

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA400033463

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 17/03/2020 11:24 | Job description | Date & Time Completed | Done by |
| Ref No: NAB/MSG200041014 | SAS e-illing | | |
| Veh No: SV 1695E | E-mail (by date time, AIC 2hrs) | | |
| D.O.A: 17/03/2020 09:20 | I-Motor Claim Form | | |
| OD 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: SH6471S | 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 repaior. | |
| () 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: | |
| | |
| | |
| | |

| | |
|---------------------------------|--|
| NA2002062 | |
| Driver/Owner: | |
| Contact No: | |
| Damaged Portion: | |
| QC Checked by (Engr-In-Charge): | |
| Auditors' Comments: | |
| Cal 1: | |
| 2 / 3 | |

| | |
|---|-------------|
| 1) ART Accident Reporting (\$30) | INC (\$10) |
| 2) DA1 Damage Assessment (\$100) | \$10/\$45 |
| 3) TP1 Towing Fee | \$120 |
| 4) PT1 Follow-Through Survey | \$30 |
| 5) PT1 Follow-Through Survey (Resurvey) | |
| For claiming against INC Only (ver 10 Jan 2005) | \$73 |
| 6) TR1 Re-inspection | \$160 |
| 7) NI1 Idea DA + EMRT Survey | |
| 8) NTUC Additional Services: | |
| ON1 | \$3 |
| *NS1 Courtesy Car / Tpt Allowance | \$10 |
| *NS1 Repairs Coordination | \$23 |
| *NS1 Post Repair Inspection | \$3 |
| *ND1 DV / Collect Excess Coordination | \$30 |
| TP (NI1) / TP (NS1 INC) against INC | \$0 |
| 9) NI2 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 | 17/03/2020 11:24 |
| Date Of Accident | 17/03/2020 09:20 |
| Exact Location Of Accident | ALONG CENTRAL BOULEVARD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--|
| Vehicle Registration Number | SLV1695E |
| Insured/Policyholder | |
| Name Of Registered Owner | KONG KAR WAI THOMAS |
| NRIC No | SXXXX954J |
| Email Address | THOMAS.KONGKW@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-86698211 |
| Alternative Phone No | OTHERS-86698211 |
| Vehicle Particulars | |
| Manufacturer | BMW |
| Model | 640I-3.0 GRAN COUPE M SPORT LED SR NAV HUD (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? | YES |
| If No, Please state action to be taken | |
| 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 300220572 QMY |
| Cover Note Number | |
| Driver | |
| Name of Driver | KONG KAR WAI THOMAS |
| NRIC No | SXXXX954J |
| Date Of Birth | 31/12/1980 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/07/2001 |
| Driving Experience | 18 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86698211 |
| Fax Number | |
| Contact Number | OTHERS-86698211 |
| Email Address | THOMAS.KONGKW@GMAIL.COM |

| | |
|---|---------------------------------------|
| Address | BLK 144 LORONG 2 TOA PAYOH #23-204 |
| Postcode | 310144 |
| 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 | SIDE SWIPE |
| 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 | SH6471S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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.
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. 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:

17/03/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

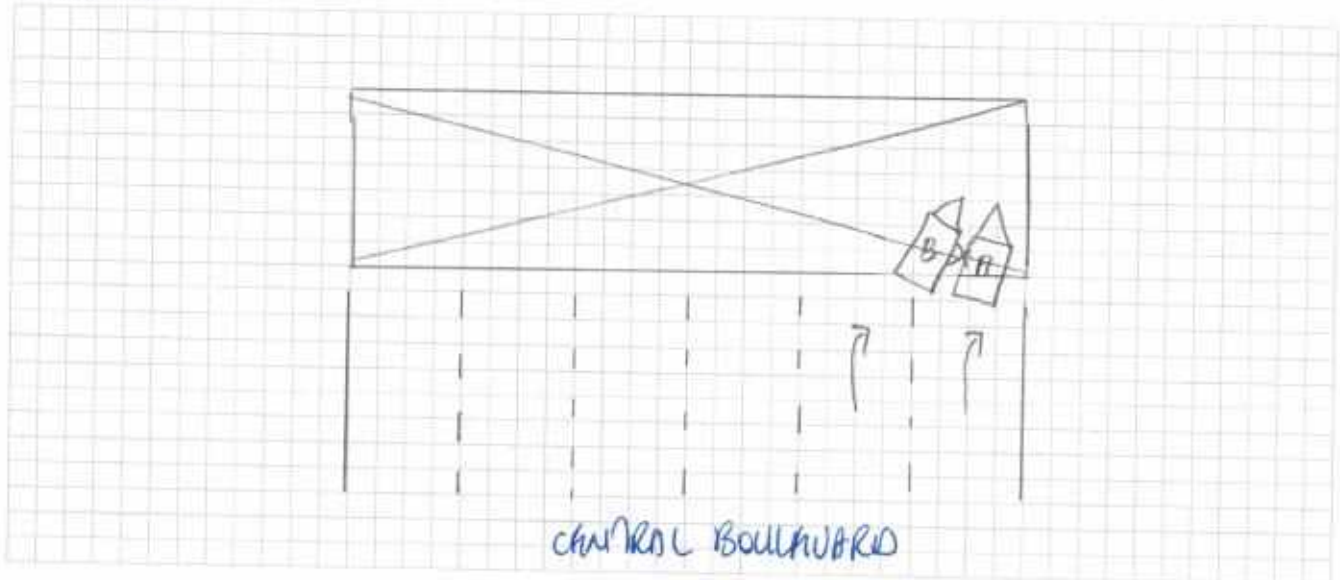
17/03/2020

Ref. [Signature]

VRN: SLV169SE
VNB: 5H6471S

Date: 17-03-2020
Time: 0920hr
Loc: Central Blvd

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


my VEH A (SLV169SE)

On 17-03-2020 at 0920hr, I was driving ~~at~~ Central Blvd. I was at the junction on the Right turn lane. As the vehicle moves towards ^{to} the junction, the vehicle B (5H6471S) and my vehicle collided (sideways).

No police report done. No injury reported.

DECLARATION

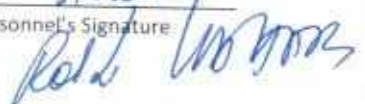
I/We declare the foregoing particulars are true in every respect.


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.:

17/03/2020





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

MOTORMAX PLUS RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

| | | | |
|---------|---|---------------------|-------------------------------------|
| Name | : Kong Kar Wai Thomas | Date of Issue | : 26/11/2019 |
| Address | : 144 Lorong 2 Toa Payoh #23-204 Singapore 310144 | Policy No. | : A 300220572 QMY |
| | | Account No. | : 3397 |
| | | Period of Insurance | : 22/12/2019 to 21/12/2020 |
| | | Premium | : SGD2,147.96 (inclusive of GST) |

RISK NUMBER 1

Insured Details

| | | | |
|--------------------|--|----------------------|---------------------|
| Registration No. | : SLV1695E | Year of Registration | : 2017 |
| Make/Model | : BMW 640i Gran Coupe M Sport | Capacity | : 2979 C.C. |
| Engine No. | : 05529904N55B30A | Seating Capacity | : 05 (Incl. Driver) |
| Chassis No. | : WBA6D02020GA00908 | Off-peak Car | : No |
| Financial Interest | : Sing Investments & Finance Limited as Hire Purchase Owners | | |

Coverage Details

| | | | |
|----------------------|---|----------------------|------------------------------------|
| Type of Cover | : Comprehensive | Sum Insured | : Market Value at the Time of Loss |
| Windscreen | : Unlimited | Windscreen Excess | : SGD100 |
| No Claim Discount | : 50% | NCD Protector | : Not Covered |
| Annual Premium | : SGD2,007.44 | Good Driver Discount | : 5% |
| Excess | : SGD1,800 (Own Damage Excess) | | |
| Authorized Driver(s) | : Kong Kar Wai Thomas Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. | | |

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile and Medical Assistance Services Endorsement

The Automobile and Medical Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE
(65) 6337 1208