

NATIONAL Assessment Centre Services. (ver 1 Jan 00)

19/04/19/60/92

Date In: 04/12/2019 16:59	Job description	Time & Time Completed	Done by
Ref No: 180185190245274	SAS e-filing		
Veh No: SMZ 8094D	E-mail (Within 2hrs, AIC 2hrs)		
DOA: 04/12/2019 14:35	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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SDS 18047	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates:	Times:
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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repaior.

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

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

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

Injury: _____

Date of Injury:	Location:

Claimant: _____	1) All: Accident Reporting (\$30)	
Driver/Owner: _____	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No: _____	3) TP: Towing Fee \$40/\$45	
Damaged Portion: _____	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge): _____	5) PT: Follow-Through Survey (Resurvey) \$30	
Architect's Comments: _____	For claimant against QC Only (ver 10 Jan 2005)	
Cal 1: _____	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*ND: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (NI): TP (NG, INC) against INC \$30	
	9) NI: Idea Mobile	
	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	04/12/2019 16:50
Date Of Accident	04/12/2019 14:35
Exact Location Of Accident	NO 5 TOA PAYOH INDUSTRIAL PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SME3094D
Insured/Policyholder	
Name Of Registered Owner	NG SING MENG
NRIC No	S1591918C
Email Address	NSMENG@YMAIL.COM
Mobile Phone No	(LOCAL) +65-96932155
Alternative Phone No	OTHERS-96932155
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	DRIVING OUT FROM WORKSHOP
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 29134374 AT2
Cover Note Number	
Driver	
Name of Driver	NG SING MENG
NRIC No	S1591918C
Date Of Birth	10/09/1963
Occupation	INDOOR
Date Of Driving Pass	29/06/1981
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96932155
Fax Number	
Contact Number	OTHERS-96932155
Email Address	NSMENG@YMAIL.COM

Address	BLK 99A LORONG 2 TOA PAYOH #12-37
Postcode	310099
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	COLLIDED INTO PARKED VEHICLE
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

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	SDS1804T
Vehicle Make/Model/Colour	SKODA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90233283
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

4/12/2019 1622hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

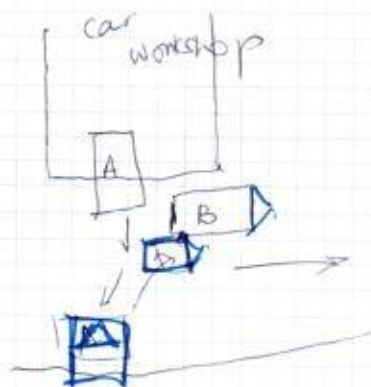
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A) SME 3094D

B) SDS 1804T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was at the car workshop. After the work done at the workshop, I reversed the car to get out of the workshop. Car B was parked stationary outside the workshop. After I reversed the car, I moved forward. My left front bumper scratched the car B back right bumper, there was a 3 small scratches on A his back right back bumper. See Photos. ~~I moved~~ My front left bumper also has some scratches. ~~There~~ See photo.

DECLARATION

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

Policyholder's Signature

Date & Time:

4 Dec 2019
GIAN 16 29 (11 Plan Form V3)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

04/12/2019
Roshan Vithan
1804T

ACCIDENT STATEMENT

ACCIDENT DATE: 04/12/2019 (DD/MM/YYYY), TIME: 14:35 (HH:MM)

LOCATION: 5 TOA PAYOH INDUSTRIAL PARK

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SME 3094 D
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A29134374 AT2
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA / HARRIER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Driving out of workshop
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: NG SING MENG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1591918 C CONTACT: 96932155
 c) ADDRESS: BLK 99A, LOR 2 TOA PAYOH, #12-37
S (210099)

* CONTINUE TO 3. d IF DRIVER ALSO POLICY HOLDER

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

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29 Jun 1981

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

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

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

6. WAS ANYBODY INJURED (YES/NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: S051804 T MODEL: SKODA

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: 90233283

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger
 (including driver)
(1)

No of passenger
 (including driver)
(0)

No of passenger
 (including driver)
()

email: nsmeng@gmail.com

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

Toyota DriveElite 360

THE SCHEDULE

Policy Number	Period of Insurance	Place of Issue
A 29134374 AT2	26/09/2019 to 25/09/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Ng Sing Meng 33A Lorong 2 Toa Payoh #12-37 Singapore 310099		09/09/2019
		Account Number
		156499T
Premium	GST	Total Due
SGD1,099.16	SGD76.94	SGD1,176.10

RISK NUMBER 1

Toyota DriveElite 360

OCCUPATION

Engineer

FINANCIAL INTEREST

DBS Bank Ltd
as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SME3094D	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Harrier M Grade	INCL. COE/PARF	YES
ENGINE NUMBER	8ARZ119119	OFF-PEAK CAR	NO
CHASSIS NUMBER	JTEZB3GH70J001957	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2018	GOOD DRIVER'S	
CAPACITY	1998 C.C.	DISCOUNT	SGD57.85
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD700
		ANNUAL PREMIUM	SGD1,099.16

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

AUTHORISED DRIVERS

Ng Sing Meng