

NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

NA119161851

Date In: 07/12/2019 17:14	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/1902/600/Y	SAS e-filing		
Veh No: 86P 3786D	E-mail (3 days, AIC 2hrs)		
D.O.A: 07/12/2019 10:00	I-Motor Claim Form		
OID 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: 86P 3786D	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: ()

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

Injury:
Date/Time:
Action:

NA1902151	Invoice	NA1902151
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpt Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: 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	07/12/2019 17:11
Date Of Accident	02/12/2019 10:00
Exact Location Of Accident	ALONG MANGIS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGP3786D
Insured/Policyholder	
Name Of Registered Owner	SIM SZE HIEN BRIAN
Co Reg No	-
Email Address	HYPED_73@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98794878
Alternative Phone No	OFFICE-98304590

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	B 80290273 AMM
Cover Note Number	

Driver

Name of Driver	LAURENS CONG KOPPELAAR
Passport No/FIN	G0983108N
Date Of Birth	03/08/1986
Occupation	INDOOR
Date Of Driving Pass	07/04/2017
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98304590
Fax Number	
Contact Number	HOME-98794878
EMail Address	LAURENSKOPPELAAR@GMAIL.COM

Address	102 JOO CHIAT PLACE
Postcode	427830
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 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	GBJ7680P
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	FULCO LEASING PTE LTD
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD SHAHARI BIN ABDUL AZIZ
NRIC/Passport Number	
Contact Number	86711904/91158309
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:

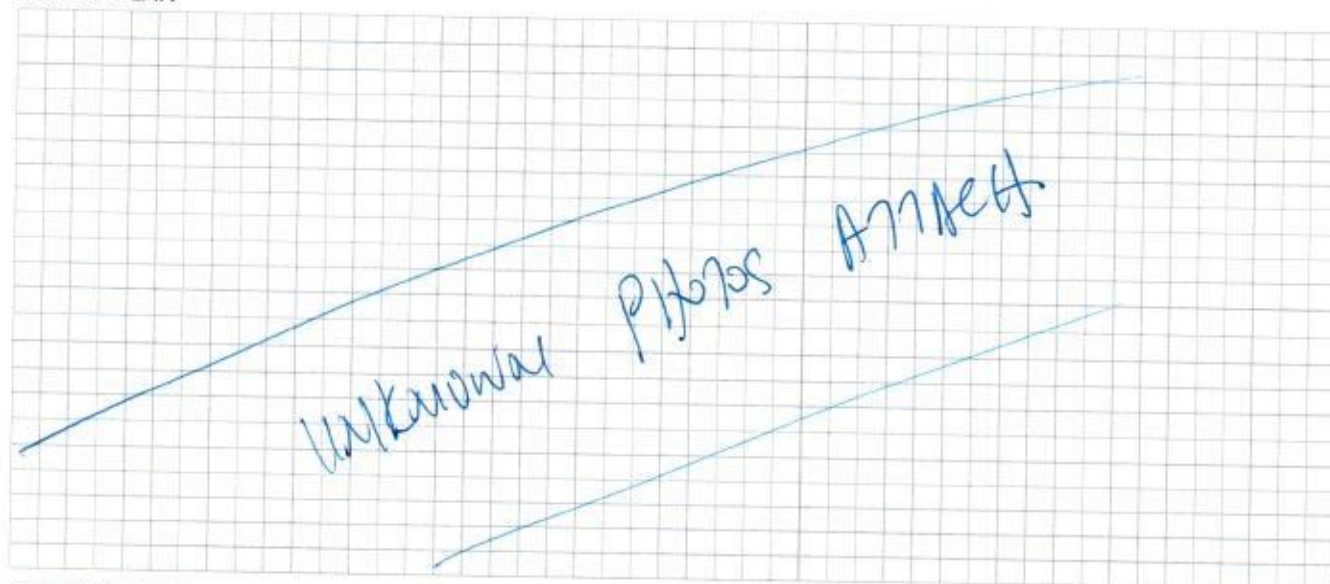
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

CAR was parked outside on Margis Road. Nobody was inside the car at moment of accident. In the evening we noticed a message left behind as well as damage to the car. Following morning I called the number provided and understood that Shihari was the driver (3rd party) causing damage on Monday 2nd December 2019 (approx 10am). He had leased the car from Fulco leasing. We exchanged some personal details. As we were overseas, I brought the car for inspection on Saturday 7 December 2019. I (Lawrence) am an authorized driver while Brian Sim (See Hien) is the owner of car and policyholder (insurance).

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: 7/12/2019

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

ACCIDENT STATEMENT

ACCIDENT DATE: (02 / 12 / 2019) (DD/MM/YYYY), TIME: (10 : 00) (HH:MM)

LOCATION: MANGAL ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SOP 3786D
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 880290293 AMH
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: NISSAN LATID 1.5
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PARKED (no driver)
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: SHAHAN BILAL SIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 784 CONTACT: 9879 4898
c) ADDRESS: 183 TANGONG KHALU #14-02

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LAURENS KOPPELMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G098310JN CONTACT: 9830 4540
c) ADDRESS: 102 JOO CHAT PLACE

* d) DATE OF BIRTH: (05 / 02 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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)

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: GBJ-2080-P MODEL: TOYOTA HILUX
b) DRIVER'S NAME: SHAHAN BILAL SIM FULCO LEASING / MOHAMMAD SHAHAKI BIN
c) NRIC/FIN/PASSPORT: NIC LEE CONTACT: 8671 1904 ABDUL A212

9. THIRD PARTY VEHICLE

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

Email =

VIDEO



Your Broker:



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

Aon Singapore Pte. Ltd.
2 Shenton Way #26-01
SGX Centre 1
Singapore 068804
T +65. 6221 8222 / F +65. 6224 1700
Co. Reg. No. 198301525W

RENEWAL INVITATION

Insured Name and Address

18/09/2018

Sim Sze Hien Brian
183
Tanjong Rhu Road
#14-02
Singapore 436923

Policy No. B 80290273 AMM
Client No. 90094387
Expiry Date 13/12/2018
Account No. 212699
Place of Issue Singapore

Thank you for insuring with MSIG. We are pleased to inform you that your policy is due for renewal.

To enjoy continuity of cover, please return this Renewal Invitation with your instruction and payment to your servicing broker early. Please speak to your servicing broker should you have any enquiries on your renewal. If you are paying your road tax by GIRO, online or by AXS, kindly send your renewal instruction to your servicing broker at least 2 weeks before the insurance expiry.

If there is any change to your personal particulars, please provide updates on the last page of this Renewal Invitation.

Together with your servicing broker, we look forward to continuing as your preferred general insurance partner.

RENEWAL DETAILS

Policy Class	AON MOTORPAC
Period of Insurance	14/12/2018 to 13/12/2019
Premium Payable (inclusive of 7% GST)	SGD520.45

Scope of Cover	Comprehensive
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Interest Insured

Registration No.	SGP3786D	Sum Insured	MARKET VALUE
Make/Model	Nissan Latio 1.5	Incl. COE/PARF	YES
Engine Number	HR15049616A	Off-Peak Car	YES
Chassis Number	JN1BAAC11Z0002817	No Claim Discount	50.00% (or F/D)
Year of Mfg	2006	NCD Protector	NOT COVERED
Capacity	1498 C.C.	Excess	SGD1,000
Seating Capacity	5 (incl. Driver)		
Windscreen	UNLIMITED		

Authorised Drivers

Sim Sze Hien Brian