

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NAAC/9068922

Date In: 21/05/2009 18:54	Job description	Date & Time Completed	Done by
Ref No: XBA/MSG/9009310/Y	SAS e-filing		
Veh No: SJZ 223EX	E-mail (w/ data sheet, AIC sheet)		
D.O.A: 24/05/2009 18:30	I-Motor Claim Form		
OID: (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: SLP 1703Y	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury: _____

Date of Injury: _____	Location: _____
Time of Injury: _____	Weather: _____
Witness: _____	Police Report: _____
Insurance Company: _____	Insurance Policy No: _____

NAAC/903872	Invoice / Receipt / Receipt
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Ideal DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repairs Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (Nil) / TP (Non INC) against INC \$20
	9) NI2: Ideal Mobile \$0

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	27/05/2019 18:34
Date Of Accident	24/05/2019 18:30
Exact Location Of Accident	ALONG STEVENS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2235X
Insured/Policyholder	
Name Of Registered Owner	HERMAN BIN OSMAN
NRIC No	S1232581I
Email Address	HERMAN@ARISTASINGAPORE.COM
Mobile Phone No	(LOCAL) +65-97916376
Alternative Phone No	OTHERS-97916376

Vehicle Particulars

Manufacturer	BMW
Model	523I
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	
Cover Note Number	10120111

Driver

Name of Driver	HERMAN BIN OSMAN
NRIC No	S1232581I
Date Of Birth	02/07/1957
Occupation	INDOOR
Date Of Driving Pass	03/08/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97916376
Fax Number	
Contact Number	OTHERS-97916376
EEmail Address	HERMAN@ARISTASINGAPORE.COM

Address	BLK 192 BISHAN STREET 13 #12-497
Postcode	570192
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	SIDE SWIPE
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	SLP1703Y
Vehicle Make/Model/Colour	OPEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG CHI SIANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

SKETCH PLAN

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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: 27.5.19 4:30pm.

Driver's Signature

(If driver is not the policyholder)

Date & Time:



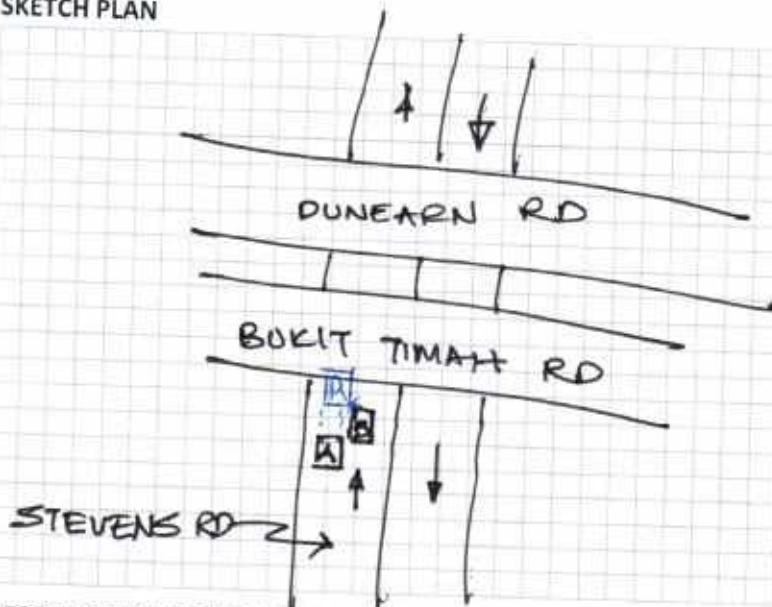
27/05/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A: SP 1703 Y

B: SZ 2235 X (Insured)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 24th May 2019 at about 6.30pm, I was driving along Stevens Road when another car bearing car registration number SP1703 Y drove past me hitting my car on the front left side.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 27.5.19 / 4.30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 27/05/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (24/5/2019) (DD/MM/YYYY), TIME: (6:30^{AM}) (HH:MM)

LOCATION: STEVENS ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJZ 2235X
b) INSURANCE COMPANY: MISC
c) POLICY NUMBER: 10120H1
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW / 5-SERIES
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DAILY COMMUTE
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: HERMAN BIN OSMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1232581/I CONTACT: 91916376
c) ADDRESS: BLK 192 BISHAN ST 13, #12-497
SINGAPORE 570192

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: HERMAN BIN OSMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1232581/I CONTACT: 91916376
c) ADDRESS: _____

* d) DATE OF BIRTH: (02/07/1957) (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: _____

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: SLP 1703 Y MODEL: OPEL
b) DRIVER'S NAME: ANG CHI SHANG
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = herman@arista-singapore.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S12325811



HERMAN BIN OSMAN

State
JAVANESE

Date of Birth 02-07-1957 Sex M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License No. S12325811

HERMAN BIN OSMAN

Birth Date 02 Jul 1957

Issue Date 21 Mar 2003

1000366043C



00004112



IND No. S12325811



Blood Group Date of issue
A+ 18-09-1991


INDC No. 2224882

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

Class 3. Motor Cars and Motor Tractors the weight of which (including load) does not exceed 2500 kilograms

Issue Date 02 Aug 1979

License No. S12325811





MSIG Insurance (Singapore) Pte. Ltd.
4 Shenon 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 INSURANCE COVER NOTE

Cover Note No. 10120111

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 212165
Name of Insured : HERMAN BIN OSMAN
Make and Description of Vehicle : BMW 523i
Vehicle Registration No. : SJZ2235X
Year of Manufacture : 2010
Engine No. : 06047573N52B25AF
Chassis No. : WBAFP320X0C546479
Capacity : 2,497 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 04/11/2018 to 03/11/2019
Excess (SGD) : 1,250
Finance Company : UOB LTD

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

Katherine Yeo
Senior Vice President, Brokers

Date of Issue : 29/10/2018

This Cover Note is valid for 30 days from the date of issue.