

NATIONAL Assessment Centre Services. Just 1 Job Fee! **NA420075800**

Date In: 03/09/2020 09:59	Job description	Date & Time Completed	Done by
Ref No: NA420009374/Y	SAS e-filing		
Veh No: SLF 9122D	E-mail (Schedule time, A/C time)		
D.O.A: 24/01/2020 17H	1-Motor Claims Form		
OD: TP / Reporting Only	1-Motor W/O (Within: OD time, TP time)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / GW: () Total: Front: ()

TP Particulars: Veh No: **SMG 697LS** 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 (Engn-In-Charge): ()

Admitted: ()

Ad 1: ()

Ad 2: ()

Ad 3: ()

Ad 4: ()

Ad 5: ()

Ad 6: ()

Ad 7: ()

Ad 8: ()

Ad 9: ()

Ad 10: ()

Ad 11: ()

Ad 12: ()

Ad 13: ()

Ad 14: ()

Ad 15: ()

Ad 16: ()

Ad 17: ()

Ad 18: ()

Ad 19: ()

Ad 20: ()

Ad 21: ()

Ad 22: ()

Ad 23: ()

Ad 24: ()

Ad 25: ()

Ad 26: ()

Ad 27: ()

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	03/09/2020 09:59
Date Of Accident	24/01/2020 17:15
Exact Location Of Accident	JUNCTION OF KAMPONG BAHRU ROAD AND KEPPEL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9122D
Insured/Policyholder	
Name Of Registered Owner	LEE HONG YIN
NRIC No	SXXXX523F
Email Address	LENALEECY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98631433
Alternative Phone No	OTHERS-97292916

Vehicle Particulars

Manufacturer	VOLVO
Model	S80
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 80472766 QMY
Cover Note Number	

Driver

Name of Driver	LEE CHENG YENG, LENA
NRIC No	SXXXX077E
Date Of Birth	03/07/1996
Occupation	INDOOR
Date Of Driving Pass	29/11/2017
Driving Experience	2 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98631433
Fax Number	
Contact Number	OTHERS-97292916
Email Address	LENALEECY@GMAIL.COM

Address	BLK 114 BUKIT PURMEI ROAD #08-257
Postcode	090114
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	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	SMG6971S
Vehicle Make/Model/Colour	RENAULT SCENIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED NASSIR S/O RM ABDUL SUKKUR
NRIC/Passport Number	
Contact Number	90703200
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:

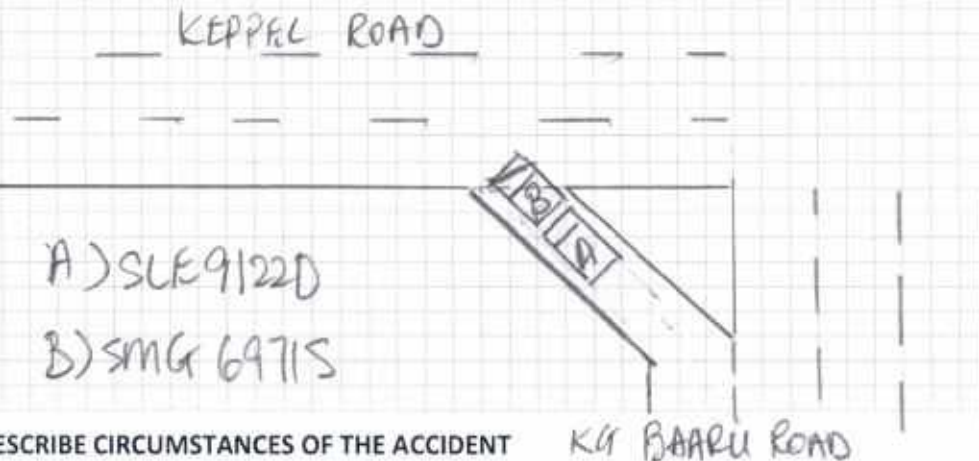
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Car. 03/09/2020, 9:50am
Driver's Signature
(If driver is not the policyholder)
Date & Time:

03/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A) SLE9122D
B) SMG 6971S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24 January 2020, I was driving my father's car, SLE9122D, a Volvo S80 sedan, along Kampong Bahru Road. I was taking the slip road at the junction to Keppel Rd.

I was queuing to exit the slip road behind another car at approximately 5:15pm. The car in front of me proceeded to move forward and was exiting the Slip road.

He made a sudden stop while exiting the slip road, giving me little time to react as his brake was very sudden, causing the front of my car and the back of his car to make contact.

Both the other driver and myself drove on to Keppel Rd to park our cars at the side of the road to examine any damage and meet the other driver.

I took photographs of my own car, the other drivers car and the road junction we were at. We exchanged particulars and parted about 5 minutes later.

DECLARATION

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

Policyholder's Signature
Date & Time:

Lee 03/09/2020, 9:50am
Driver's Signature
(If driver is not the policyholder)
Date & Time:

03/09/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 01 / 2020 (DD/MM/YYYY), TIME: 17 : 15 (HH:MM)

LOCATION: Junction of Kampong Bahru Rd and Keppel Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE9122D
 b) INSURANCE COMPANY: MSIG Insurance (Singapore) Pte. Ltd.
 c) POLICY NUMBER: A 80472766 QMY
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Volvo S80
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: Personal use
 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: Lee Hong Yin (MALE / FEMALE) MALE
 b) NRIC/FIN/PASSPORT: S1242523F CONTACT: 98631433
 c) ADDRESS: 114 Bukit Purmei Rd, #08-257
Singapore 090114

* CONTINUE TO 3. IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Lee Cheng Yeng Lena (MALE / FEMALE) FEMALE
 b) NRIC/FIN/PASSPORT: S9624077E CONTACT: 97292916
 c) ADDRESS: 114 Bukit Purmei Rd, #08-257
Singapore 090114

* d) DATE OF BIRTH: 03 / 07 / 1996 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 29 Nov 2017

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

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

b) ROAD SURFACE: DRY / WET / OTHERS

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMG 6971S MODEL: Renault Scenic
 b) DRIVER'S NAME: Mohamed Nassir s/o RM ABDUL SUKKUR
 c) NRIC/FIN/PASSPORT: S7039266 CONTACT: 9670 3200

9. THIRD PARTY VEHICLE

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

No of passenger
 (Including driver)
(1)

No of passenger
 (Including driver)
()

No of passenger
 (Including driver)
()

Email = lena to lenaleecy@gmail.com
 VIDEO



Car
05/09/2020

LenaLee



03/09/2020

Lena Lee



03/09/2022

Lena Lee



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

Your Ref: SLE9122D

Our Ref: 627510 (Please quote our reference when replying)

19 Aug 2020

URGENT

LEE HONG YIN
BLK 114 BUKIT PURMEI ROAD
#08-257
SINGAPORE 090114

Dear Sir/Madam

Accident involving SLE9122D and SMG6971S along KAMPUNG BAHRU ROAD TO KEPPEL ROAD
Policy No : 80472766QMY
Date of Accident : 24 Jan 2020

We have received a property damage claim from Workshop acting on behalf of the owner of SMG6971S. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

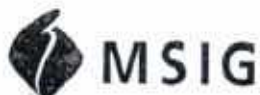
Yours sincerely

Chhia Nyuk Pui
Senior Executive
Claims Services (Motor)
Tel : +65 6594 2521
Fax : +65 6827 7800
Email : nyukpui_chhia@sg.msiga.com

cc : Assure Pte Ltd

This is a system generated letter, hence no signature is required.

A Member of MS & AD INSURANCE GROUP



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

MOTOR MAX PLUS**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 80472766 QMY	05/08/2020 to 04/08/2021	SINGAPORE
Name and Address of Insured		Date of Issue
LEE HONG YIN BLK 114 BUKIT PURMEI ROAD #08-257 SINGAPORE 090114		03/08/2020
		Account Number
		156351
Premium	GST	Total Due
SGD1,490.36	SGD104.33	SGD1,594.69

RISK NUMBER 1**MOTORMAX PLUS****OCCUPATION**

Indoor Occupation

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SLE9122D
MAKE/MODEL Volvo S80 T5 2.0
ENGINE NUMBER B4204T111539847
CHASSIS NUMBER YV1AS40CDG1199546
YEAR OF MFG 2016
CAPACITY 1,969 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED
INCL. COE/PARF YES
OFF-PEAK CAR NO
NO CLAIM DISCOUNT 40.00 % (or F/D)
GOOD DRIVER'S
DISCOUNT SGD78.44
NCD PROTECTOR NOT COVERED
EXCESS SGD600
ANNUAL PREMIUM SGD1,490.36

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

AUTHORISED DRIVERS

LEE HONG YIN

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