

NATIONAL Assessment Centre Services. [part 1 Jan 2003]

12/10/04 20028554

Date In: 05/03/2000 10:42	Job description	Date & Time Completed	Done by
Ref No: X/129/m84 20003601/Y	SAS e-filing		
Veh No: SP, STJ	E-mail (update this, ATC this)		
D.O.A: 04/03/2000 10:30	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD this, TP this)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VL312		

Preferred Wreck / INC Assign Wreck / QW: (Tel:	Fax:
TP Particulars:	Veh No: SP 7229Z	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: (\$)	Landing: \$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: _____

Location: _____

Weather: _____

Witness: _____

Police: _____

Insurance: _____

Other: _____

NA2001811	1) ALT: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (110)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PF: Follow-Through Survey \$110	
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance \$3	
	*NI: Repair Coordination \$10	
	*NI: Post Repair Inspection \$25	
	*NI: DV / Collect Excess Coordination \$3	
	*NI: DV / Collect Excess Coordination \$20	
	TE (NI) / TP (SS) INC, against INC \$0	
	*NI: Idea Mobile	
	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	05/03/2020 10:42
Date Of Accident	04/03/2020 10:30
Exact Location Of Accident	ALONG TANGLIN ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP57J
Insured/Policyholder	
Name Of Registered Owner	LEE JUN HAO JONATHAN
NRIC No	SXXXX117Z
Email Address	ANGELICSEAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91770978
Alternative Phone No	OTHERS-91770978

Vehicle Particulars

Manufacturer	AUDI
Model	Q2-999CC 1.0 TFSI S TRONIC (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	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	S 29087233 SMF
Cover Note Number	

Driver

Name of Driver	SEAH BEE POH
NRIC No	SXXXX856H
Date Of Birth	05/05/1953
Occupation	INDOOR
Date Of Driving Pass	11/08/1971
Driving Experience	48 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91770978
Fax Number	
Contact Number	OTHERS-91770978
Email Address	ANGELICSEAH@GMAIL.COM

Address	42 MAS KUNING TERRACE
Postcode	126879
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?	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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGT7229Z
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS QUEK
NRIC/Passport Number	
Contact Number	93692145
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: 5/2/20

Reporting Centre Personnel's Signature:
Name: Reshmi
NRIC/FIN No.: 9201 240 1234

SKETCH PLAN

Along TANGKUN ROAD TOWARDS ORCHARD RD

A) SJP 57J

B) SK1 7229Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along Tangkun Road, I saw the ~~light~~ traffic light turn red, I stopped behind Vehicle No. S67 7229Z, then my car moved slightly as I didn't step the brake, so it rolled a bit & ~~it~~ ^{it} S67 7229Z. When the light turned green, she drove ahead left & then stopped to see her car. I also drove left & stopped my car and we both came out. She saw her back of her car, no damage & she took a photo of my car, likewise I took a photo of her car. I intended to give her my telephone number & likewise. So we drove off. Then in the evening her husband ~~to~~ text me saying that he brought to Audi workshop & Audi quoted \$2222 & asked me to pay. No dent at all & Audi wanted to charge \$2222? So I told him that we report to insurance.

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: 5/3/20

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

10:33am

ACCIDENT STATEMENT

ACCIDENT DATE: 4/3/2020 (DD/MM/YYYY), TIME: 10:30 (HHMM)

LOCATION: Taylor Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJP 57J
 b) INSURANCE COMPANY: MASIG
 c) POLICY NUMBER: 529087233
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Audi A2
 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: Lee Jui Heng Jonathan (MALE / FEMALE)
 B) NRIC/FIN/PASSPORT: S8039472 CONTACT: 91770978
 C) ADDRESS: 42 MAS KURY TERRACE (126899)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER:
 a) NAME: Mrs Seah Bee Poh (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0199856H CONTACT: 93692145
 c) ADDRESS: 42 MAS KURY TERRACE (126899)

* d) DATE OF BIRTH: 05/05/1962 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) DATE OF DRIVING PASS: 11/8/1971

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Son / Mother

5. a) WEATHER CONDITION: CLEAR / RAINING / OTHERS - Sunny
 b) ROAD SURFACE: DRY / WET / OTHERS - Dry
 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: SGT 72292 MODEL: Audi A4
 b) DRIVER'S NAME: Mrs Seah
 c) NRIC/FIN/PASSPORT: 93692145

9. THIRD PARTY VEHICLE

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

Email: angelicseah@gmail.com

VIDEO

ULTIMATE CAR PROTECTOR-PREMIER
RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
S 29087233 SMP	12/07/2019 to 11/07/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Lee Jun Hao Jonathan 42 Mas Kuning Terrace Singapore 126879		14/06/2019
		Account Number
		599055
Premium	GST	Total Due
SGD757.04	SGD52.99	SGD810.03

RISK NUMBER 1
ULTIMATE CAR-PROTECTOR-PREMIER
OCCUPATION

Deputy Managing Director

SCOPE OF COVER Comprehensive

INTEREST INSURED

REGISTRATION NO.	SJPS7J	SUM INSURED	MARKET VALUE
MAKE/MODEL	Audi Q2 1.0 TFSI S Tronic	INCL. COE/PARF	YES
ENGINE NUMBER	CHZ384763	OFF-PEAK CAR	NO
CHASSIS NUMBER	WAUZZZGA4HA057885	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2017	GOOD DRIVER'S	
CAPACITY	999 C.C.	DISCOUNT	SGD39.84
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD500
		ANNUAL PREMIUM	SGD757.04

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

AUTHORISED DRIVERS

Lee Jun Hao Jonathan
 Seah Bee Poh
 Joshua Lee Jun Jie

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

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: M404002854 Vehicle Registration No: SJP57J
Name (as shown in NRIC): Shah Baki Poth NRIC/FIN/Passport No.: _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 91770978
Email Address: _____
Date of Accident: 05/03/2020 Time of Accident: 10:30
Place of Accident: Blk 5 Tanjong Rd towards Old Road Rd
Insurance Company: MGL

(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:

DATE OF ACCIDENT TO 04/03/2020

Policyholder / Driver's Signature
Date:

Reporting Centre Person's Signature
Name: Poth Manoj
NRIC/FIN No.: _____
Date: 05/03/2020