

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

MINA419149306

Date In: 11/11/19 17:25	Job description	Date & Time Completed	Done by
Ref No: N8A/m8519019978/F	SAS e-filing		
Veh No: SLC6464Y	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 09/11/19 14:05	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:	Veh No: SJP 76065	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: ()

Remarks:	Completed by
1) Apply for Transport Allowance () / Courtesy Car ()	
2) QC Check / Post Repair Inspection ()	
3) Upload Resurvey Photo [Repair Cost > \$3000] ()	

Injury:

Date/Time:	Location:

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100) INC (\$40)	
3) TP: Towing Fee \$40/\$45	
4) PT: Follow-Through Survey \$120	
5) PT: Follow-Through Survey (Resurvey) \$30	
For claiming against INC Only (over 10 Jan 2005)	
6) TR: Re-inspection \$75	
7) NI: Idas DA + SMRT Survey \$160	
8) NTUC Additional Services:	
ON:	
*N5: Courtesy Car / Tpl Allowance \$5	
*N6: Repairs Co-ordination \$10	
*N7: Post Repair Inspection \$25	
*N8: DV / Collect Excess Coordination \$5	
TP (Nil) / TP (Non INC) against INC \$30	
*N11: Idas 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	11/11/2019 17:25
Date Of Accident	09/11/2019 14:05
Exact Location Of Accident	BUKIT HO SWEE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6464Y
Insured/Policyholder	
Name Of Registered Owner	TANG LEONG HOCK
NRIC No	S1615592F
Email Address	RACETANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98330024
Alternative Phone No	OFFICE-98330024

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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	P90337983DMA
Cover Note Number	

Driver

Name of Driver	TANG LEONG HOCK
NRIC No	S1615592F
Date Of Birth	09/08/1963
Occupation	INDOOR
Date Of Driving Pass	28/07/1993
Driving Experience	26 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98330024
Fax Number	
Contact Number	OFFICE-98330024
Email Address	RACETANG@HOTMAIL.COM

Address BLK 4 DELTA AVENUE #04-04
 Postcode 161004
 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 SIDE SWIPE
 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) 2
 Passenger 1
 NAME: : PASSENGER
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name RIVER VALLEY NEIGHBOURHOOD POLICE POST
 Police Station Address ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-2789999 - FAX NO: 62786427
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

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 SJD7606S
 Vehicle Make/Model/Colour
 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)

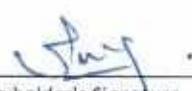
SKETCH PLAN

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:

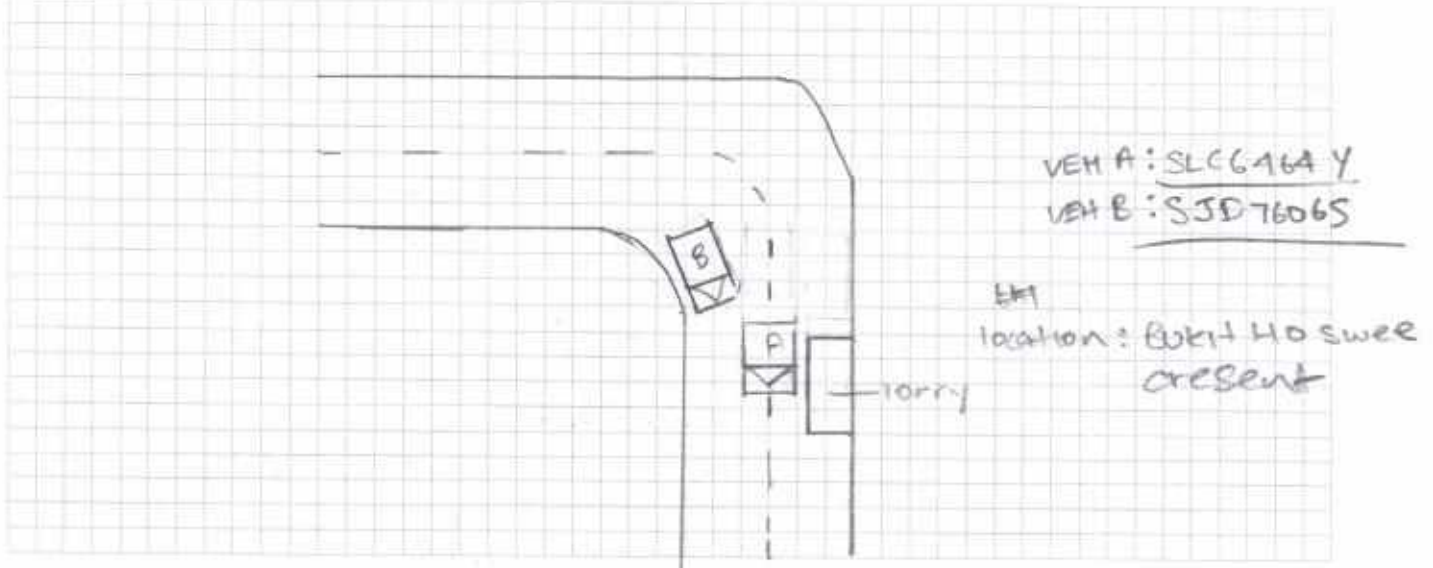
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

RE. Per to Police Report NO. T/20191109/2134

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:
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20191109/2134

1 of 3

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

Report No. T/20191109/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2019 19:08		Vide Report No.:		Station Diary No.: 46	
Informant's Particulars					
Name of Informant: TANG LEONG HOCK			Address: APT BLK 4 DELTA AVENUE #04-04 SINGAPORE 161004		
ID Type / ID No.: NRIC NO / S1615592F			Contact No.: Home/Office: Mobile: 98330024		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 09/08/1963	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2019 14:05	Type of Location: Straight Road
Location: BUKIT HO SWEE CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD7606S	Car				Slightly Damaged	0
SLC6464Y	Car	NISSAN	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE
POLICE FORCE**



T/20191109/2134

2 of 3

Report No: T/20191109/2134

Police Station Of Origin:

River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC6464Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	90337983	23/05/2019	22/05/2020

Brief Details.

On 09/11/2019 at 1405hrs, I was exiting the pick up point at Tiong Bahru Plaza. After the bend along Bukit Ho Swee Crescent, there was a parked heavy vehicle lorry. As there were two lanes on that road, I proceeded to overtake the lorry using the middle line which separates the lane. Subsequently, I heard a bang. I came down of the vehicle to realise a vehicle SJD7606S tried to overtake me on my right which has very little space left and hit the rear right side bumper of the vehicle. My car suffered several scratches, however there were no one injured. The driver of the SJD7606S came down when I was taking the photos of the incident but he did not want to exchange particulars with me. He even told me to lodge a police report.

I am lodging this report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20191109/2134

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

Report No. T/20191109/2134

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 1 CHAN JUN MIN, STANLEY

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Signature Of Informant:

Date/Time:

09/11/2019 19:08

Classification Of Case:

Authentication Stamp

NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (9 / 11 / 2019) (DD/MM/YYYY), TIME: (14 : 05) (HH:MM)

LOCATION: Along Baitan Road Bukit Ho Swee Crescent

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLC 6464Y
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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: _____ (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: _____ CONTACT: 98330024
C) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* No of passenger
(including driver)
(2)

IF

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJD 1606S MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(including driver)
()

SYLAMY

email = raeetang@hotmail.com

VIDEO

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 11 Robinson Road, #21-01, SGX Centre 2, Singapore 068807
 Tel: +65 6827 7888, Fax: +65 6827 7800
 UEN No. 200412212G GST Reg. No. 20-0412212G
 A Member of **MS&AD** INSURANCE GROUP

DRIVESHIELD - PREMIER RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

Name : Tang Leong Hock Address : 4 Delta Avenue #04-04 Singapore 161004	Date of Issue : 25/04/2019 Policy No. : P 90337983 DMA Period of Insurance : 23/05/2019 to 22/05/2020 Premium : SGD961.78 (Inclusive of GST)
--	--

RISK NUMBER 1

Insured Details

Registration No. : SLC6464Y Make/Model : Nissan Sylphy 1.6 Cvt Abs D/Airbag 2Wd 4Dr Engine No. : HR16983838B Chassis No. : MNTB8AB17Z0026772 Financial Interest : Maybank Singapore Limited as Hire Purchase Owners	Year of Registration : 2016 Capacity : 1598 C.C. Seating Capacity : 05 (Incl. Driver) Off-peak Car : No
---	--

Coverage Details

Type of Cover : Comprehensive Windscreen : Unlimited No Claim Discount : 50% Annual Premium : SGD898.86 Excess : SGD500 (Own Damage Excess) Authorized Driver(s) : Tang Leong Hock Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.	Sum Insured : Market Value at the Time of Loss Windscreen Excess : SGD100 NCD Protector : Covered Good Driver Discount : 5%
---	--

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile and Medical Assistance Services Endorsement

The Automobile and Emergency Medical Evacuation and Repatriation Assistance Services are arranged by us through our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE
(65) 6337 1208