

NATIONAL Assessment Centre Services [wef 1 Jan 20]		MAY 20036807	
Date In: 26/03/2020 11:22	Job description	Date & Time Completed	Done by
Ref No: XBA/MSG 20004537/Y	SAS e-filing		
Veh No: SMG 7318 Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/03/2020 08:20	I-Motor Claim Form		
OD: (TP) Reporting Only	I-Motor W/O (Within OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: SLT3398K	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel: (	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date: (	Time: (
Insured/Driver Liability: (	% [Note-Bst Status (WO): N: 0-20%, P: 21-79%, F: 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 repairer.
( ) Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

Injury: ( )
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Date/Time	Actions

XA20002518	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2020)		
	6) TR: Re-inspection \$75		
	7) NI: Idm DA + 3MRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idm Mobile \$30		
	Invoice date:	Fee Charges	

## 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	26/03/2020 11:22
Date Of Accident	25/03/2020 08:20
Exact Location Of Accident	JUNCTION OF WATTEN ESTATE ROAD AND DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7318Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADAM JAMES TURNER
NRIC No	SXXXX968B
Email Address	ADAMANGIET@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81210464
Alternative Phone No	OTHERS-97568614

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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 29113540 AVW
Cover Note Number	

### Driver

Name of Driver	TURNER ANGELA MAREE
NRIC No	GXXXX516R
Date Of Birth	30/01/1975
Occupation	INDOOR
Date Of Driving Pass	20/01/2007
Driving Experience	13 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81210464
Fax Number	
Contact Number	OTHERS-97568614
Email Address	ADAMANGIET@GMAIL.COM

Address	77 WATTEN ESTATE ROAD
Postcode	287559
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	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	SLT3398K
Vehicle Make/Model/Colour	VOLVO XC90
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOE KIT MAK
NRIC/Passport Number	
Contact Number	98255327
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2



## 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: 26.03.20

11:20am

Reporting Centre Personnel's Signature  
Name: 26/03/2020  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

of Watten Estate Rd

SLT 3398K driver pulled out into the flow of traffic then stopped. I rolled forward and hit him unexpectedly

A) SMG 7318Y  
B) SLT 3398K

## 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:

26.03.20

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

26/03/2020  
Res L. Watson

## ACCIDENT STATEMENT

ACCIDENT DATE: 25/03/20 (DD/MM/YYYY), TIME: 08:20 (HH:MM)

LOCATION: Watten Estate Rd / Duncarn Rd Junction

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMG 73187  
b) INSURANCE COMPANY: MSEA  
c) POLICY NUMBER: A29113540ARW  
d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
e) MAKE & MODEL: VW Golf GTI  
f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
h) PURPOSE OF USING AT ACCIDENT TIME: Travel to work  
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: Adam James Turner (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S27529688 CONTACT: 81210464  
c) ADDRESS: 77 WATTEN ESTATE RD  
SA 287559

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: Angela Marie Turner (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G5653516R CONTACT: 97568614  
c) ADDRESS: 77 WATTEN ESTATE RD  
SA 287559

\* d) DATE OF BIRTH: 30/01/1975 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) TYPE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

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: SLT3398K MODEL: VALVO XC90 T5  
b) DRIVER'S NAME: Hoe Kit Mak  
c) NRIC/FIN/PASSPORT: CONTACT: 98255327

### 9. THIRD PARTY VEHICLE

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

email = adamangiet@gmail.com  
VIDEO





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

# VW DRIVEEASY

# RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
A 29113540 AVW	28/12/2019 to 27/12/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Adam James Turner 77 Watten Estate Road SINGAPORE 287559		18/12/2019
		Account Number
		156346
Premium	GST	Total Due
SGD2,181.53	SGD152.71	SGD2,334.24

RISK NUMBER 1

VW DRIVEEASY

## OCCUPATION

Banker

SCOPE OF COVER Comprehensive

## INTEREST INSURED

REGISTRATION NO. SMG7318Y  
 MAKE/MODEL Volkswagen Golf GTI 2.0 TSI  
 ENGINE NUMBER CHH289008  
 CHASSIS NUMBER WVWZZZAUZJW282282  
 YEAR OF MFG 2018  
 CAPACITY 1,984 C.C.  
 SEATING CAPACITY 5 (INCL. DRIVER)  
 WINDSCREEN UNLIMITED

SUM INSURED  
 INCL. COE/PARF YES  
 OFF-PEAK CAR NO  
 NO CLAIM DISCOUNT 50.00 % (or F/D)  
 GOOD DRIVER'S DISCOUNT SGD114.82  
 NCD PROTECTOR COVERED  
 EXCESS SGD1,500  
 ANNUAL PREMIUM SGD2,181.53

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

## AUTHORISED DRIVERS

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