

NATIONAL Assessment Centre Services Form 1 (Jan 2019)

Date In: 25/06/2019 12:52	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19011157/K4	SAS e-filing		
Veh No: SKW9548B	E-mail (within 8hrs, AIC 2hrs)		
DOA: 25/06/2019 10:45	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 <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: GBG8266L 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

NA1904747	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
			In Bill	Not 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
	6) TR: Re-inspection \$75			
	7) N1: Idem DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	*N3: Courtesy Car / Tpl Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
	*N9: TP (N11): TP (N-in INC) against INC \$20			
	*N12: Idem Mobile \$0			
	Invoice date:	Pen 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	25/06/2019 12:52
Date Of Accident	25/06/2019 10:45
Exact Location Of Accident	BLK 513 TAMPINES CENTRAL 1 / CARPARK BEHIND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW9548B
Insured/Policyholder	
Name Of Registered Owner	TEE YU SHIANG
NRIC No	S7521097C
Email Address	ONEGRANDSWEETSONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81234258
Alternative Phone No	OTHERS-81234258

Vehicle Particulars

Manufacturer	SUBARU
Model	OUTBACK 2.5I-S CVT AWD SR
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 80463907 QMY
Cover Note Number	

Driver

Name of Driver	ANNIE ZHOU
NRIC No	S8077891J
Date Of Birth	24/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97234368
Fax Number	
Contact Number	OTHERS-97234368
EMail Address	ONEGRANDSWEETSONG@GMAIL.COM

Address	49 SIMEI RISE #06-40
Postcode	528788
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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	GBG8266L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	REEVE CHIA CHOON YONG
NRIC/Passport Number	
Contact Number	84039886
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

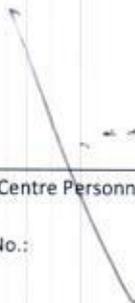
1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre 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:

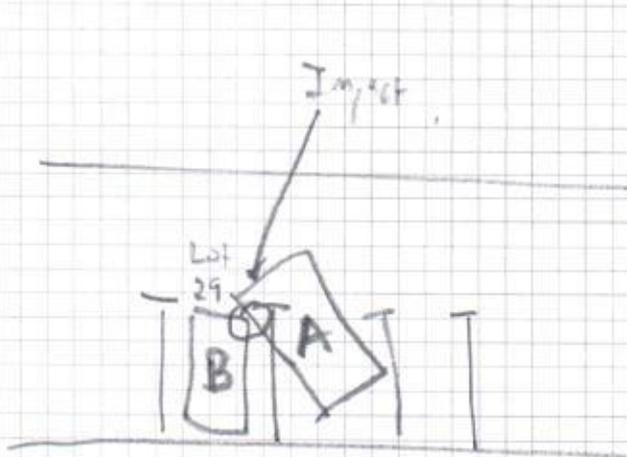
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 25 Jun 2019


Driver's Signature
(If driver is not the policyholder)
Date & Time: 25 June
13:07 pm


Reporting Centre Personnel's Signature
Name: ---
NRIC/FIN No.: 25/6/2019

SKETCH PLAN



A - SKW 9548B

B - GBG 8266L

BK513 Tampines Central 1
Carpark behind.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 Jun at 1045h, I was driving my car out of a parking lot behind block 513 at Tampines Central 1. I misjudged the distance with the van parked beside my car in lot #29, and the left side of my car came in contact with the van's front corner on the side of the driver seat.

The van's registration number is GBG 8266L. There was no one in the vehicle at the point of impact. However, the driver of the van was around the van and saw the accident.

The driver of the van is Reeve Chia Choon Yong, and the van belongs to Yakult (Singapore) Pte Ltd. The van suffered damage of front lamp on driver side. My car suffered damage on the left side of the car.

No personal injury whatsoever resulted.
No damage to public property resulted.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 25 Jun 2019

[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time: 25 June 2019
13:10 *[Signature]*

[Signature] 25/6/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

TP

Yakult

谢俊勇

REEVE CHIA CHOON YONG

SALES REPRESENTATIVE
SALES DEPARTMENT - STORE

Yakult (Singapore) Pte Ltd

7 Senoko Avenue, Singapore 758300

Tel: 6756 1033 Fax: 6752 8825

HP: 8403 9886

www.yakult.com.sg



Promote Better Health Worldwide

- (1935) JAPAN
- (1964) TAIWAN
- (1968) BRAZIL
- (1969) HONG KONG
- (1971) THAILAND
- (1971) KOREA
- (1978) PHILIPPINES
- (1979) SINGAPORE
- (1981) MEXICO
- (1991) INDONESIA
- (1994) AUSTRALIA
- (1994) NETHERLANDS
- (1995) BELGIUM
- (1996) UNITED KINGDOM
- (1996) GERMANY
- (1997) LUXEMBOURG
- (1997) FRANCE
- (1997) SPAIN
- (1997) BRUNEI
- (1999) USA
- (1999) URUGUAY
- (2002) CHINA
- (2004) MALAYSIA
- (2004) NEW ZEALAND
- (2004) IRELAND
- (2005) AUSTRIA
- (2006) ITALY
- (2007) CANADA
- (2007) VIETNAM
- (2008) INDIA
- (2008) BELIZE
- (2013) MALTA
- (2013) SWITZERLAND

DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8077891J



Name
ANNIE ZHOU
周 莉 婷
Race
CHINESE
Date of birth 24-04-1980 Sex F
Country of birth
INDONESIA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S8077891J
Name
ANNIE ZHOU
Birth Date: 24 Apr 1980
Issue Date: 26 Feb 2016



002541706J

4157408



NRIC No. S8077891J



Date of issue
09-01-2008

49 SIMEI RISE #06-40
SINGAPORE 528788
NRIC No: S8077891J Date: 18/09/2017

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg	26 Feb 2016

NP 428A



Licence No: S8077891J

OWNER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7521097C



Name
TEE YU SHIANG
(ZHENG YUXIANG)
郑毓翔

Race
CHINESE

Date of birth
22-07-1975

Sex
M

Country of birth
SINGAPORE



3747797



NRIC No. S7521097C



Date of issue
27-07-2005

49 SIMEI RISE #08-40
SINGAPORE 528788

NRIC No: S7521097C Date: 18/09/2017



MSIG Insurance (Singapore) Pte. Ltd.
 4 Shelton 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

ORIGINAL

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 80463907 QMY

Excess : SGD1,000
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKW9548B

2. Name of Policyholder
 TEE YU SHIANG

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 23/11/2018

4. Date of Expiry of Insurance
 22/11/2019

5. Persons or Classes of Persons entitled to drive*

TEE YU SHIANG

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.

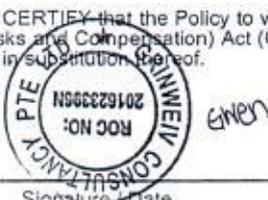
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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.



Signature / Date

Counter-Signatory:
 Grinweiv Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

Amy Ler
 Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XGCPLLSMG2018110816330174