

NATIONAL Assessment Centre Services.

part 1 Jan 2005

NA 2005455

Date In: 14/10/2020 16:41	Job description	Date & Time Completed	Done by
Ref No: NBT/MG200116814	SAS e-illing		
Veh No: SMA 2172P	E-mail (to/for, AIO etc)		
D.O.A: 14/10/2020 10:15	I-Motor Claims Form		
OID: TP Reporting Only	I-Motor W/O (with/OD sheet, TP sheet)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkep / INC Assgn Wkep / OW: (Tel:	Fax:
TP Particulars:	Veh No: SMA 2172P	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: _____

NA 2005455

Driver/Owner:	1) All Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC ()
Damaged Portion:	3) T: Towing Fee	\$100
QC Checked by (Egr-In-Charge):	4) PT: Yellow Through Survey	\$115
	5) PT: Yellow Through Survey (Resurvey)	\$30
	6) PT: Yellow Through Survey (Resurvey) (over 10 Jan 2005)	\$75
	7) TI: Re-inspection	\$160
	8) NI: (See DA + SMRT Survey)	
	9) NFUC Additional Services	
	DA:	
	* NI: Courtesy Car / Tpt Allowance	\$3
	* NI: Repair Coordination	\$10
	* NI: Post Repair Inspection	\$25
	* NI: DV / Collect Wksts Coordination	\$3
	TP (NI) / TP (NI) INC ()	\$25
	2) NI: (See DA)	\$5
	Invoice dated	
	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	14/10/2020 16:41
Date Of Accident	14/10/2020 10:15
Exact Location Of Accident	BLK 63B LENGKOK BAHRU MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK197D
Insured/Policyholder	
Name Of Registered Owner	LOO ZHEN HENG, MIKE (LU ZHENHENG)
NRIC No	SXXXXX017B
Email Address	MIKE-LOO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90253704
Alternative Phone No	OTHERS-90253704

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	82014911

Driver

Name of Driver	LOO ZHEN HENG, MIKE (LU ZHENHENG)
NRIC No	SXXXXX017B
Date Of Birth	09/12/1988
Occupation	INDOOR
Date Of Driving Pass	07/04/2014
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90253704
Fax Number	
Contact Number	OTHERS-90253704
Email Address	MIKE-LOO@HOTMAIL.COM

Address	BLK 63B LENGKOK BAHRU #03-362
Postcode	152063
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA2172P
Vehicle Make/Model/Colour	MERCEDEZ BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE NAI QIAN, GERALD
NRIC/Passport Number	SXXXX750Z
Contact Number	96347905
Address	
Postcode	

- Insurance Company Name
- Nature Of Damage
- No. Of Passenger (Including Driver)

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: 14/10/20

1521 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

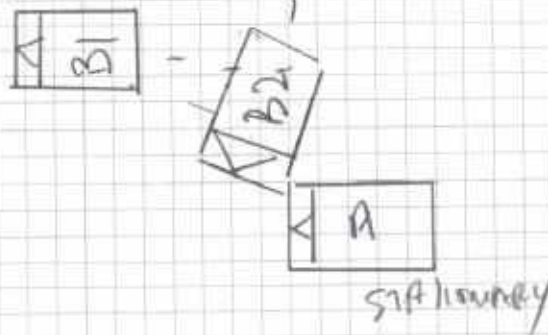
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

15/10/2020

Reshwan



A) SMK 197D

B) SMA 2172P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SMA 2172P WAS ~~RECEIVED~~ REVERSING INTO A PARKING LOT. MY VEHICLE SMK 197D WAS BEHIND WAITING FOR FRONT VEHICLE TO COMPLETE HIS PARK. HOWEVER WHILE SMA 2172P REVERSE, I NOTICED HE WAS TOO NEAR AND I HORNED HIM ATTEMPTING TO ALERT. HOWEVER IT WAS TOO LATE AND HIS FRONT LEFT BUMPER CONTACTED MY VEHICLE FRONT RIGHT BUMPER.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (14/10/20) (DD/MM/YYYY), TIME: (10:15) (HH:MM)

LOCATION: 638 LENGKOR BAHU MSCP

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMK 197D
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 82014911
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA JAZZ
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 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: LOO ZHENHENG MIKE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J885001B CONTACT: 90253704
 c) ADDRESS: 638 LENGKOR BAHU #03-362 152063

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LOO ZHEN HENG MIKE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: J885001B CONTACT: 90253704
 c) ADDRESS: 638 LENGKOR BAHU #03-362 152063

* d) DATE OF BIRTH: (29/12/88) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

07/04/2014

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: SMA 2172 P MODEL: MERS

b) DRIVER'S NAME: WEE NAI LIAN GERARD

c) NRIC/FIN/PASSPORT: J86027502 CONTACT: 96347905

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

WIFE

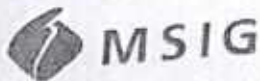
DAUGHTER

No of passenger
(including driver)
(3)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = Mike-loo@hotmail.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

MOTOR INSURANCE COVER NOTE

Cover Note No. 82014911

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 190102
Name of Insured : Loo Zhen Heng, Mike(Lu Zhenheng)
Make and Description of Vehicle : Honda Jazz 1.3 CVT
Vehicle Registration No. : SMK197D
Year of Manufacture : 2019
Engine No. : L13B14100426
Chassis No. : JHMGK3850KS210887
Capacity : 1,318 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : One year from Date of Registration of the vehicle with LTA
Excess (SGD) : 500
Finance Company : Maybank

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative

Authorised Representative

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Amy Ler
Senior Vice President, Agencies

Date of Issue : 20/08/2020

This Cover Note is valid for 30 days from the date of issue.