

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MA119080461**

| | | | |
|--------------------------------|---|-----------------------|---------|
| Date In: 3/1/19 - 12:00 | Job description | Date & Time Completed | Done by |
| Ref No: NA119080461/24 | SAS e-filing | | |
| Veh No: FBH034R | E-mail (within 3hrs, AIC 2hrs) | | |
| D.O.A: 3/1/19 - 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 <u>Fax / Hand to Owner/Wksp</u> | | |

| | | | |
|---|-------------------------|-----------------------|----------|
| Preferred Wksp / INC Assign Wksp / QW: () | | Tel: () | Fax: () |
| TP Particulars: | Veh No: SUK1894E | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |

| | | | | |
|---------------------------------|---|-------------|----------------------|----------------------|
| MA1904060 | Invoice Preparation Checklist | | Amt (\$) Est Bill | Amt (\$) 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:- | | | |
| | QN* | | | |
| | *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 (N-on INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile 30 | | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | | |
| | Invoice dated | Fee Charged | | |
| Auditors' Comments:- | | | | |
| Ref 1: | | | | |
| Ref 2 / 3: | | | | |

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 | 03/07/2019 12:02 |
| Date Of Accident | 03/07/2019 08:00 |
| Exact Location Of Accident | JUNC MARINA BLVD & SHEARES AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBN6034R |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE CHEW THAI |
| NRIC No | S7487679Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97597679 |
| Alternative Phone No | OFFICE-97597679 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | YAMAHA |
| Model | GDR155A (AEROX) |
| 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/18-391664-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LEE CHEW THAI |
| NRIC No | S7487679Z |
| Date Of Birth | 20/04/1974 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 15/10/2009 |
| Driving Experience | 9 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97597679 |
| Fax Number | |
| Contact Number | OFFICE-97597679 |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 271 TOH GUAN ROAD #06-115 |
| Postcode | 600271 |
| 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 - CROSS JUNCTION |
| 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? | YES |
| 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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT LANE 5 OF MARINE BLVD. VEHICLE B WAS TRAVELLING ALONG LANE 3 OF MARINA BLVD, HE MAKE A LEFT TURN TWDS SHEARES AVE. AS A RESULT, MY VEHICLE FRONT PORTION HIT ONTO VEHICLE B FRONT LEFT PORTION.

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 | SLK1894E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TAN HENG LEE, ANDY (CHEN XINGLI) |
| NRIC/Passport Number | S8631049Z |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | 1 |

DETAILS OF INJURED PERSON 1

| | |
|---|---------------|
| Name | LEE CHEW THAI |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBN6034R |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |


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:

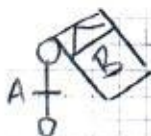
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

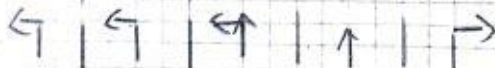
Shoones Ave



A: FB16034R

B-52K1894E

Wiederholungsübungen



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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7487679Z



Name
LEE CHEW THAI

李 周 泰

Race
CHINESE

Date of birth
20-04-1974

Sex
M

Country of birth
MALAYSIA




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S7487679Z

Name
LEE CHEW THAI

Birth Date
20 Apr 1974

Issue Date
11 Aug 2010

001882732D

8094122



NRIC No. S7487679Z



Nationality
MALAYSIAN

Date of issue
08-06-2010

APT BLK 271 TOH GUAN ROAD #08-115
SINGAPORE 600271
NRIC No: S7487679Z Date: 21/03/2018

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

EFFECTIVE DATE

| | | |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 15 Oct 2009 |
| Class 3 | Motor Cars <= 3000kg with <= 4 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 15 Oct 2009 |

NP 428A

Licence No: S7487679Z



CA 516212
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

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 Risks and Compensation) Rules, 1996 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : WSD/VMS/18-391664-CA A0074-001/10223

SUM INSURED : PNW

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

1. Index mark and Registration Number of Vehicle **FBW6034R**
YAMAHA 155 c.c.
2. Name of Policyholder **LEE CHEW THAI**
3. Effective date of the Commencement of Insurance
for the purposes of the Act 1043AM 13/11/2018
4. Date of Expiry of Insurance 11/11/2019
5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

7. The Policy does not cover

1. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. 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.

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 the Road Transport Act, 1987 (Malaysia).

Repl CN: 72135920
21/11/2018 (KP)
CA/CI-03 (05/13)


COMMERCIAL AGENCY PTE. LTD.
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.