

NATIONAL Assessment Centre Services

Date In: 20/08/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19014493/13	SAS e-filing		
Veh No: SGADJIR	E-mail (w/dm 8hrs, MC 2hrs)		
D.O.A: 19/08/19 0920	i-Motor Claim Form		
OD <input checked="" type="radio"/> 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: (HUP 800N)	Tel:	Fax:
TP Particulars:	Veh No: SKB7410H	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

NA1906143	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);			
	2) DA: Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TP: Towing Fee \$40/\$45			
	4) FT: Follow-Through Survey \$120			
Contact No:	5) RT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-			
	OD*			
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Cat 1:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Cat 2 / 3:	TP (N11): TP (N-n INC) against INC \$20			
	9) N12: Idac Mobile 30			
	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 20/08/2019 09:29
 Date Of Accident 19/08/2019 09:20
 Exact Location Of Accident RAFFLES QUAY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGA221R
Insured/Policyholder
 Name Of Registered Owner CHEONG HONG FAI(JIANG HONGHUI)
 NRIC No S7725110C
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-91180180
 Alternative Phone No OTHERS-91180180

Vehicle Particulars

Manufacturer BMW
 Model -
 Exact Purpose for which vehicle was being used at time of accident GOING WORK
 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 10119317

Driver

Name of Driver YANG MEI YAN,LORRAINE
 NRIC No S8702971I
 Date Of Birth 06/02/1987
 Occupation INDOOR
 Date Of Driving Pass 26/10/2007
 Driving Experience 11 YEARS AND 9 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-91183183
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	559 DUNMAN ROAD
Postcode	439227
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	COLLISION - CHANGE/CROSS LANE
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	SKV7410H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KARANAM SRIKANTH
NRIC/Passport Number	S7786262E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

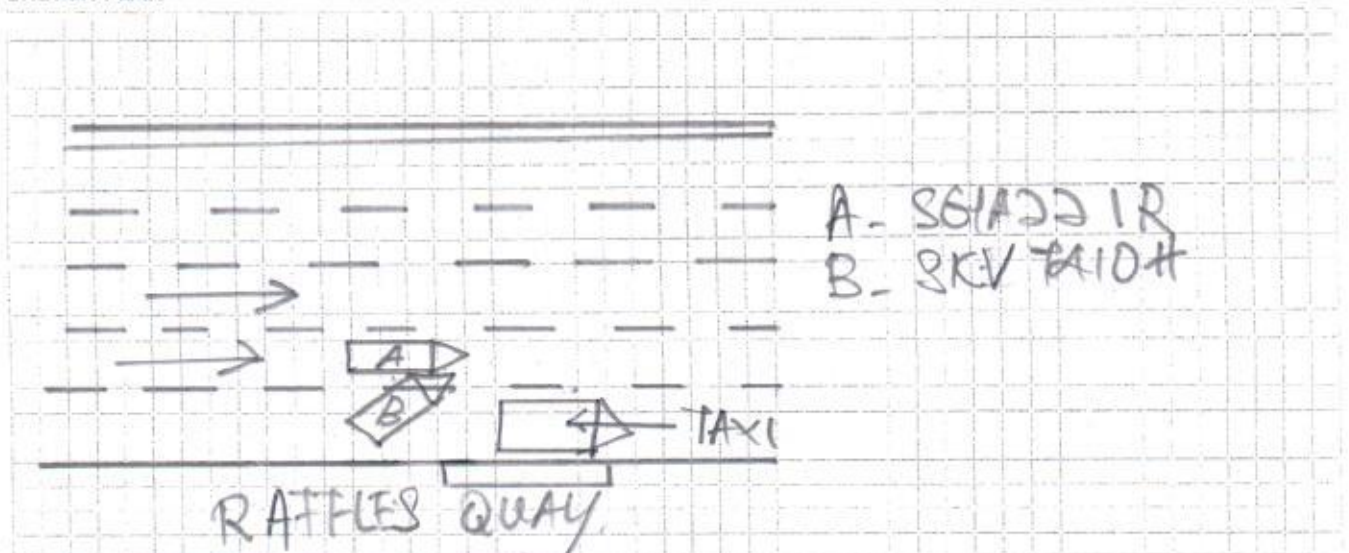
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG RATTLES QUAY SUDDENLY VISIT B
SKV TAIOH SWINGING OUT AND HIT ONTO MY CAR RH PORTION.

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: 20/08/19
NRIC/FIN No.:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119109090 Vehicle Registration No: SGA221R
Name(as shown in NRIC) : YANG MEI YAN, LORRAINE NRIC/FIN/Passport No : 58702971I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 559 DUNMAN RD Singapore(939227)
Contact (Tel) : _____ Mobile No. : 91183183
Email Address : _____
Date of Accident : 19/08/19 Time of Accident : 0920
Place of Accident : RAFFLES QUAY
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TP VEH NO

Policyholder / Driver's Signature
Date:

shym 20/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:



HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotivespl@gmail.com

VEHICLE NO: <u>SGA221R</u>		MAKE/MODEL: <u>BMW</u>	
DATE OF ACCIDENT	<u>19/8/2019</u> DAY/MONTH/YEAR	TIME	<u>09</u> HR <u>30</u> MIN <input checked="" type="radio"/> AM <input type="radio"/> PM
LOCATION OF ACCIDENT		<u>RAFFLES QUAY.</u>	
EXACT PURPOSE USE DURING ACCIDENT		<u>SPARKY WORK</u>	
CAR OWNER			
NAME OF CAR OWNER		<u>CHEONG KONG JAI</u>	
CONTACT NO		<u>91180180</u>	
NRIC		<u>ST2510C</u>	
CLAIM TYPE	<input type="checkbox"/> OD	<input checked="" type="checkbox"/> THIRD PARTY	<input type="checkbox"/> REPORTING ONLY
INSURANCE COMPANY	<u>MSIG</u>		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> COMPREHENSIVE	<input type="checkbox"/> THIRD PARTY	<input type="checkbox"/> THIRD PARTY FIRE & THEFT
POLICY NO			
ACCIDENT DRIVER		<input type="checkbox"/> AS ABOVE <input type="checkbox"/> IF NOT- KINDLY FILL IN BELOW	
NAME OF DRIVER		<u>YANIG MBI YAN.</u>	
NRIC		<u>8802911</u>	
DATE OF BIRTH		<u>06-02-1987</u>	
OCCUPATION		<input type="checkbox"/> OUTDOOR <input checked="" type="checkbox"/> INDOOR	
DATE OF DRIVING PASS		<u>25/OCT/2007</u>	
GENDER		<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	
CONTACT NO		<u>91183183</u>	
ADDRESS		<u>559 DUNMAN ROAD SINGAPORE 439227</u>	
DRIVER OWN ANY VEHICLE		NO/ IF YES- REGISTRATION NO	
RELATIONSHIP EMPLOYEE/SPOUSE		IF NOT: <u>SPOUSE</u>	
WEATHER CONDITION		<input checked="" type="checkbox"/> CLEAR	<input type="checkbox"/> RAINING
ROAD SURFACE		<input checked="" type="checkbox"/> DRY	<input type="checkbox"/> WET
ANY INJURIES		NO/ IF YES- NAME:	
CONTACT NO			
POLICE REPORT		NO/ IF YES- LOCATION:	
VIDEO FOOTAGE		NO/ YES	
3RD PARTY INFO			
VEHICLE B NO		<u>SKBTA10H</u>	
NAME		<u>KARANAM SRIKANTH</u>	
CONTACT NO		<u>871862626</u>	
VEHICLE C NO		NO OF PASSENGER/S <input type="checkbox"/>	
VEHICLE D NO		NO OF PASSENGER/S <input type="checkbox"/>	
VEHICLE E NO		NO OF PASSENGER/S <input type="checkbox"/>	
VEHICLE F NO		NO OF PASSENGER/S <input type="checkbox"/>	
ANY WITNESS			
WITNESS CONTACT NO			

DRIVER SGA 221R.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S87029711**
Name:

YANG MEI YAN, LORRAINE

For LKK/NAC Use Only

Birth Date: **06 Feb 1987**
Issue Date: **26 Oct 2007**

001539191D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S87029711**



Name
YANG MEI YAN, LORRAINE
楊 媚 燕

Race
CHINESE

Date of birth Sex
06-02-1987 F

Country of birth
SINGAPORE

For LKK/NAC Use Only

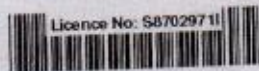


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

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

PASS DATE
26 Oct 2007

For LKK/NAC Use Only



Licence No: S87029711

NP 428A

4030903



NRIC No. **S87029711**



For LKK/NAC Use Only

Date of issue
30-03-2007

**559 DUNMAN ROAD
SINGAPORE 439227**

NRIC No: **S87029711** Date: **23/11/2012** No: **7243148**

MOTOR INSURANCE COVER NOTE

Cover Note No. 10119317

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 : CHEONG HONG FAI (JIANG HONGHUI)
Make and Description of Vehicle : BMW 320I AT
Vehicle Registration No. : SGA221R
Year of Manufacture : 2013
Engine No. : C3450564N20B20B
Chassis No. : WBA3B12030J396023
Capacity : 1,997 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 30/08/2018 to 29/08/2019
Excess (SGD) : 500
Finance Company : UNITED OVERSEAS BANK LIMITED

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



Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers



Katherine Yeo
Senior Vice President, Brokers

Date of Issue : 30/07/2018

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