

NATIONAL Assessment Centre Services.

(last 1 Jan 2005)

29 MAY 2004 1708

Date In: 13/04/2020 11:06	Job description	Date & Time Completed	Done by
Ref No: 1388/MR42000518414	SAS e-filing		
Veh No: SMH 9286L	E-mail (Update then, AIC then)		
DDA: 12/04/2020 21:00	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Withfor: OD then, TP then)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Asst Report by Fax / Hand to Owner/Whan		

Preferred Wreck / INC Assign Wreck / QW: (

Tel:

Fax:

TP Handled by:

Veh No: EDU 8686E

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: ()

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bug-In-Charge):	

NA200.2627

1) All Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PT: Follow-Through Survey (Resurvey)	\$30
6) TR: RA Inspection	\$75
7) NI: Day DA + SMRT Survey	\$160
8) NIUC: Additional Services	
9) NIUC: Additional Services	
10) NIUC: Additional Services	
11) NIUC: Additional Services	
12) NIUC: Additional Services	
13) NIUC: Additional Services	
14) NIUC: Additional Services	
15) NIUC: Additional Services	
16) NIUC: Additional Services	
17) NIUC: Additional Services	
18) NIUC: Additional Services	
19) NIUC: Additional Services	
20) NIUC: Additional Services	

Page 1:

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Invoice dated

Fee Charged

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	13/04/2020 11:06
Date Of Accident	12/04/2020 21:00
Exact Location Of Accident	LENGKOK BAHRU BLK 55 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH9286L
Insured/Policyholder	
Name Of Registered Owner	LEE TIAM TENG
NRIC No	SXXXX325F
Email Address	JAMESLEEJX@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96858702
Alternative Phone No	OTHERS-96858702

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L (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	A 29141941 AT2
Cover Note Number	

Driver

Name of Driver	JAMES LEE JIN XIANG
NRIC No	SXXXX527B
Date Of Birth	11/02/1999
Occupation	INDOOR
Date Of Driving Pass	08/02/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96858702
Fax Number	
Contact Number	OTHERS-96858702
Email Address	JAMESLEEJX@HOTMAIL.COM

Address	BLK 57 TELOK BLANGAH HEIGHTS #03-137
Postcode	100057
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: FRIEND GENDER: MALE

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?	YES
Remarks/ Reasons:	FILE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDU8636E
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG KIM HUAT
NRIC/Passport Number	SXXXX350B
Contact Number	
Address	
Postcode	
Insurance Company Name	

- Nature Of Damage
- No. Of Passenger (Including Driver)

SKETCH PLAN

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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**.
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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: 13 April 2020
10am

Driver's Signature

(If driver is not the policyholder)
Date & Time: 13 April 2020
10am

Reporting Centre Personnel's Signature

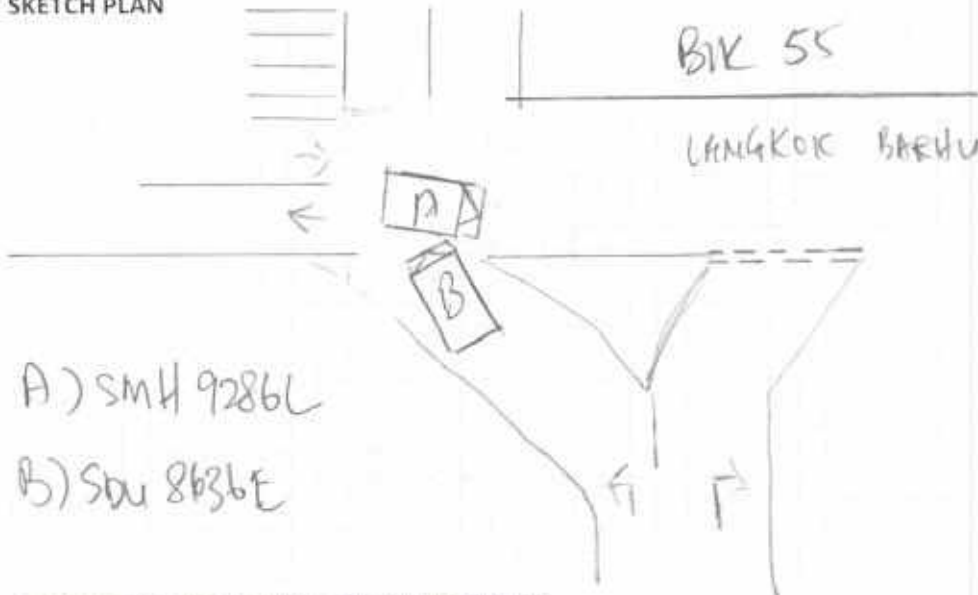
Name:

NRIC/FIN No.:

13/04/2020

Res. Li. Unit

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12 April 2020 around 4pm at Blk 55 Langkok Bahin carpark.

I was searching for a lot to park. when reversing i did check and the hazard light is on before i start to reverse. Out of nowhere the car dash out from the T junction and it hit when I was already halfway through. I don't really understand why he can't see me when i was reversing. His car is facing the front and should be able to see me reversing.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
Driver's Signature
(if driver is not the policyholder)
Date & Time:

[Signature] 13/04/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (12/04/2020) (DD/MM/YYYY), TIME: (21:00) (HH:MM)

LOCATION: Leng Kok Bahru Bldg 55 Car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: ~~4286~~ SMH4286L
 b) INSURANCE COMPANY: MS14
 c) POLICY NUMBER: A 29141441 A12
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Corolla A1.5
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 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 Tam Teng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1284325F CONTACT: 96858702
 c) ADDRESS: Bldg 57 Telok Blangah Heights # 03-137 9410057

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: James Lee Jin Xiang (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S9404527B CONTACT: 96858702
 c) ADDRESS: Bldg 57 Telok Blangah Heights # 03-137 9410057

* d) DATE OF BIRTH: (11/02/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08/02/2020

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Boss

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

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: SDU 8636E MODEL: Toyota Corolla A1.5
 b) DRIVER'S NAME: ONG Kim Hui
 c) NRIC/FIN/PASSPORT: S1184320B CONTACT:

9. THIRD PARTY VEHICLE

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

Email = JamesLeeJx@hotmail.com

VIDEO

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 120 Raffles Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel: +65 6827 7888, Fax +65 6827 7800
 UEN Reg. No. 200412212G GST Reg. No. 20-0412212G

Toyota DriveElite 360**THE SCHEDULE**

Policy Number	Period of Insurance	Place of Issue
A 29141941 AT2	15/02/2020 to 14/02/2021	SINGAPORE
Name and Address of Insured		Date of Issue
Lee Tiam Teng 57 Telok Blangah Heights #03-137 Singapore 100057		06/02/2020
		Account Number
		156499U
Premium	GST	Total Due
SGD726.09	SGD50.83	SGD776.92

RISK NUMBER 1**Toyota DriveElite 360****OCCUPATION**

Worker

FINANCIAL INTEREST

Hong Leong Finance Limited
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO.	SMH9286L	SUM INSURED	MARKET VALUE
MAKE/MODEL	Toyota Corolla Altis 1.6	INCL. COE/PARF	YES
ENGINE NUMBER	1ZR0D03907	OFF-PEAK CAR	NO
CHASSIS NUMBER	MR053REH604595845	NO CLAIM DISCOUNT	50.00% (or F/D)
YEAR OF MFG	2018	GOOD DRIVER'S	
CAPACITY	1598 C.C.	DISCOUNT	SGD38.22
SEATING CAPACITY	5 (INCL. DRIVER)	NCD PROTECTOR	COVERED
WINDSCREEN	UNLIMITED	EXCESS	SGD500
		ANNUAL PREMIUM	SGD726.09

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

AUTHORISED DRIVERS

Lee Tiam Teng