

NATIONAL Assessment Centre Services. [ver 1 Jan 09] MMA 120019164

Date In: 12/12/20 09:57	Job description	Date & Time Completed	Done by
Ref No: MMA MSG 2000 2410/h4	SAS e-filing		
Veh No: SKT 1828 U	E-mail (within 3hrs, AIC 2hrs)		
IP: 12/12/20 07:10	I-Motor Claim Form		
OT: <input checked="" type="checkbox"/> 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/Wksp		

Professional Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 33N 1829 C. 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 reporer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: (INC 11001111 6700 6616) ()

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

Injury: ()

Date/Time	Action

Claimant's Particulars	Invoice Itemization	Amount (\$)	Remarks (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Call:	For claimant against INC Only (ver 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) N1: Idao DA + EMIT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	* N5: Courtesy Car / Tpt Allowance \$5		
	* N6: Repair Coordination \$10		
	* N7: Post Repair Inspection \$25		
	* N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao 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	12/02/2020 09:57
Date Of Accident	12/02/2020 07:10
Exact Location Of Accident	AYE TWDS JURONG NEAR LOWER DELTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT1808U
Insured/Policyholder	
Name Of Registered Owner	TAM YOON YONG DAVID
NRIC No	SXXXX887I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90084323
Alternative Phone No	OFFICE-90084323

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA-2.4 8-SEATER (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29118391 QMX
Cover Note Number	

Driver

Name of Driver	TAM YOON YONG DAVID
NRIC No	SXXXX887I
Date Of Birth	24/02/1963
Occupation	INDOOR
Date Of Driving Pass	09/03/1985
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90084323
Fax Number	
Contact Number	OFFICE-90084323
Email Address	NOEMAIL

Address	1 WARINGIN WALK
Postcode	416274
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	7
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

I WAS TRAVELLING ALONG AYE TWDS JURONG NEAR LOWER DELTA ON THE FIRST LANE, VEH C WHICH WAS INFRONT OF ME STOP, I ALSO MANAGE TO STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C REAR PORTION, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION. TOTAL 7 VEH INVOLVED IN THE ACCIDENT.

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	SJN1829C
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK5407C
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SGM1483G
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 OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJR1421Z
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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLR6017B
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 OTHER VEHICLE PROPERTY 6

Vehicle Registration Number

SLG4097R

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)

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



A: SKT 1808U.

B: SJN 1829C

C: SLK 5407C

D: SGM 1483G

E: SJR 1421Z

F: SLR 6017B

G: SLG 4097R

AYE trucks Jurong Near Lower Delta

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.:

INSUREPAC
INSUREPAC ASSOCIATES PTE LTD

INSUREPAC ASSOCIATES PTE LTD

Robinson Road Post Office PO Box 192 Singapore 900342
Tel : 6222 2180 Fax : 6222 1050 Email : contact@insurepac.com.sg
Website : www.insurepac.com.sg Co.Reg No : 201018488Z

DEBIT NOTE

TAM YOON YONG DAVID
1 WARINGIN WALK

Debit Note No : DN190383
Date : 21/3/2019

SINGAPORE 416274

Staff :

Description		Amount (S\$)
Insured	: TAM YOON YONG DAVID	
Vehicle No	: SKT1808U	
Period	: 8/3/2019 To 21/4/2020	
Class	: PRIVATE CAR	
Plan	: COMPREHENSIVE-MOTOR MAX (AUTHORISED WS PLAN)	
Insurer	: MSIG INSURANCE (SINGAPORE) PTE LTD	
Policy No	: A29118391QMX ED No: 001	Premium: \$0.00
Remarks	: TOYOTA PREVIA 8 SEATER / 2362 CC YEAR OF REGN : 2009 EXCESS : \$ 1,000.00 NCD : 50% WITH NCD PROTECTOR UPADTE VEHICLE TO SKT1808U WEF 11/03/2019	
Total(Inclusive of 7 % GST):		\$0.00

Note: Subject to Premium Warranty as per your policy. Please pay the premium within the Premium Warranty to ensure the continuity of your Insurance Cover.
Please issue cheque payable to **the Insurer and send all cheques to Insurepac Associates Pte Ltd**

Note: This is NOT a Tax Invoice. If you need to claim for your GST Input Tax, please refer to the Insurer's Tax Invoice.

MSIG

Insurance (Singapore) Pte. Ltd.
 110, Raffles Place, # 21-01, SGX Centre 2, Singapore 068807
 Tel: +65 6827 7888, Fax +65 6827 7800
 U.S. Reg. No. 200412212G GST Reg. No. 20-0412212G

MOTOR MAX

ENDORSEMENT

Policy Number	Period of Insurance	Place of Issue
A 29118391 QMX	08/03/2019 to 21/04/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Tam Yoon Yong David 1 Waringin Walk Singapore 416274		13/03/2019
		Account Number
		156160
Premium	GST	Total Due
SGD0.00	SGD0.00	SGD0.00

RISK NUMBER 1

MOTORMAX

OCCUPATION

Director

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO. SMG9310E
 MAKE/MODEL Toyota Previa 8 Seater
 ENGINE NUMBER 2AZH329156
 CHASSIS NUMBER JTEGD52M707077371
 YEAR OF MFG 2009
 CAPACITY 2362 C.C.
 SEATING CAPACITY 8 (INCL. DRIVER)
 WINDSCREEN UNLIMITED

SUM INSURED	MARKET VALUE
INCL. COE/PARF	YES
OFF-PEAK CAR	NO
NO CLAIM DISCOUNT	50.00% (or F/D)
GOOD DRIVER'S DISCOUNT	SGD51.56
NCD PROTECTOR	COVERED
EXCESS	SGD1,000
ANNUAL PREMIUM	SGD979.72

ACCESSORIES

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

AUTHORISED DRIVERS

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

LIMITATION AS TO USE