

NATIONAL Assessment Centre Services. [ver 1 Jan 03]

19 May 19/58808

Date In: 02/12/2009 16:55	Job description	Date & Time Completed	Done by
Ref No: 1/30/MSG/1402/281/F	SAS e-illing		
Veh No: SNC 9528 R	E-mail (Sagda Area, AIC 2hrs)		
DOA: 20/11/2009 11:00	I-Motor Claims 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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKU 9544	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: (\$)	Landing: \$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 Done:	Assessed by:

NA1909113	Invoice	
Driver/Owner:	1) AL: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/245	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) FT: 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 \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (Nil) / TP (Non INC) against INC \$10	
	9) N12: 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	02/12/2019 15:13
Date Of Accident	30/11/2019 11:00
Exact Location Of Accident	KPE TWDS ECP EXIT 94C BEF TAMPINES EXIT LP 511A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC9528R
Insured/Policyholder	
Name Of Registered Owner	LIM ZEGUANG
NRIC No	S8414780Z
Email Address	KLINSMANN.LIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91468186
Alternative Phone No	OFFICE-91468186

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6
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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80472291QMY
Cover Note Number	

Driver

Name of Driver	LIM ZEGUANG
NRIC No	S8414780Z
Date Of Birth	30/05/1984
Occupation	INDOOR
Date Of Driving Pass	29/05/2003
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91468186
Fax Number	
Contact Number	OFFICE-91468186
Email Address	KLINSMANN.LIM@GMAIL.COM

Address	BLK 618D PUNGGOL DRIVE #07-739
Postcode	824618
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?	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)	4
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE

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 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	SKU9544Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN CHIAN CAI
NRIC/Passport Number	S8013955A
Contact Number	98624587

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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 day of incident, I am driving my car (A) to my son school.
I was driving my car on the first lane & the car in front of me
Veh B suddenly brake. I immediately jam brake but could not brake
brake in time the result on hitting into Veh B rear portion.

DECLARATION

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

Policyholder's Signature

Date & Time:

02/12/19.

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (30/11/2019) (DD/MM/YYYY), TIME: (11:00) (HH:MM)

LOCATION: KPE-ECR Exit 94 (Bales Temples exit) Lomp Port SIA

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMC9528R
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 80472291 QMY
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Hyundai Elantra 1.6 (A)
 f) TYPE: (SALOON) COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to Son School
 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: Lim Zeguan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SF419702 CONTACT: 91468186
 c) ADDRESS: 618D Panggol Drive #07-739 Spore 824618

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lim Zeguan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: SF419702 CONTACT: 91468186
 c) ADDRESS: 618D Panggol Drive #07-739 Spore 824618

* d) DATE OF BIRTH: (30/05/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17 years

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: Sku 9544Y MODEL: MITSUBISHI
 b) DRIVER'S NAME: Chan Chan Cai
 c) NRIC/FIN/PASSPORT: S8013955A CONTACT: 98624887 (MSIG)

9. THIRD PARTY VEHICLE

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

email: klinsmann.lim@gmail.com

VIDEO Muhammad.asyraf@hyundai-motors.com.sg

#1090300
MSIG Car no.

* No of passengers
(including driver)
(4)

* No of passengers
(including driver)
()

* No of passengers
(including driver)
()



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

ENDORSEMENT

Policy Number	Period of Insurance	Place of Issue
A 80472291 QMY	28/07/2019 to 27/07/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Lim Zeguang 618D Punggol Drive #07-739 Singapore 824618		15/07/2019
		Account Number
		156470
Premium	GST	Total Due
SGD63.96-	SGD4.48-	SGD68.44-

RISK NUMBER 1

MOTORMAX PLUS

OCCUPATION

Indoor Occupation

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SMC9528R	SUM INSURED	MARKET VALUE
REGISTERED OWNER	Lim Zeguang	INCL. COE/PARF	NO
MAKE/MODEL	Hyundai Elantra 1.6(A)	OFF-PEAK CAR	NO
ENGINE NUMBER	G4FGJU236535	NO CLAIM DISCOUNT	50.00% (or F/D)
CHASSIS NUMBER	KMHD841CMJU727791	GOOD DRIVER'S	
YEAR OF MFG	2018	DISCOUNT	SGD33.66
CAPACITY	1591 C.C.	NCD PROTECTOR	NOT COVERED
SEATING CAPACITY	5 (INCL. DRIVER)	EXCESS	SGD500
WINDSCREEN	UNLIMITED	ANNUAL PREMIUM	SGD639.61

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

AUTHORISED DRIVERS

Lim Zeguang
 Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 419/58808 Vehicle Registration No: SMC 9528R
Name (as shown in NRIC) : Lim Ze Guan NRIC/FIN/Passport No : SS414780Z
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : B1K 618D Angkor Drive #07-739 Singapore (82465)
Contact (Tel) : - Mobile No.: 901468186
Email Address : KLINSMANN-4M@gmail.com
Date of Accident : 30/11/2019 Time of Accident : 11:00
Place of Accident : KPE TWDS ECP EXIT 94C BEF TAMPINES EXIT LP 511A
Insurance Company : M81G

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

CHANGE TO claiming under own insurance

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Pavasuam
NRIC/FIN No.: SA526439E
Date: 2/12/19