

NATIONAL Assessment Centre Services. [ref 1 Jan 05]

NA119107886

Date In: 17/08/2019 13:20	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/19014387/4	SAS e-filing		
Veh No: SMM 7507L	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 16/08/2019 10:00	I-Motor Claim Form		
<input checked="" type="radio"/> OD TP / Reporting Only TP Insurer:	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SUV 292C	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	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	Action

NA1905998	Invoice Particulars	Mod/Blk
Claimant's Particulars:	1) AI: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claims against INC Only (wef 10 Jan 2005)	
Dat. 1:	6) TR: Re-inspection \$75	
2/3:	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) / TP (Via 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	17/08/2019 13:20
Date Of Accident	16/08/2019 10:00
Exact Location Of Accident	ALONG LORONG 24 GEYLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMM7507L
Insured/Policyholder	
Name Of Registered Owner	KOK YEE CHUAN, ELSON (GUO YU QUAN)
NRIC No	S87392611
Email Address	DAVISKOK1987@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96612770
Alternative Phone No	OFFICE-96612770
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	
Cover Note Number	9VPCB1879790/P01
Driver	
Name of Driver	KOK YEE CHUAN, ELSON (GUO YU QUAN)
NRIC No	S87392611
Date Of Birth	23/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2008
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96612770
Fax Number	
Contact Number	OFFICE-96612770
EEmail Address	DAVISKOK1987@GMAIL.COM

Address	BLK 293 PUNGGOL CENTRAL #10-441
Postcode	820293
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)	2
Passenger 1	NAME: : STELLA 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	SJU2972C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMAD REMIE BIN ABDUL RASIAP
NRIC/Passport Number	
Contact Number	87538865
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

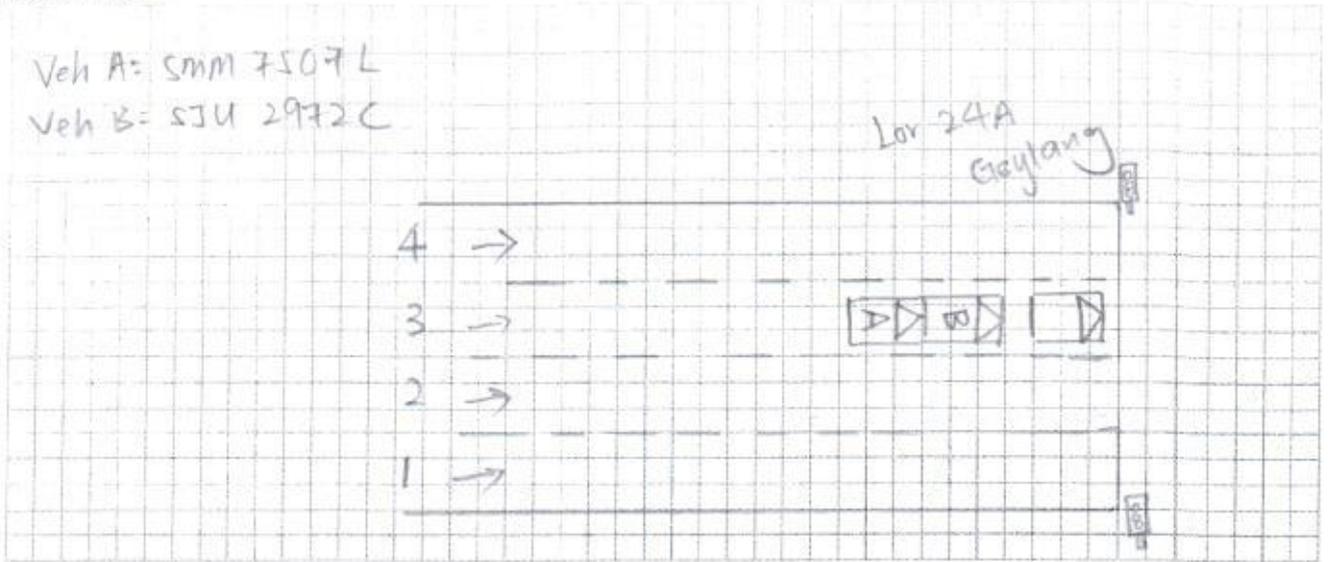
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Veh A: SMM 7507L
Veh B: SJU 2972C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lane 3 of

I was driving along Lor 24A Geylang on 16.08.2019 @ 2200 hrs.

Traffic light was red on that time. I was accidently hit onto rear portion of vehicle B.

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.:

17/08/2019
Rosa. [Signature]

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S87392611

Name: KOK YEE CHUAN, ELSON (GUO YUQUAN)

For LKK/NAC Use Only

Birth Date: 23 Nov 1987

Issue Date: 11 Jul 2013

002200910H




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S87392611

For LKK/NAC Use Only

Name: KOK YEE CHUAN, ELSON (GUO YUQUAN)

郭子銓

Race: CHINESE

Date of birth: 23-11-1987

Sex: M

Country of birth: SINGAPORE

S87392611




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

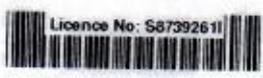
EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 24 Jun 2008

For LKK/NAC Use Only

Licence No: S87392611

NP 428A



5063615

NRIC No. S87392611

For LKK/NAC Use Only

Date of issue: 30-04-2012

Address: APT BLK 293 PUNGGOL CENTRAL #10-441 SINGAPORE 820293




VEHICLE NO: SMM 7507L

MAKE & MODEL: Hyundai Avante

DATE OF ACCIDENT

16 / 08 / 2019

TIME OF ACCIDENT

10-00 AM (PM)

LOCATION OF ACCIDENT

Lor 24A Geylang

Exact Purpose use during accident

NAME OF OWNER Kok Yee Chuan Elson

TELP NO 96612770

NRIC S8739261I

CLAIM TYPE (OD) / THIRD PARTY / Reporting Only

INSURANCE CO. MSIG

TYPE OF COVERAGE (Comprehensive) / Third Party / Third Party Fire & Theft

POLICY NO. 9VPCB1879790 / P01

NAME OF DRIVER (As above) / If No.

NRIC S8739261I

Any passengers: 1 pax

DATE OF BIRTH 23 / 11 / 1987

(F) Stella

OCCUPATION (Outdoor) / Indoor

DATE OF DRIVING PASS 24 / Jun / 2008

GENDER (Male) / Female

CONTAC NO. 96612770

Office:

Home:

ADDRESS Blk 293 Punggol Central # 10-441 S (820 293)

DRIVER HAVE ANY OWN Vehicle NO / If yes: Reg No.

RELATIONSHIP Employee / If No.

WEATHER CONDITION (Clear) / Raining / Other:

ROAD SURFACE (Dry) / Wet / Other:

ANY INJURIES (No) / If yes: Who?

CONTAC NO.

POLICE REPORT (No) / If yes: Where?

VEHICLE B NO. SJU 2972 C

Any Passenger:

NAME Muhamad Remie Bin Abdul Rasiap

CONTAC NO. 8753 8865

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

Any Passenger:

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) / offering accident claims assistance?

YES / NO

PARTICULAR WORKSHOP

huameng@live.com.sg

TELP NO

davis.kok1987@gmail.com

CONTACT PERSON

FAX NO.



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTOR VEHICLE COVER NOTE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

12 Jul 2019

1A0402 MOTORMAX
COVER NOTE No. : 9VPCB1879790/P01
1. Index Mark and Registration Number of Vehicle : SMM7507L
2. Chassis Number of Vehicle : KMHD841CMKU919965
3. Name of Policyholder : KOK YEE CHUAN ELSON
4. Effective date of the Commencement of Insurance for the purposes of the Act : 12 Jul 2019 12:03 PM
5. Date of Expiry of Insurance : 11 Jul 2020

6. Persons or Classes of Persons entitled to drive*
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his permission.

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.

7. Limitations as to Use*
Use only for social, domestic & pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward, tuition, driving test, 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.

Finance Co: Maybank Singapore Limited



*Limitations rendered inoperative by Section 8 of the Motor Vehicle (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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

ONE-STOP INSURANCE AGENCY
163 GEYLANG ROAD #02-03
THE GRANDPLUS
SINGAPORE 389240
TEL: 6747 5667 FAX: 6747 6586

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorized Person

IMPORTANT NOTICE

This temporary Cover Note is valid for a maximum of 14 days only.
You must exchange the Cover Note for the Certificate of Insurance from the insurer within 14 days from the date of this Cover Note.
If you are involved in an accident, full details must be forwarded immediately to the Company.