

NATIONAL Assessment Centre Services.

(Ref 1 Jan 00)

1/10/2020 19:54

Date In: 1/10/2020 19:54	Job description	Date & Time Completed	Done by
Ref No: 1/10/2020 19:54	SAS e-filing		
Veh No: 85C 55557	E-mail (E-filing sheet, AIC sheet)		
D.O.A: 01/10/2020 17:30	1-Motor Claims Form		
OD: TP: Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No:	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: ()
Damage: ()
Driver/Owner: ()
Contact No: ()
Damaged Portion: ()
QC Checked by (Engr-In-Charge): ()
Author: ()
Cal: ()

1) ARI: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$10
4) PT: Follow-Through Survey	\$10
5) PT: Follow-Through Survey (Resurvey)	\$10
6) TR: Re-inspection	\$75
7) NI: Idea DA + EMRT Survey	\$160
8) NTUC Additional Services:	
9) NI: Idea Mobile	\$30
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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	17/02/2020 19:54
Date Of Accident	02/02/2020 17:30
Exact Location Of Accident	408 RIVER VALLEY ROAD (248306)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBC5555T
Insured/Policyholder	
Name Of Registered Owner	TAN WEI YANG AARON
NRIC No	SXXXX966Z
Email Address	TWYAARON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93659199
Alternative Phone No	HOME-96831109
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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	A 27767866 QMY
Cover Note Number	
Driver	
Name of Driver	ONG KAR WOON
NRIC No	SXXXX995B
Date Of Birth	09/11/1990
Occupation	OUTDOOR
Date Of Driving Pass	05/07/2016
Driving Experience	3 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93659199
Fax Number	
Contact Number	HOME-96831109
EMail Address	TWYAARON@GMAIL.COM

Address 33 HINDHEDE WALK
 #09-15
 Postcode 587968
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY
 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 1
 Was any body injured in the Accident? NO
 Was any injured conveyed to hospital by ambulance? NO
 Was any other material or property damaged? NO
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 5

Passenger 1 NAME: : TAN WEI YANG AARON
 GENDER: : MALE
 Passenger 2 NAME: : CHIN LILY
 GENDER: : FEMALE
 Passenger 3 NAME: : ONG KAR WAI
 GENDER: : MALE
 Passenger 4 NAME: : TAN YING XI OLIVIA
 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

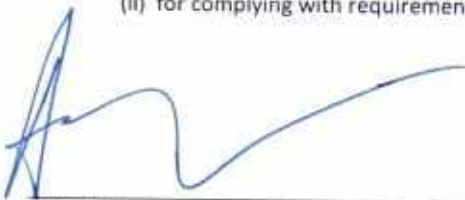
SKETCH PLAN

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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:



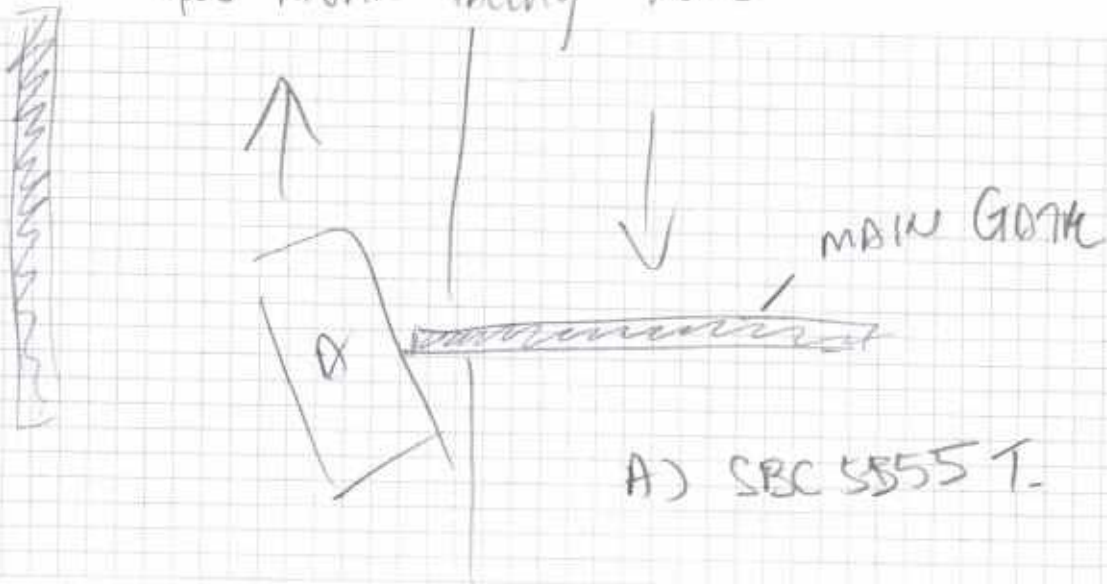
Driver's Signature
(If driver is not the policyholder)
Date & Time:



17/02/2020
Reporting Centre Personnel's Signature
Name: ROSE L. HATHOR
NRIC/FIN No.:

SKETCH PLAN

408 RIVER VALLEY ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS DRIVING OUT OF THE CONDO WHEN I ACCIDENTALLY
HIT THE SIDE OF THE CONDO GATE ON THE REAR PASSENGER DOOR
ON THE RIGHT HAND SIDE OF MY CAR.

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: 02 / 02 / 2020 (DD/MM/YYYY) TIME: 17:30 (HHMM)

LOCATION: 408 River Valley Road Singapore 248306

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBC 5555 T
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 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: _____
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

INSURED / POLICY HOLDER

- a) NAME: Tan Wei Kang Aaron (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S78179662 CONTACT: 93659199
 c) ADDRESS: 33 KUNDURU LANE #09-15 S(587968)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ang Kar Woon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9076995B CONTACT: 96831109
 c) ADDRESS: 33 KUNDURU LANE #09-15 S(587968)

* d) DATE OF BIRTH: 09 / 11 / 1990 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 05-11-2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE

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

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ 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: _____

email: twyerson@gmail.com

VIDEO

twyerson

**MSIG**

TAXED 62718802

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 PLUS**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 27767866 QMY	11/09/2019 to 10/09/2020	SINGAPORE
Name and Address of Insured	Date of Issue	Account Number
Tan Wei Yang Aaron 33 Hindhede Walk #09-15 Southaven II Singapore 587968	10/09/2019	1A1001
Premium	GST	Total Due
SGD870.90	SGD60.96	SGD931.86

RISK NUMBER 1**MOTORMAX PLUS****OCCUPATION**

Insurance Agent

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO.	SBC5555T	SUM INSURED	MARKET VALUE
MAKE/MODEL	Mercedes Benz E200 Sedan (R18)	INCL. COE/PARF	YES
ENGINE NUMBER	27492030090284	OFF-PEAK CAR	NO
CHASSIS NUMBER	WDD2120342A856155	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2013	GOOD DRIVER'S	
CAPACITY	1991 C.C.	DISCOUNT	SGD45.84
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD700
		ANNUAL PREMIUM	SGD870.90

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

AUTHORISED DRIVERS

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

LIMITATION AS TO USE