

NATIONAL Assessment Centre Services. (ver 1 Jan 05) **MAA420004107**

Date In: 09/01/2020 17:26	Job description	Date & Time Completed	Done by
Ref No: MAA4200006204	SAS e-filing		
Veh No: SKL 8968R	E-mail (to John 2hrs, AIC 2hrs)		
DOA: 09/01/2020 08:25	I-Motor Claim Form		
OD 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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKL 7613S	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%. F: 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 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: _____
Time: _____
Location: _____
Weather: _____
Witness: _____
Signature: _____

MAA2000343	Invoice #	Invoice Date
Driver/Owner:	1) ALT: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damage 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	
	6) TR: Re-inspection \$73	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	9) NI: Idea Mobile	
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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	09/01/2020 17:26
Date Of Accident	09/01/2020 08:25
Exact Location Of Accident	MARINE PARADE SLIP ROAD TOWARDS ECP CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8968R
Insured/Policyholder	
Name Of Registered Owner	TAN LOONG TZE
NRIC No	SXXXX808B
Email Address	LEE,MICHELLE.SY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97854055
Alternative Phone No	OTHERS-90499181

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	ARTEON
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	
Cover Note Number	50509190

Driver

Name of Driver	LEE SIEW YUE, MICHELLE (LI XIUYU)
NRIC No	SXXXX669H
Date Of Birth	29/07/1988
Occupation	INDOOR
Date Of Driving Pass	18/04/2008
Driving Experience	11 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90499181
Fax Number	
Contact Number	OTHERS-97854055
Email Address	LEE.MICHELLE.SY@GMAIL.COM

Address	300 TANJONG KATONG ROAD #04-04
Postcode	437083
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL7613S
Vehicle Make/Model/Colour	BMW 3 SERIES F30
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	STANLEY SUPPIAH S/O APPARAJOO
NRIC/Passport Number	SXXXX226D
Contact Number	92994400
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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: 9/1/20, 17:30

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

MARINK PARADE SLP ROAD TOWARDS ECP (CITY)

A) SKP8968R

B) SKL7613S

X) SKP4895B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Nissan Sylphy (SKP4895B) jammed brake in front of my car Volkswagen Arteon (SKP8968R) when exiting towards ECP (City). I had to jam brake as well, but was able to avoid hitting Nissan Sylphy (SKP4895B). However, the car behind me BMW 3 Series (SKL7613S) also had to jam brake but was unable to brake in time, hence his front bumper hit my back bumper. Road condition was dry and normal.

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: 9/1/20, 17:30

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

ACCIDENT STATEMENT

ACCIDENT DATE: 9.1.2020 (DD/MM/YYYY) TIME: 08:25 (HH:MM)

LOCATION: Marine Parade slip road towards ECP (city)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKP 8968R
 b) INSURANCE COMPANY: MISIG
 c) POLICY NUMBER: 50509190
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: VOLKSWAGEN AUTCON
 f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Travel to work
 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: TAN LOONG TEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8824808B CONTACT: 97854255
 c) ADDRESS: 38B Elite Terrace S(458787)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LEE SIEW YUE, MICHELLE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8827667H CONTACT: 90479781
 c) ADDRESS: 300 TANJONG KATONG ROAD, #09-04
S(437883)

* d) DATE OF BIRTH: (29 / 07 / 1988) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) / OUTDOOR

f) DATE OF DRIVING PASS: 18/04/2008

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Spouse / wife

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: SKL 7613S MODEL: Bmw 3 Series, F30
 b) DRIVER'S NAME: STANLEY SUPPIAH S/O APPARAJOO
 c) NRIC/FIN/PASSPORT: S6912226D CONTACT: 92994400

9. THIRD PARTY VEHICLE

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

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

Email: lee-michelle.sy@gmail.com
 VIDEO



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Tel: (65) 6827 7000 Fax: (65) 6827 7000
Co. Reg. No. 290412212G GST Reg. No. 20-0412212G

MOTOR INSURANCE COVER NOTE

Cover Note No. 50509190

The insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 156346
Name of Insured : TAN LOONG TZE
Make and Description of Vehicle : VOLKSWAGEN ARTEON 2.0 TSI R LINE
Vehicle Registration No. : SMH5269M
Year of Manufacture : 2017
Engine No. : DJH034276
Chassis No. : WWWZZZ3HJJE508632
Capacity : 1,984 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 26/04/2019 to 25/04/2020
Excess (SGD) : As Agreed
Finance Company : DBS BANK LIMITED

We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative

Winner Consultancy Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Amy Ler
Senior Vice President, Agencies

Date of Issue : 26/04/2019

This Cover Note is valid for 30 days from the date of issue.