

**NATIONAL Assessment Centre Services**

(wef 1 Jan 05) **MNA119146187**

|                                    |  |                       |         |
|------------------------------------|--|-----------------------|---------|
| Date In: <b>4/11/19-19:20</b>      | Job description  | Date & Time Completed | Done by |
| Ref No: <b>NA/1901010101010101</b> | SAS e-filing   |                       |         |
| Veh No: <b>SMC67E</b>              | E-mail (within 8hrs, AIC 2hrs)                         |                       |         |
| D.O.A : <b>7/1/19-19:35</b>        | i-Motor Claim Form                                     |                       |         |
| OD: <b>(TP)</b> Reporting Only     | i-Motor W/O (Within: OD 2hrs, TP 4hrs)                 |                       |         |
|                                    | i-Photo Uploaded                                       |                       |         |
| TP Insurer:                        | Assessment/Survey Report                               |                       |         |
|                                    | Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u> |                       |         |

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **5P D687** 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: <b>(INC hotline: 6788 6616)</b>                | 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 |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |

|                                 | Invoice Preparation Checklist                   | Amt (\$)<br>In Bill | Amt (\$)<br>Add Bill |  |
|---------------------------------|---|---------------------|----------------------|--|
| <b>NA/19010291</b>              | 1) AR: Accident Reporting (\$30);               |                     |                      |  |
|                                 | 2) DA: Damage Assessment (\$100); INC (\$80)    |                     |                      |  |
|                                 | 3) TF: Towing Fee \$40/\$45                     |                     |                      |  |
|                                 | 4) FT: Follow-Through Survey \$120              |                     |                      |  |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |                     |                      |  |
|                                 | For claiming against JNC Only (wef 10 Jan 2005) |                     |                      |  |
|                                 | 6) TR: Re-inspection \$75                       |                     |                      |  |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |                     |                      |  |
|                                 | 8) NTUC Additional Services:-                   |                     |                      |  |
|                                 | 9) N12: Idac Mobile 30                          |                     |                      |  |
| QC Checked by (Engr-In-Charge): | *N5: Courtesy Car / Tpt Allowance \$5           |                     |                      |  |
| <b>Auditors' Comments:-</b>     | *N6: Repair Co-ordination \$10                  |                     |                      |  |
|                                 | *N7: Post Repair Inspection \$25                |                     |                      |  |
| Cat. 1:                         | *N8: DV / Collect Excess Coordination \$5       |                     |                      |  |
|                                 | TP (N11): TP (Non INC) against INC \$20         |                     |                      |  |
| Cat. 2 / 3:                     | 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             | 04/11/2019 19:20                               |
| Date Of Accident           | 02/11/2019 19:35                               |
| Exact Location Of Accident | DUNEARN RD TWDS CITY AFTER WAYANG SATU FLYOVER |
| Country/State of Loss      | SINGAPORE                                      |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMC607E              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | TAN MUI LIAN         |
| NRIC No                     | S1414411J            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-98174961 |
| Alternative Phone No        | OFFICE-98174961      |

### Vehicle Particulars

|  |                      |
|--|----------------------|
| Manufacturer   | MERCEDES-BENZ        |
| Model  | C 180 BLUEEFFICIENCY |
| 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                                       | 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             | A29098675QMX                         |
| Cover Note Number         |                                      |

### Driver

|                      |                            |
|----------------------|----------------------------|
| Name of Driver       | CHAN GUAN KI (ZENG YUANQI) |
| NRIC No              | S9404959H                  |
| Date Of Birth        | 17/02/1994                 |
| Occupation           | OUTDOOR                    |
| Date Of Driving Pass | 12/08/2014                 |
| Driving Experience   | 5 YEARS AND 2 MONTHS       |
| Gender               | MALE                       |
| Mobile Number        | (LOCAL) +65-96356695       |
| Fax Number           |                            |
| Contact Number       | OFFICE-96356695            |
| EEmail Address       | NOEMAIL                    |

|   |  |
|---|--|
| Address   | BLK 384 BUKIT BATOK WEST AVENUE 5<br>#24-326 |
| Postcode  | 650384                                       |
| 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 | -<br>-<br>-                                  |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                                  |

#### 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?  |     |
| 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         | SJD1368T        |
| Vehicle Make/Model/Colour           | HYUNDAI ELANTRA |
| Details Of Properties               |                 |
| Vehicle Category                    | PRIVATE CAR     |
| Name of Driver                      |                 |
| NRIC/Passport Number                |                 |
| Contact Number                      |                 |
| Address                             |                 |
| Postcode                            |                 |
| Insurance Company Name              |                 |
| Nature Of Damage                    |                 |
| No. Of Passenger (Including Driver) | 2               |

Passenger 1

NAME: :

GENDER: :

## 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:

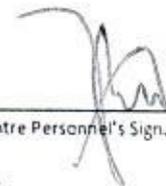
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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

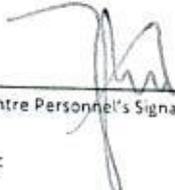
On the stated and time, I vehicle 'A' was travelling along the stated venue, suddenly Vehicle 'B' swerved abruptly from the third lane crossing the double white line trying to make a right turn. As I couldn't react on time I collided into his rear wheel portion. This accident caused my front left portion to be damaged.

DECLARATION

We declare the foregoing particulars are true in every respect.

  
Reporting Centre Personnel's Signature  
Date & Time:

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: 02 / 11 / 2019 (DD/MM/YYYY), TIME: 19 : 35 (HH:MM)

LOCATION: DUNEARN RD > CITY AFTER WAYANG SATU FLYOVER

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMC 607E  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 29098675 QMX  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: C180  
f) TYPE: (SA  / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Personal  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES /   
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: TAN MUI LIAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1414411J CONTACT: 9817 4961  
c) ADDRESS: BLK 384 BUKIT BATOR WEST AVENUE 5 #24-326  
S(650384)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHAN GUAN KI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S9404959H CONTACT: 9635 6695  
c) ADDRESS: BLK 384 BUKIT BATOR WEST AVENUE 5 #24-326  
S(650384)

\*d) DATE OF BIRTH: 17 / 02 / 1994 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 05

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SON

## 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: SJD 1368T MODEL: HYUNDAI ELANTRA

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

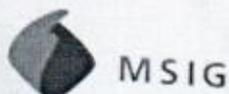
1/2 No of passenger  
(including driver)  
(01)

1/2 No of passenger  
(including driver)  
(02) male driver  
female p

1/2 No of passenger  
(including driver)  
( )

email =

fax =



MSIG Insurance (Singapore) Pte. Ltd.  
 4 Brenton 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

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**  
**Comprehensive**

Certificate No. A 29098675 QMX

Excess : SGD500

Windscreen Excess : SGD100

**1. Index Mark and Registration Number of Vehicle**

SMC607E

**2. Name of Policyholder**

Tan Mui Lian

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

27/09/2019

**4. Date of Expiry of Insurance**

25/07/2020

**5. Persons or Classes of Persons entitled to drive\***

Tan Mui Lian

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 MUST BE CARRIED OUT 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.

MSIG Insurance (Singapore) Pte. Ltd.  
 Approved Insurers

for Chief Executive Officer