

# NATIONAL Assessment Centre Services

[wef 1 Jan 05] **IMNA17 0017924**

Date In: <b>12/12-10:34</b>	Jcb description	Date & Time Completed	Done by
Ref No: <b>HA201134</b>	SAS e-filing		
Veh No: <b>563153X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>8/12/04-19:45</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>563153X</b>	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: ( )

Remarks:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Actions

<b>HA201134</b>	<b>Invoice Preparation Checklist</b>	<b>Amt (\$)</b>	<b>Amt (\$)</b>
<b>Claimant's Particulars:</b>	1) AR: Accident Reporting (\$30);	<b>Int Bill</b>	<b>Add Bill</b>
<b>Driver/Owner:</b>	2) DA: Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
<b>QC Checked by (Engr-In-Charge):</b>	Invoice dated	Fee Charged	
<b>Auditors' Comments:</b>	Invoice dated	Fee Charged	
<b>Dat. 1:</b>			
<b>Dat. 2 / 3:</b>			



## 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	10/02/2020 10:34
Date Of Accident	08/02/2020 09:45
Exact Location Of Accident	JLN MASJID
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGJ1163X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIOW PI CHOO (XIAO BIZHU)
NRIC No	SXXXX877J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98264869
Alternative Phone No	OFFICE-98264869

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VPT/19-000844
Cover Note Number	

### Driver

Name of Driver	SIOW KIM HWA
NRIC No	SXXXX902B
Date Of Birth	01/01/1941
Occupation	INDOOR
Date Of Driving Pass	27/02/1960
Driving Experience	59 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98264869
Fax Number	
Contact Number	OFFICE-98264869
Email Address	NOEMAIL

Address	8 LORONG MYDIN
Postcode	416805
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	YES
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - 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

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	SML7597G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name SIOW KIM HWA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGJ1163X

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



## SKETCH PLAN

### 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. 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:

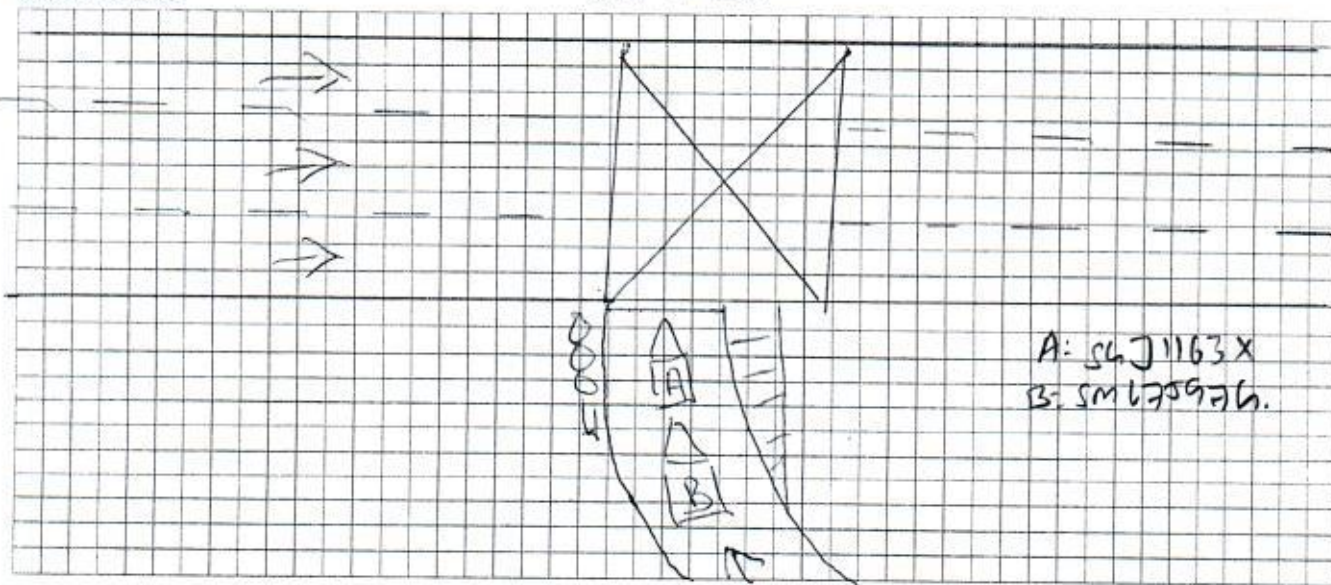
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

# SKETCH PLAN

Jln Masjid



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement.

## 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.:



ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 8 / 2 / 20 ) (DD/MM/YYYY), TIME: ( 09 : 45 ) (HH:MM)

LOCATION: In masjid

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 2J1163X  
 b) INSURANCE COMPANY: MSLH  
 c) POLICY NUMBER: MSD1497/19-20844  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 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: GOW PI CHOW (Xiao Bichun) (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 883108773 CONTACT: 98264869  
 c) ADDRESS:

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: GOW KUN HWA (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 520379023 CONTACT: 98264869  
 c) ADDRESS:

\*d) DATE OF BIRTH: ( 1 / 1 / 1991 ) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE:

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

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

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) - Driver

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

IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 5ML75976 MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
 (Including driver)  
 (4)  
 3 female

\* No of passenger  
 (Including driver)  
 ( )

\* No of passenger  
 (Including driver)  
 ( )

Email =

fax =

VIDEO =



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
msig.com.sg

**MOTOR INSURANCE SCHEDULE**

(FOR PRIVATE CAR )

COVERAGE THIRD PARTY

POLICY NO.

MSD/VPT /19-000844

DATE

29/05/2019

POLICYHOLDER

ACCOUNT NO.

A0633-001

NAME  
ADDRESS

SIOW PI CHOO (XIAO BIZHU)  
8 LORONG MYDIN  
SINGAPORE 416805

BUSINESS OR PROFESSION

PURCHASING OFFICER

PERIOD OF INSURANCE

FROM 29/06/2019 TO 28/06/2020

REG. NO.

SGJ1163X

GROSS PREMIUM

SGD467.10

MAKE

T/ALTIS 1.6

GST 7.00%

SGD32.70

CUBIC CAPACITY

1598 CC.

TOTAL PREMIUM

SGD499.80

YEAR OF MFG.

2006

SEATING CAPACITY

5

EXCESS

NIL

INSURED VALUE

SGD0.00

GROSS PREMIUM STATED ABOVE IS AFTER :

NCD/FLEET DISCOUNT

30.00 %

GOOD DRIVER DISCOUNT

5%

SUBJECT TO PREMIUM BEFORE COVER WARRANTY (APPLICABLE FOR POLICY ISSUED TO AN INDIVIDUAL)

SUBJECT TO PREMIUM PAYMENT WARRANTY (APPLICABLE FOR POLICY ISSUED TO A BUSINESS OR COMMERCIAL ESTABLISHMENT)

ENDORSEMENT APPLICABLE

3PH 72B

REPLACES POLICY NO.

MSDVPT 18000817

CHECKED BY

AML N

MPS-200

AUTHORIZED SIGNATURE

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
msig.com.sg

**GST REG NO: 20-0412212G**  
**TAX INVOICE**

ON PAYMENT, PLEASE  
QUOTE POLICY NUMBER

**SIOW PI CHOO (XIAO BIZHU)**  
**8 LORONG MYDIN**  
**SINGAPORE 416805**

**DATE: 29/05/2019**

CLASS	:	PRIVATE CAR
ACCOUNT CODE	:	A0633-001
POLICY NO	:	MSD/VPT /19-000844
ENDORSEMENT NO	:	MSD/VPT /19-000844-00
PARTICULAR	:	SGJ1163X
SUM INSURED	:	SGD0.00
PERIOD OF INSURANCE	:	FROM 29/06/2019 TO 28/06/2020

**PREMIUM DEBIT NOTE**

**PREMIUM** SGD467.10

**GST 7.00 %** SGD32.70

**TOTAL** SGD499.80

WCB 419423 5499.80 02/07/19 JN

If you have already made payment, this invoice is for your record only.  
Otherwise, Cheque should be crossed and made payable to  
**MSIG Insurance (Singapore) Pte. Ltd.**

No Official Receipt will be issued unless  
payment by Cash.

**IMPORTANT NOTICE**

This policy is subject to the **Payment Before Cover Warranty**. By virtue of this warranty, a personal line policy shall not be in force unless premium is paid to the company or intermediary on or before the date of inception of the policy.

(Please refer to the **Premium Before Cover Warranty** as indicated in your policy for more details)