

NATIONAL Assessment Centre Services. (wsl 1 Jan 05)

NA 70007609

Date In: 16/01/2020 17:56	Job description	Date & Time Completed	Done by
Ref No: N/A 70007609/1050/4	SAS e-filing		
Veh No: SB 6600H	E-mail (4 days 3hrs, AIC 2hrs)		
D.O.A: 15/01/2020 16:30	I-Motor Claim Form		
QID: 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: SV 52517	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: ()

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

Injury: _____

Date/Time	Assign	Complete	Done by

NA 70007609	1) AR: 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 claiming against INC Only (wsl 10 Jan 2005)	
2nd Lt:	6) TR: Re-inspection \$75	
	7) NI: Ideal DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NS: Courtesy Car / Tpl Allowance \$3	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*ND: DV / Collect Excess Coordination \$3	
	TE (NI) / TP (Non INC) against INC \$20	
	9) NI: Ideal 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 judgement 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	16/01/2020 17:56
Date Of Accident	15/01/2020 16:30
Exact Location Of Accident	ALONG JALAN BUKIT MERAH (NEAR CPIB)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB6000H
Insured/Policyholder	
Name Of Registered Owner	TAY KIM PUAY
NRIC No	SXXXX810B
Email Address	WENKAIMARCUS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97327791
Alternative Phone No	OTHERS-87682641

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARREIR
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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 80467567 QMX
Cover Note Number	

Driver

Name of Driver	MARCUS TAY WEN KAI
NRIC No	SXXXX129J
Date Of Birth	20/11/1992
Occupation	INDOOR
Date Of Driving Pass	08/06/2011
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97327791
Fax Number	
Contact Number	OTHERS-87682641
Email Address	WENKAIMARCUS@GMAIL.COM

Address	BLK 77 SENG POH ROAD #02-75
Postcode	161077
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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: : MOTHER GENDER: : FEMALE

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	SV5251T
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALVIN
NRIC/Passport Number	
Contact Number	89848488
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

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: 16/01/20 16:05

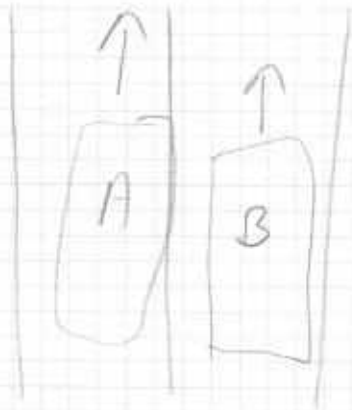
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

ALONG JALAN BUKIT MARAH (KILAR C/P 1A)



A) SLB 6000H

B) SV5251T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Jin Bukit Merah and had the intention of changing to lane 1 from lane 2. I signalled my intention and checked the side mirrors and saw nothing. As I kept the car to the right of the lane and was about to turn my head to check my blind spot.

Before I could check completely, vehicle B overtook me and his passenger-side mirror had brushed against my driver side mirror, breaking the mirror and back cover.

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: 16/01/20 16.05

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

ACCIDENT STATEMENT

ACCIDENT DATE: 15/01/2020 (DD/MM/YYYY), TIME: 16:30 (HH:MM)

LOCATION: NONET JALAN BUAT MEEAH (NEAR CPB)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 6000H
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 80467567 QMX
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA HARRIER
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: GOING HOME
 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: TAY KHIM PUAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1700910B CONTACT: 9732 7791
 c) ADDRESS: BLK 77 SENG POH RD #02-75 S (161077)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MARCUS TAY WEN KAI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S920312J CONTACT: 8768 2601
 c) ADDRESS: BLK 77 SENG POH RD #02-75 S (161077)

* d) DATE OF BIRTH: 20/11/1992 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 8/6/11

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

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

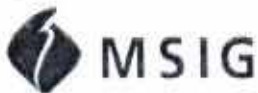
- a) VEHICLE NUMBER: SV 5251 T MODEL: TOYOTA ESTIMA
 b) DRIVER'S NAME: ALVIN
 c) NRIC/FIN/PASSPORT: CONTACT: 984 8091

9. THIRD PARTY VEHICLE

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

Email: wenkaimarcus@gmail.com

VIDEO



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

THE SCHEDULE

Policy Number	Period of Insurance	Place of Issue
A 80467567 QMX	12/04/2019 to 11/04/2020	SINGAPORE
Name and Address of Insured		Date of Issue
TAY KHIM PUAY BLK 77 SENG POH ROAD #02-75 SINGAPORE 161077		27/02/2019
		Account Number
		156351
Premium	GST	Total Due
SGD984.62	SGD68.92	SGD1,053.54

RISK NUMBER 1

MOTORMAX

OCCUPATION

Indoor Occupation

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SLB6000H	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Harrier 2.0 Premium A	INCL. COE/PARF	YES
ENGINE NUMBER	3ZRB690629	OFF-PEAK CAR	NO
CHASSIS NUMBER	3SU600066802	NO CLAIM DISCOUNT	30.00 % (or 5/D)
YEAR OF MFG	2015	GOOD DRIVER'S	
CAPACITY	1,986 C.C.	DISCOUNT	SGD61.82
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	NOT COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD700
		ANNUAL PREMIUM	SGD984.62

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

AUTHORISED DRIVERS

TAY KHIM PUAY

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