

# NATIONAL Assessment Centre Services: [ver 1 Jan'03]

MMA 119121044

Date In: 12/19/19 13:15	Job description	Date & Time Completed	Done by
Ref No: NA1 MS619016170164	SAS e-filing		
Veh No: SDV9M	E-mail (within 3hrs, AIC 2hrs)		
DOA 10/19/19 08:05-	1-Motor Claim Form		
OD TP? Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: GBC 2223X	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: 67896616)	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

MA1906946

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	Ad (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance 35		
	*N6: Repair Co-ordination 510		
	*N7: Post Repair Inspection 525		
	*N8: DV / Collect Excess Coordination 55		
	TE (N11): TP (Non INC) against INC 520		
	9) N12: Idao 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	12/09/2019 13:15
Date Of Accident	10/09/2019 08:05
Exact Location Of Accident	TPE
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV9M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN XUE ER CHERYL
NRIC No	S9106430H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91293456
Alternative Phone No	OFFICE-91293456

#### Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER EVOQUE 2.0 TSS 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?	NO
If No, Please state action to be taken	REPORTING ONLY
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 28972891 QMY
Cover Note Number	-

#### Driver

Name of Driver	TAN XUE ER CHERYL
NRIC No	S9106430H
Date Of Birth	01/03/1991
Occupation	INDOOR
Date Of Driving Pass	23/06/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91293456
Fax Number	
Contact Number	OFFICE-91293456
EMail Address	NOEMAIL

Address	113 MIMOSA CRES
Postcode	808061
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?	
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC2223X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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: 12/9/19

1 D: 30um

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TPC

A - SDV 9 M  
B - GBL 2223 x

I was driving along TPE, and accidentally collided  
into the vehicle B (98C 2223 X)

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

GIARMC SketchPlanForm V3

**Date & Time:**

NRIC/FIN No.:



### Accident Report Information

Accident Date	10.09.2019	Accident Time	8:05 a.m.
Location Of Accident	TPE		
Vehicle Registration No	SDV 9M		

### INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name	Tan xue Er Cheryl		
NRIC No/ ROC No	S9106430H		
Mobile Phone No	91293456	Email Address	tanxue.cheryl@gmail.com

### VEHICLE INFORMATION

Manufacturer/ Model	Range Rover		
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?	Own Damage Third Party <u>Reporting Only</u>
	COMMERCIAL USE HIRER USE		
Vehicle Category	PRIVATE USE	TAXI	TANKER
	COMMERCIAL USE MOTORCYCLE	BUS MOTOR TRADE	PRIVATE HIRER GOVERNMENT

### INSURANCE COMPANY (OWN VEHICLE)

Insurance Company	MSIG Ins. (S'pore) pte ltd	Fleet Policy	Yes / <u>No</u>
Policy Number	A 24972891 only	Type Of Coverage	<u>Comprehensive</u>
Cover Note Number			Third Party Only Third Party Fire or Theft

### DRIVER IDENTIFICATION

Driver Name	Tan xue Er, Cheryl	Driver NRIC	S9106430H
Date Of Birth	01.03.1991	Occupation	<u>Indoor</u> / Outdoor
Driving Date Pass	23.06.2010	Gender	Male / <u>Female</u>
Mobile Phone No	91293456	Email Address	
Address	113 mimosa crescent Singapore 608061		Postcode
Relationship	Employee   Relative   Children <u>Owner</u> Friend   Sibling	Hirer Parent	

### GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident			
Weather Condition	Clear / Raining / Others:	Road Surface	Dry / Wet / Others:

**OTHER INFORMATION**

Injured	<u>No</u> / Yes	Was there any other vehicle or property damaged?	No / <u>Yes</u>
Was any injured conveyed to hospital by ambulance?	<u>No</u> / Yes	Was any foreign vehicle involved in this accident?	<u>No</u> / Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	<u>No</u> / Yes		
Number of Passengers (Including Driver)	/		
Passenger Details	Male / Female - 1.		
	Male / Female - 2.		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	No / Yes		

**DETAILS OF OTHER VEHICLE 1**

Vehicle Registration No	GBC 2223 X		
Name of Driver	Renga		
Driver's NRIC		Contact Number	8425 5126

**DETAILS OF OTHER VEHICLE 2**

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

**DETAILS OF OTHER VEHICLE 3**

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

**DETAILS OF WITNESS**

Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			





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

## 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 28972891 QMY

Excess : SGD900  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SDV9M

2. Name of Policyholder  
Tan Xue Er Cheryl

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
15/07/2019

4. Date of Expiry of Insurance  
14/07/2020

5. Persons or Classes of Persons entitled to drive\*  
Tan Xue Er Cheryl

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\*

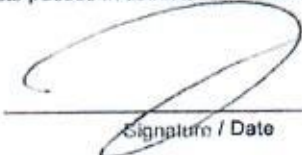
Use only for social domestic and pleasure purposes and for the Policyholder's business.  
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection 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 10 Jun 19

Counter-Signatory:  
Ting See Ping

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
Amy Ler  
Senior Vice President, Agencies