

NATIONAL Assessment Centre Services.

Part 1 Jan 2003

MAH/20033007

Date In: 16/03/2000 1446	Job description	Date & Time Completed	Done by
Ref No: NBS/MSG/20004047/4	SAS e-illing		
Veh No: 8UB 35Y	E-mail (5 days 2hrs, AIC 2hrs)		
D.O.A: 14/03/2000 17.58	1-Motor Claim Form		
OID: (T) 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/WR32		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: 8UB 35Y	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 repolar.
()	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 of Injury:	Location:

MAH/2002054	Invoice Details
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)
Damaged Portion:	3) TP: Towing Fee \$10/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (valid 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: 1 day DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$3
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$3
	TP (NI) : TP (Non INC) against IRG \$20
	9) NI2: 1 day Mobile \$0
	Invoice dated
	Invoice dated
	Fees Charged
	Fees 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	16/03/2020 14:46
Date Of Accident	14/03/2020 17:55
Exact Location Of Accident	OPEN AIR CARPARK BESIDE BLK 49A JALAN TIGA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB35Y ✓
Insured/Policyholder	
Name Of Registered Owner	LUXE CALIBRE PTE LTD
Co Reg No	2XXXXX317C
Email Address	WILSON@KKAUTO.COM.SG
Mobile Phone No	(LOCAL) +65-90057626
Alternative Phone No	OFFICE-90057626

Vehicle Particulars

Manufacturer	MCLAREN
Model	MP4-12C-3.8 (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 300266921 MPC
Cover Note Number	

Driver

Name of Driver	TAN CHIN GEE
NRIC No	SXXXX213I
Date Of Birth	27/09/1967
Occupation	OUTDOOR
Date Of Driving Pass	23/09/1985
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90057626
Fax Number	
Contact Number	OTHERS-90057626
Email Address	WILSON@KKAUTO.COM.SG

Address	BLK 557 ANG MO KIO AVENUE 10 #08-1866
Postcode	560557
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	SJM1601Y
Vehicle Make/Model/Colour	MERCEDES BENZ C-CLASS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG NYUK YIN
NRIC/Passport Number	SXXXX697H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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 insurers a compliance to repudiate policy liability.
4. The cover and/or performance of the claim by insurance companies is not an admission of policy liability on the part of the insurers concerned.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers to the GIC Records Management Centre and also to 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. Full transmission of this report to third parties will nevertheless be to the detriment of the report of the GIC and its copies of the report will be made available upon request.
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 processed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured driver(s) involved in this accident (all insurers, who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers"), their agents, representatives, the Metropolitan Authority of Singapore and any relevant government agency/authority (such as the police) for the purpose 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) investigating and/or dealing with my insurance or responding to any enquiry relating to;
 - (iv) offering, offering my services or aiding the making of correspondence, statements, applications, or claims which could involve disclosure of certain personal data about me to bring about delivery of the claims as well as other external cover of insurance 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' Representatives 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/also be disclosed by any of the Insurers and/or its agents to their third party service providers (including their lawyers or 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 maintain claims history for the purpose of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected as set out (b) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, processing or settling claims;
 - (ii) to regulatory, law enforcement and government agencies as reasonably required for the purposes stated in;
 - (iii) 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

Representative of Insurers
Name
Signature

16/03/2020
Refd. [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (15/03/20) (DD/MM/YYYY), TIME: (5:55) PM (HH:MM)

LOCATION: _____

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 35 Y
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: 8301 0053
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: MCLAREN MP4-12C
- 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) NO
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: LUXE CALIBRE RE 40 (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: 201801317C CONTACT: 90057626
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ERIC TAN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S1825213/I CONTACT: 90057626
- c) ADDRESS: 557 Ang Mo Kio Avenue 10
#108-1886 S(560557)

* d) DATE OF BIRTH: (27/9/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SJM 1601 Y MODEL: Mercedes-Benz C-class
- b) DRIVER'S NAME: HONG NYUK YIN
- c) NRIC/FIN/PASSPORT: S1327697/H CONTACT: _____

9. THIRD PARTY VEHICLE

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

email = wilson@kkauto.com.sg
VIDEO



MSIG

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

A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

PRIVATE MOTOR CAR Comprehensive

Certificate No. B 300266921 MPC

Excess : SGD30,000 (Outside Singapore)
SGD15,000 (Within Singapore)

Windscreen Excess : SGD3,000

1. Index Mark and Registration Number of Vehicle

SLB35Y

2. Name of Policyholder

Luxe Calibre Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

06/02/2020

4. Date of Expiry of Insurance

22/02/2021

5. Persons or Classes of Persons entitled to drive*

Eric Tan, Tan Ah Bee

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use *

Use only for social domestic and pleasure purposes and for the Policyholder's business. The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings:

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Craig Ellis
Chief Executive Officer

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 : MHA420033007 Vehicle Registration No: SLB 354
Name (as shown in NRIC) : Tan Chin Guan NRIC/FIN/Passport No : Sxxxxx2131
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90057626
Email Address : _____
Date of Accident : 14/03/2020 Time of Accident : 17:55
Place of Accident : OPEN AIR CARPARK BESIDE BIK 49A JALAN TIGA
Insurance Company : M816

(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 14/03/2020

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature:
Name: Rishi Wonnas
NRIC/FIN No.: 17/03/2020
Date: