

NATIONAL Assessment Centre Services. (ver 1 Jan 2005)

15 MAY 19/2019

Date In: 25/09/2019 18:14	Job description	Date & Time Completed	Done by
Ref No: N1581M84501693514	SAS e-filing		
Veh No: SGE 6020M	E-mail (by date time, A/C time)		
D.O.A: 25/09/2019 13:45	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within OD Time, TP time)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK312		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 81B 1334A	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 repair.

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

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

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Activity

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$40/\$45
4) PT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$30
For claiming against INC Only (ver 10 Jan 2005)	
6) TR: Re-inspection	\$75
7) NI: Idao DA + SMRT Survey	\$160
8) NTUC Additional Services:	
ON:	
*NS: Courtesy Car / Tpl Allowance	\$5
*NG: Repair Co-ordination	\$10
*NT: Post Repair Inspection	\$25
*ND: DV / Collect Excess Co-ordination	\$5
TP (NI) / TP (Non INC) against INC	\$20
9) NI2: 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	25/09/2019 18:14
Date Of Accident	25/09/2019 13:45
Exact Location Of Accident	JUNCTION OF RIVER VALLEY ROAD AND TAN TYE PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF6020M
Insured/Policyholder	
Name Of Registered Owner	TEO HAI CHIU
NRIC No	S1475441E
Email Address	LIHSER.TEO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96691641
Alternative Phone No	OTHERS-96410280

Vehicle Particulars

Manufacturer	BMW
Model	420I
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	
Cover Note Number	10092729

Driver

Name of Driver	TEO LIH SER
NRIC No	S9642709C
Date Of Birth	19/11/1996
Occupation	INDOOR
Date Of Driving Pass	15/06/2016
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96691641
Fax Number	
Contact Number	OTHERS-96410280
EMail Address	LIHSER.TEO@GMAIL.COM

Address	1 CHARLTON LANE #03-01
Postcode	539631
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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

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	SHB1334A
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIEW
NRIC/Passport Number	
Contact Number	86848328
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.

Date & Time:

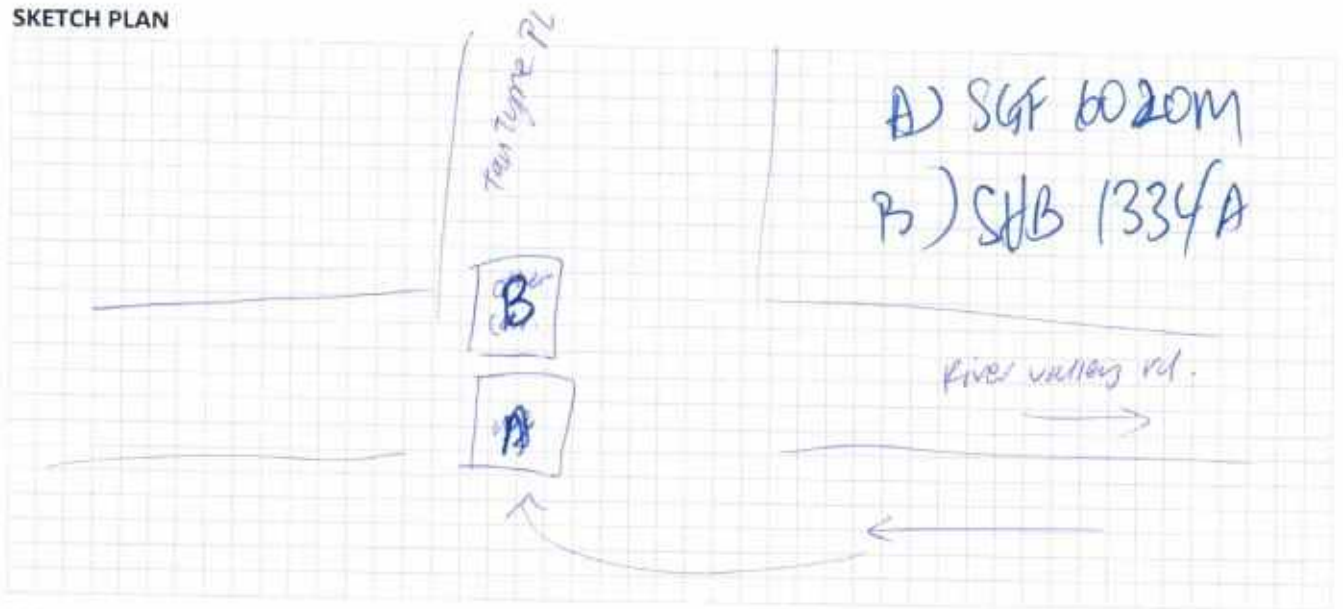
(If driver is not the policyholder)

Date & Time: 25/9 15:15

Name: _____

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning into Tan type PL from river valley rd and the deer cow was also turning in. He stopped and I did not stop completely and hit his bumper. minor accident, no damage to my car. Roads and wheels were wet.

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: 25/9/19.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15:15

ACCIDENT STATEMENT

ACCIDENT DATE: 25.7.2019 (DD/MM/YYYY), TIME: 13:47 (HH:MM)

LOCATION: TAN TIE PL

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF 6070 M
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 10092729
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 420
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: LUNCH
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: TEO HAI CHIU (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1475441E CONTACT: 9669 1641
 c) ADDRESS: 88 MERGUL RD 23-02
S(219062)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: TEO LIM JER (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1642709C CONTACT: 9641 0280
 c) ADDRESS: 88 MERGUL RD 23-02
S(219062)

* d) DATE OF BIRTH: 19/11/96 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DIRECT FAMILY

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHB 1334A MODEL: PRIMO TOYOTA
 b) DRIVER'S NAME: LIEW
 c) NRIC/FIN/PASSPORT: CONTACT: 8684 8328

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

No of passengers
(including driver)

(1)

No of passengers
(including driver)

(1)

No of passengers
(including driver)

()

email = LIMJER.TEO@GMAIL.COM

VIDEO



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

MOTOR INSURANCE COVER NOTE

Cover Note No. 10092729

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.

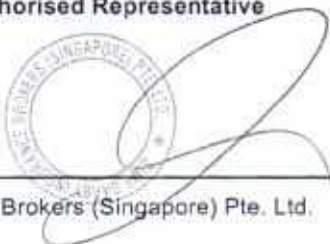
SCHEDULE

Agent No. : 212165
Name of Insured : TEO HAI CHIU
Make and Description of Vehicle : BMW 420I GRAN COUPE
Vehicle Registration No. : SGF 6020M
Year of Manufacture : 2014
Engine No. : A4230879N20B20B
Chassis No. : WBA4A12090D967214
Capacity : 1,997 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : One year from Date of Registration of the vehicle with LTA
Excess (SGD) : 1,000
Finance Company : United Overseas Bank Limited



I/We hereby certify that this Covering 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

Mary Tan
Senior Vice President, Brokers

Date of Issue : 03/11/2014

This covering note is valid for 30 days from the date of issue.