts Road in the inner left lane heading to Grand Hyatt
 Hotel. While the front vehicles stopped, I followed suit.
 A sudden bang from behind. A taxi (SHB 9904C) had
 hit the rear portion of my vehicle (A: SDV 8133J).
 The next day after a heavy downpour, I discovered
 my boot interior has some water seepage.
 That's all!
 No one was injured.

DECLARATION

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

Policyholder's Signature

Date & Time:

21/06/2019 07:20hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

21/06/19

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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 Traffic Policy Department for investigation.
6. This report will be forwarded by the insurers to 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.
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ACCIDENT STATEMENT

Date of Report

Date of Accident

18/05/2019

Exact Location of Accident

Scotts Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SDV 8133 J

Insured/ Policyholder

Name of Registered Owner

Yeo Zhenliang (Yang Zhenliang)

FIN/ Passport Number

S8126602F

Vehicle Particulars

Vehicle Make

TOYOTA HARRIER PREMIUM STYLE

Type of Vehicle

MPV

Exact Purpose for which vehicle was being used at the time of accident

Pte Used

Are you claiming under your own insurance policy for repair to your vehicle?

Yes ☒ No

Vehicle Category

Insurance Company

Name of Insurance Company

MSIA Ins (S) Pte Ltd

Type of Policy

Comprehensive

Fleet Policy

Policy Number

A 29086470 DMX

Motor CI

Driver

Name of Driver

As above

FIN/ Passport Number

S8126602F

Date of Birth

Occupation

Banker

Year of Driving Experience

Gender

☒ Male ☐ Female

Contact Number

9337 3795

Address

40 Telok Blangah Rise #15-385 S1090040

Email Address

Eddy.YeoZL@UOBgroup.com

Was driver an employee of the Insured's Company?

No

If no, Relationship of the Driver with the Insured

Insured

Vehicle Registration Number of Driver's Own Vehicle (If applicable)	No.
Insurance Company of Driver's Own Vehicle (if applicable)	/
General Information of the Accident	
Type of Collision	Rear and front parties.
Weather Conditions	Good
Road Surface	Dry
Other Information	
Was any body injured in the Accident?	Yes/No
Was any other material or property damage?	Yes/No
Details of Injured Persons	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle Occupants, state in which vehicle?	
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
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?	/
If yes, against whom?	
Circumstance of Accident	
DETAILS OF OTHER VEHICLE(S)/ PROPERTIES	
Vehicle Registration Number	SHB 9904C
Details of Properties	Front portion
Vehicle Make/ Model/ Colour	Renault Latitude.
Name of Driver	Lim Tze Khin.
NRIC/ Passport Number	S1402498J.
Contact Number	
Email Address	
Address	
Insurance Company Name	AXA
Nature of Damage	
Details of Witness	
Name	
Phone Number	
Email Address	

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S8126602F**

Name: **YEO ZHENLIANG (YANG ZHENLIANG)**

Birth Date: **13 Aug 1981**

Issue Date: **23 Nov 2007**

00154698D

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8126602F**

Name: **YEO ZHENLIANG (YANG ZHENLIANG)**

杨 镇 梁



Race: **CHINESE**

Date of birth: **13-08-1981**

Country of birth: **SINGAPORE**

Sex: **M**

S8126602F

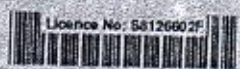
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

PASS DATE: **23 Nov 2007**

NP 428A

Licence No: **S8126602F**



4767791

NRIC No: **S8126602F**

Date of issue: **06-09-2011**

APT BLK 19 DOVER CRESCENT #07-24
SINGAPORE 130019

NRIC No: **S8126602F** Date: **12/04/2019**




**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
 Comprehensive

Certificate No. A 29086470 QMX

Excess : SGD700
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SDV8133J

2. Name of Policyholder
 Yeo Zhenliang (Yang Zhenliang)

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 27/07/2019

4. Date of Expiry of Insurance
 26/07/2019

5. Persons or Classes of Persons entitled to drive*

Yeo Zhenliang (Yang Zhenliang)

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 AUTHORIZED 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