

NATIONAL Assessment Centre Services. [ver 1 Jan'05] : MMA 119102787

Date In: 518/19 19:09	Job description	Date & Time Completed	Done by
Ref No: MA1MSG19013676/44	SAS e-filing		
Veh No: SK2 1082 P	E-mail (within 3hrs, AIC 2hrs)		
DDA: 418/19 22:35	I-Motor Claim Form		
CI: <input checked="" type="checkbox"/> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: FBF 2555 Y	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: YBS () / NO ()	
Excess: (\$)	Loading: \$1,000 () / \$2,000 ()	

General Remarks:

() Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolter.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 1101111 6711 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

MA1905819	Invoice No: ()	Am't (\$)	Am't (\$)
1) AK: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$80)			
3) TP: Towing Fee \$40/\$45			
4) PT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming status INC Only (ver 10 Jan 2005)			
6) TR: Re-inspection \$75			
7) NI: Idao DA + SMRT Survey \$160			
8) NTUC Additional Services:-			
ON*			
*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 (Inc INC) against INC \$20			
9) N12: Idao 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	05/08/2019 19:09
Date Of Accident	04/08/2019 22:35
Exact Location Of Accident	ALONG CHANGI RD TWDS EUNOS
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ1082P
Insured/Policyholder	
Name Of Registered Owner	FOO SIEW NGAN
NRIC No	S1466884E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90026610
Alternative Phone No	OFFICE-90026610
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	B 28867465 QMX
Cover Note Number	-
Driver	
Name of Driver	LEONG YING MAE
NRIC No	S9048482F
Date Of Birth	15/12/1990
Occupation	INDOOR
Date Of Driving Pass	30/12/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91993990
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 645 PUNGGOL CENTRAL #14-344
Postcode	820645
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DAUGHTER IN LAW
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?	
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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF2555Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

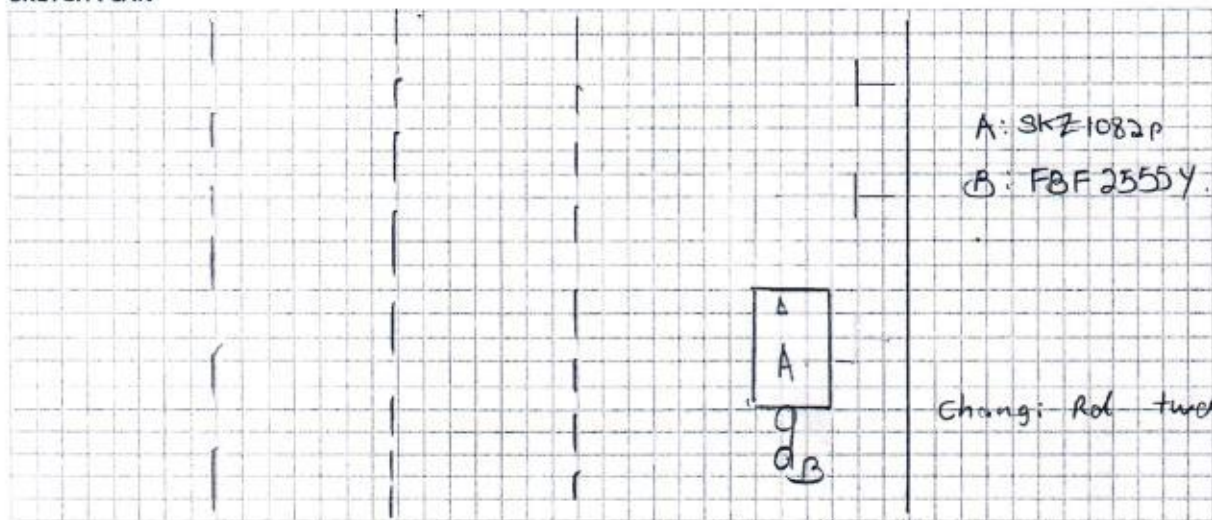
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04/08/19 at about 10:35pm. I was stationary.

travelling along Changi road towards Eunos. I was stationary

due to the front traffic. Sudden vehicle, B

hit my rear.

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.:

Date of Accident : 04/08/19 Accident Time: 10:35PM (24-HR-Format)
Accident Place : Along Chung road towards Eunus.
Vehicle No. (Car Plate No.) : SKZ1082D Make/Model: Honda
Insurance Company : MS1.61 Policy No: B28867965
Owner or Company Name / IC No. : FOO SIEW NGAM / 51466884E
Owner or Company Contact No. : 90026610 Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : 39048482F. Leong Ying Mae
DRIVER'S Date Of Birth : 15/12/1990 DRIVER'S License Pass Date 30/12/2010.
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: ^{daughter} in-law.
DRIVER'S Address : Blk 645 Punggol central #14 -344. B820645.
DRIVER'S Contact No. / Alt No. : 1) 91993990. 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : _____
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): Driver only.
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): no injury.

Other Party Driver's Particular (if any)

Vehicle No: <u>FBF 2553Y</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9048482F



Name
LEONG YING MAE
梁 莹 玫
Race
CHINESE
Date of birth
15-12-1990
Country of birth
SINGAPORE

Sex
F

3921059

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9048482F
Name
LEONG YING MAE
Birth Date 15 Dec 1990
Valid Date 30 Dec 2010

001024431K

3921059



S9048482F



Date of issue
03-01-2006

Address
APT BLK 545 PUNGGOL CENTRAL
#14-344
SINGAPORE 020945

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE
30 Dec 2010

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

NP 425A

License No: S9048482F

For LKK/NAC Use Only

**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

DUPLICATE COPY
 FOR FINANCE COMPANY

MOTOR MAX**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
B 28867465 QMX	08/01/2019 to 07/01/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Foo Siew Ngan 18E Jalan Paras Yong Seng Estate Singapore 418875		14/12/2018
		Account Number
		212553
Premium	GST	Total Due
SGD740.15	SGD51.81	SGD791.96

RISK NUMBER 1**MOTORMAX****OCCUPATION**

Flights Ops Inspector

FINANCIAL INTEREST

DBS Bank Ltd
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SKZ1082P
 MAKE/MODEL Honda Vezel 1.5X A
 ENGINE NUMBER L15B4027540
 CHASSIS NUMBER RU11107537
 YEAR OF MFG 2015
 CAPACITY 1496 C.C.
 SEATING CAPACITY 5 (INCL. DRIVER)
 WINDSCREEN UNLIMITED

SUM INSURED
 INCL. COE/PARF YES
 OFF-PEAK CAR NO
 NO CLAIM DISCOUNT 50.00% (or F/D)
 GOOD DRIVER'S
 DISCOUNT SGD38.96
 NCD PROTECTOR COVERED
 EXCESS SGD500
 ANNUAL PREMIUM SGD740.15

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit,
 rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Foo Siew Ngan