

NATIONAL Assessment Centre Services

(wef 1 Jan 01)

Date In: 26/09/19	Job description	Date & Time Completed	Done by
Ref No NA/MSG19016990/13	SAS e-filing		
Veh No: SMF18347	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 25/09/19 1840	i-Motor Claim Form		
OD / TP (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: (Tel:	Fax:
TP Particulars:	Veh No: QBA7106A	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

NA1907364	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) RT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2/3:			

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	26/09/2019 16:34
Date Of Accident	25/09/2019 18:40
Exact Location Of Accident	MOUNTBATTEN RD SLIP RD INTO TANJONG KATONG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF1834T
Insured/Policyholder	
Name Of Registered Owner	COLE NICOLA ROSEMARY
NRIC No	S7586836G
Email Address	THECOLES231@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87221330
Alternative Phone No	OTHERS-93836067

Vehicle Particulars

Manufacturer	SUBARU
Model	XV 1.6I-S AMD CVT
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 29112479 QMY
Cover Note Number	

Driver

Name of Driver	COLE MICHAEL
NRIC No	S7389887J
Date Of Birth	25/05/1973
Occupation	INDOOR
Date Of Driving Pass	14/04/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93836067
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	129 MARSHALL ROAD
Postcode	424918
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 - 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)	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	GBA7106D
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMED KAMARUDIN BIN ABDUL LATIFF
NRIC/Passport Number	S7307110J
Contact Number	97866533
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

26/09/19

4:30pm

GIARMC SketchPlanForm_V3



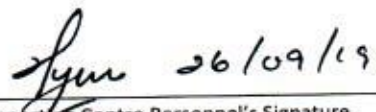
Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/09/19

4:30pm

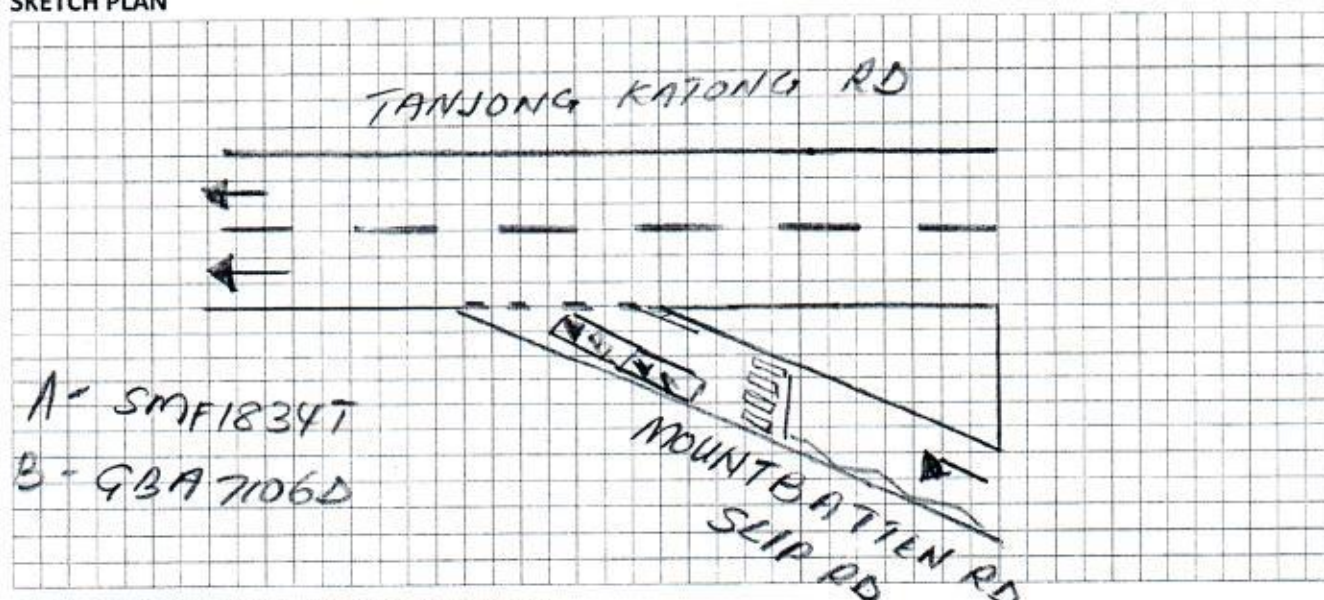


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the attached statement.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

26/09/19

GIARMC sketchPlanForm_V3

4:30pm

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26/09/19 4.30pm

[Signature] 26/09/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I WAS TRAVELLING FROM MOUNTBATTEN RD SLIP RD INTO TANJONG KATONG RD.SUDDENLY INFRT
OF MY VEH STOP AT THE GIVEWAY LINE COZ THERE WAS ONCOMING VEH.I HAVE NOT ENOUGH
TIME TO REACT AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

ACCIDENT STATEMENT

ACCIDENT DATE: (25/05/19) (DD/MM/YYYY), TIME: (18:40) (HH:MM)

LOCATION: CNR MOUNTBATTEN RD & TANTONG KATONG RD.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMF1834T
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A29112479 QMY
d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: SUBARU XV
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: NICOLA ROSEMARY COLE (MALE/FEMALE)
b) NRIC/FIN/PASSPORT: 57586836G CONTACT: 87221330
c) ADDRESS: 129 MARSHALL ROAD, KATONG, 424916

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MICHAEL ROSE COLE (MALE/FEMALE)
b) NRIC/FIN/PASSPORT: 57389887J CONTACT: 93836067
c) ADDRESS: 129 MARSHALL ROAD, KATONG, 424916

* d) DATE OF BIRTH: (25/05/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) YEARS OF DRIVING EXPERIENCE: 27 years

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

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: GBA7106D MODEL: TOYOTA VAN
b) DRIVER'S NAME: MOHAMED KAMAKURIN BIN ABDUL LATIFF
c) NRIC/FIN/PASSPORT: 57307110J CONTACT: 97866533

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email =

fax =

VIDEO =

**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

MOTOR MAX PLUS**THE SCHEDULE**

Policy Number	Period of Insurance	Place of Issue
A 29112479 QMY	27/12/2018 to 26/12/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Cole Nicola Rosemary 130 Tanjong Rhu Road #08-06 Singapore 436918		02/01/2019
		Account Number
		156422
Premium	GST	Total Due
SGD992.61	SGD69.48	SGD1,062.09

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

Executive

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO.	SMF1834T	SUM INSURED	MARKET VALUE
MAKE/MODEL	Subaru XV 1.6I-S AWD CVT	INCL. COE/PARF	YES
ENGINE NUMBER	FB16Y292477	OFF-PEAK CAR	NO
CHASSIS NUMBER	JF1GP3KC5GG172145	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2016	NCD PROTECTOR	COVERED
CAPACITY	1600 C.C.	EXCESS	SGD500
SEATING CAPACITY	5 (INCL. DRIVER)	ANNUAL PREMIUM	SGD992.61
WINDSCREEN	UNLIMITED		

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

AUTHORISED DRIVERS

Cole Nicola Rosemary
Cole Michael
Any other person provided he is driving on the Insured's order or with the Insured's permission.

QMX91807

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