

NATIONAL Assessment Centre Services.

[ver 1 Jan 2003]

19 MAR 2000/9322

Date In: 18/03/2000 12:57	Job description	Date & Time Completed	Done by
Ref No: 184/M89200024394	SAS e-filing		
Veh No: SMK 88484	E-mail (to John Doe, AIC 2hrs)		
D.O.A: 11/03/2000 16:35	I-Motor Claim Form		
(ID) : 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMK 9392X	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 ()	

() 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: 18/03/2000

<p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ver 10 Jan 2000)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idao DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*N5: Courtesy Car / Tpt Allowance \$3</p> <p>*N6: Repair Coordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$3</p> <p>TP (NI): TP (Non INC) against INC \$20</p> <p>9) NI: Idao Mobile \$0</p>	<p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>
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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	12/02/2020 12:57
Date Of Accident	11/02/2020 16:35
Exact Location Of Accident	ALONG GRANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR8848U
Insured/Policyholder	
Name Of Registered Owner	STEVEN LEE KIN YONG
NRIC No	SXXXX994C
Email Address	CLARISSAJY.LEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98512906
Alternative Phone No	OTHERS-92711772

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT
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	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	
Cover Note Number	61760168

Driver

Name of Driver	LEE JIA YU, CLARISSA
NRIC No	SXXXX130D
Date Of Birth	09/07/1988
Occupation	INDOOR
Date Of Driving Pass	13/08/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98512906
Fax Number	
Contact Number	OTHERS-92711772
Email Address	CLARISSAJY.LEE@GMAIL.COM

Address	BLK 117 ANG MO KIO AVENUE 4 #03-467
Postcode	560117
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	WET

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMR9392X
Vehicle Make/Model/Colour	BMW
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

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 12 FEB 2020
0934

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was changing to the left lane and was already more than halfway into the lane when a white Buw came from the back and hit my car.

The driver of the BMW was filtering to the right lane.

After the impact, BMW driver did not stop and proceeded to drive straight. Hence, we did not manage to exchange contact details. Driver of BMW did not signal to change lane.

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: 12 FEB 2020
0934

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 11/02/2020 (DD/MM/YYYY) TIME: 16:35 (HH:MM)

LOCATION: GRANGE ROAD 70

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMR 8848 U
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: SUZUKI SWIFT
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PPV PRIVATE USE
 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: STEVEN LEE KIN YONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1204994C CONTACT: 98512906
 c) ADDRESS: BLOCK 117, ANG MO KIO AVENUE 4
#03-467 SINGAPORE 560117

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- d) NAME: CLARISSA LEE JIA YU (MALE / FEMALE)
 e) NRIC/FIN/PASSPORT: S8824130D CONTACT: 92111712
 f) ADDRESS: BLOCK 117, ANG MO KIO AVENUE 4
#03-467 SINGAPORE 560117

* d) DATE OF BIRTH: 09/07/1988 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 31 Aug 2016

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

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: SMR 9392 X MODEL: BMW
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

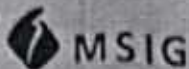
- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(1)

* No of passengers
 (including driver)
()

* No of passengers
 (including driver)
()

Email: clarissaj-lee@gmail.com
 VIDEO



MSIG Insurance (Singapore) Pte. Ltd.
4 Southview Way #21-01 SGA Centre 3 Singapore 088017
Tel: (65) 6827 1844 Fax: (65) 6827 1830
Co. Reg. No. 200412712G GBT Reg. No. 20-0412212G

CSSP023 - PETER PEV
1YEAR - \$1751.38

MOTOR INSURANCE COVER NOTE

Cover Note No. 61760168

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. : 156498
Name of Insured : LEE KIN YONG STEVEN
Make and Description of Vehicle : SUZUKI SWIFT 1.0T
Vehicle Registration No. :
Year of Manufacture : 2019
Engine No. : K10C1248843
Chassis No. : JSAAZC13S00301127
Capacity : 998 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : One year from Date of Registration of the vehicle with LTA
Excess (SGD) : 500
Finance Company : MAYBANK SINGAPORE 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. 188) 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

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Inchcape Automotive Services Pte. Ltd.


Amy Lee
Senior Vice President, Agencies

Date of Issue : 28/01/2020

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

90ASPL0025612816256551

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MHA420019332 Vehicle Registration No: SMR 8848 U

Name (as shown in NRIC): LEE JIA YU, CLAD189A NRIC/FIN/Passport No: SXXXX130D

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: 92711772

Email Address: _____

Date of Accident: 11/02/2020 Time of Accident: 16:35

Place of Accident: Away from the road

Insurance Company: MSL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① Relationship should be FATHER / DAUGHTER
- ② Be - Scratch (Scratch Plate)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul
NRIC/FIN No.: U00000000
Date: 13/02/2020