

NATIONAL Assessment Centre Services. [ver 1 Jan'08] 2405420009084

Date In: 20/01/2020 14:18	Job description	Date & Time Completed	Done by
Ref No: 234/MG20001166/4	SAS e-filling		
Veh No: SGP 80755	E-mail (Module 8hrs, AIC 2hrs)		
D.O.A: 18/01/2010 1200	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: GSD 8095D 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 repolar.

() 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	Location	Details

NA2000658

Driver/Owner:	1) AIC: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$40)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2009)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NIUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpt Allowance \$3	
	*NI: Repairs Co-ordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	TP (Nil) / TP (Non INC) against INC \$20	
	9) NI: Idea Mobile \$0	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

QC Checked by (Engr-In-Charge):

Auditor's Comments:

Date: 2/3

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 20/01/2020 14:18
 Date Of Accident 18/01/2020 12:00
 Exact Location Of Accident 45 JALAN LEBAN
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGF8075S
Insured/Policyholder
 Name Of Registered Owner YONG SIEW FOONG CAROLINE
 NRIC No SXXXX869I
 Email Address D3LLZG@GMAIL.COM
 Mobile Phone No (LOCAL) +65-98633363
 Alternative Phone No OTHERS-81883641

Vehicle Particulars

Manufacturer TOYOTA
 Model VIOS
 Exact Purpose for which vehicle was being used at time of accident TO PICK UP NEPHEW

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 A 28731399 QMX
 Cover Note Number

Driver

Name of Driver WONG SHUN YIN, WENDELL
 NRIC No SXXXX505J
 Date Of Birth 03/01/1991
 Occupation INDOOR
 Date Of Driving Pass 07/02/2012
 Driving Experience 7 YEARS AND 11 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-81883641
 Fax Number
 Contact Number OTHERS-98633363
 Email Address D3LLZG@GMAIL.COM

Address	BLK 60 ANCHORVALE CRESCENT #02-28
Postcode	544614
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GODSON
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	3
Passenger 1	NAME: : NEPHEW GENDER: : MALE
Passenger 2	NAME: : NEPHEW 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

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	GBD8095D
Vehicle Make/Model/Colour	MITSUBISHI L300
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	THARMARAJ SARAVANAMOORTHY
NRIC/Passport Number	GXXXX692W
Contact Number	90382346
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN


IMPORTANT NOTICE

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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. 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:



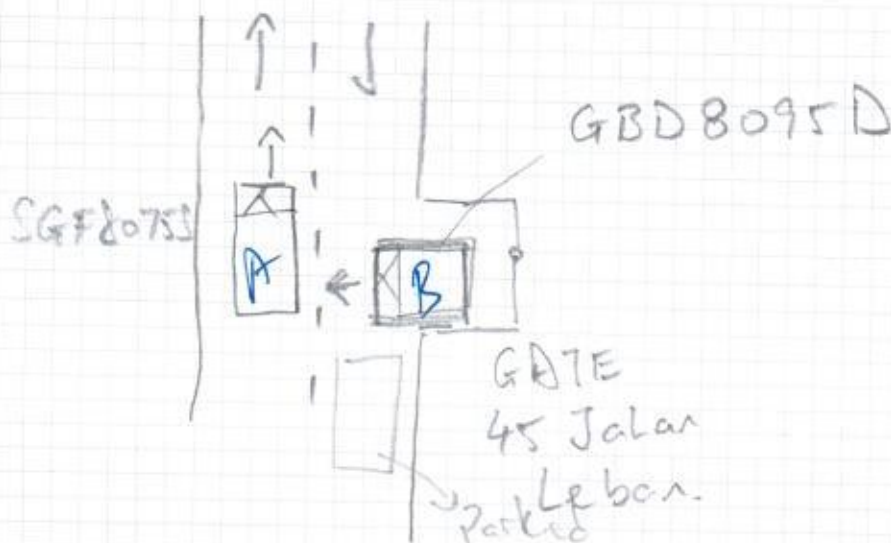
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Jalan Leban



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Travelling down Jalan Leban. in SGF8075.

GBD8095D drove out as I was passing him.

GBD8095D front bumper hit ~~my~~ SGF8075 rear right passenger door. SGF8075 was in motion during the impact. GBD8095D front bumper dragged across SGF8075 rear right passenger door & bumper. ~~part~~

Manager of driver of GBD8095D told me to claim them as it was their fault & it was a rental car from Gold bell leasing PTE LTD

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:

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

ACCIDENT STATEMENT

ACCIDENT DATE: 18/01/2020 (DD/MM/YYYY), TIME: 12:00 (HH:MM)
LOCATION: 45 Jalan Leban

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SGF80755
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A 28731399 QMX
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA VIOS
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: TO PICK CHILDREN (Nephew)
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: YONG SIEW FOONG CAROLINE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S17588692 CONTACT: 98633363
c) ADDRESS: BLK 126A KIM TIAN ROAD #23-507

Nephew (2 boy)

No of passengers
(including driver)
(3)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER
a) NAME: WENDELL WONG SHUN YIM (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1100557 CONTACT: 81883641
c) ADDRESS: 54 Anchorvale Crescent BLK 60 #02-08

* d) DATE OF BIRTH: 03/01/1991 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 07022012

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

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: G8D8095D MODEL: Mitsubishi L200

b) DRIVER'S NAME: THARMARAJ SARAVANAMOORTHY

c) NRIC/FIN/PASSPORT: G8325692W CONTACT: 90382346

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

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

No of passengers
(including driver)
()

Email: d3LLZG@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

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
 (REPUBLIC OF SINGAPORE)
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
 Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 28731399 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SGF8075S
2. Name of Policyholder
Yong Siew Poong Caroline
3. Effective Date of the Commencement of Insurance for the purposes of the Act
24/04/2019
4. Date of Expiry of Insurance
23/04/2020
5. Persons or Classes of Persons entitled to drive*

Yong Siew Poong Caroline
 Any other person provided he is driving on the policyholder's order or with the
 Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive
 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any
 enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use*

Use only for social domestic and pleasure purposes and for the
 Policyholder's business.
 The Policy does not cover use for hire or reward racing pace-making
 reliability trial speed-testing the carriage of goods other than
 samples in connection with any trade or business or use for any
 purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter
 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG
 AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the
 Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a
 Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles
 (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles
 (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act
 or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers


 for Chief Executive Officer