

NATIONAL Assessment Centre Services.

(part 1 of 2)

1 MAY 2009 0123

Date In: 15/10/2008 12:53
Ref No: NIA/M86200/1254
Veh No: SMG 1447U
O.O.A: 13/10/2008 16:00

Job description	Date & Time Completed	Done by
SAS e-mailing		
E-mail (to/for, AIG, etc)		
I-Motor Claims Form		
I-Motor W/O (With/Out OD, TP, etc)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Owner/Whar		

(1) : TP : Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMF 5302K

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 > \$9,000) ()

Injury: ()

NIA20055.10

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

1) AIT Accident Reporting (\$30)	
2) DA1 Damage Assessment (\$100)	INC (\$10)
3) TP1 Towing Fee	\$40/\$45
4) PT1 Follow-Through Survey	\$120
5) PT1 Follow-Through Survey (Resurvey)	\$30
6) TR1 Re-inspection	\$75
7) NI1 NI1 DA + SMRT Survey	\$160
8) NIUC Additional Services	
ON1	
*NI1 Courtesy Car / Tpl Allowance	\$3
*NI1 Repairs Coordination	\$10
*NI1 Post Repair Inspection	\$25
*NI1 DV / Collect Excess Coordination	\$3
TP (NI1) TP (NI1) INC (at least 24H)	\$20
9) NI2: Use Mobile	\$5
Invoice dated	
Invoice dated	
Fax Charged	
Fax Charged	

STAMPED

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	15/10/2020 12:53
Date Of Accident	13/10/2020 16:00
Exact Location Of Accident	SENTOSA GOLF CLUB GATEWAY AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ1447U
Insured/Policyholder	
Name Of Registered Owner	SACHEVA NIKHIL
NRIC No	GXXXX684M
Email Address	NIKHIL.SACHDEVA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98391491
Alternative Phone No	OFFICE-98391491

Vehicle Particulars

Manufacturer	BMW
Model	X1
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	
Cover Note Number	60600429

Driver

Name of Driver	SACHEVA NIKHIL
NRIC No	GXXXX684M
Date Of Birth	22/01/1983
Occupation	INDOOR
Date Of Driving Pass	15/01/2020
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98391491
Fax Number	
Contact Number	OFFICE 98391491

Address	50 NEWTON ROAD #15-01
Postcode	307991
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	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)	2
Passenger 1	NAME: WIFE 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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF5302K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

• 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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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.

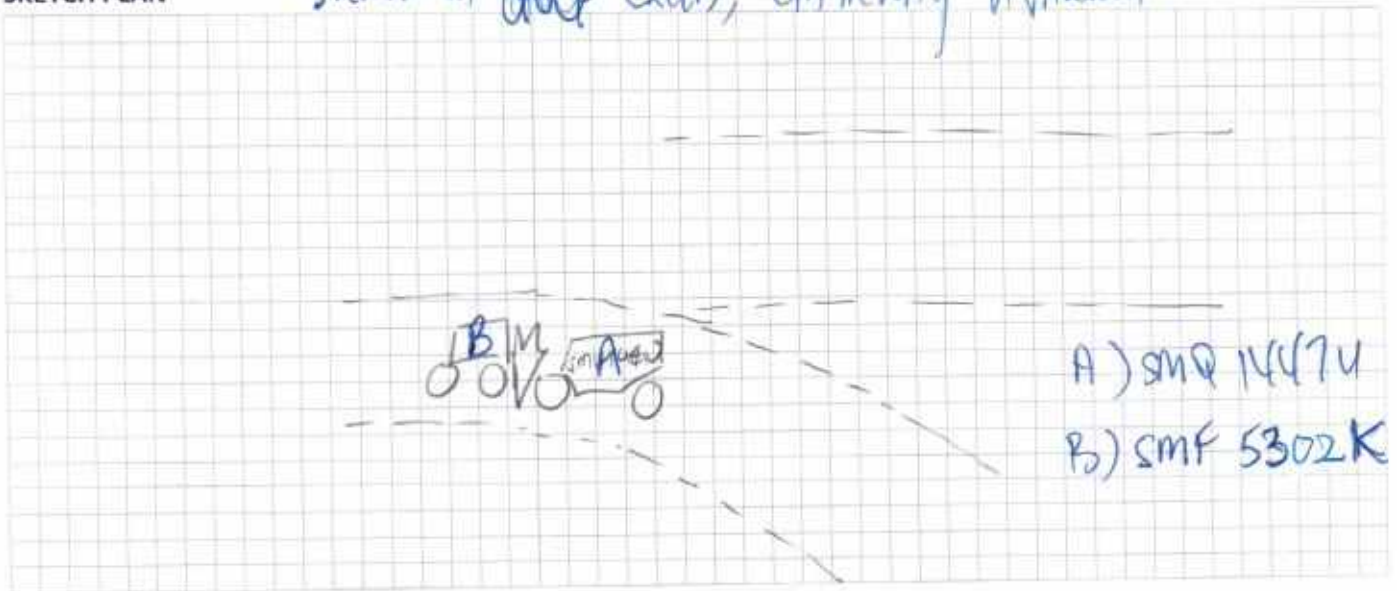

Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

STANWIS GOLF CLUB, GATEWAY AVENUE



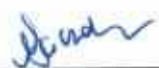
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Taking left turn on Sentosa, hit the car bumper
of the car in front, very minor brush with
no damage, private settlement

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: 16/10/2020
NRIC/FIN No.: 

ACCIDENT STATEMENT

ACCIDENT DATE: 13/10/2020 (DD/MM/YYYY), TIME: 4:00 ^{pm} (HH:MM)

LOCATION: SENTOSA GOLF CLUB, GATEWAY AVENUE, SINGAPORE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMQ 1947U
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 29140121 AD0
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW XI
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: FAMILY TRIP
 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: NIKHIL JAUHARA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8386269F CONTACT: 98391491
 c) ADDRESS: 50 NEWTON ROAD, #15-01
SINGAPORE - 307991

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 22/01/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 15 JAN 2020

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: SMF5302K MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

MFA

* No of passenger
 (Including driver)
(2)

* No of passenger
 (Including driver)
()

* No of passenger
 (Including driver)
()

email =

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. 60600429

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. : 156474
Name of Insured : Sachdeva Nikhil
Make and Description of Vehicle : BMW X1 SDRIVE18I LED NAV
Vehicle Registration No. : SMQ1447U
Year of Manufacture : 2017
Engine No. : F809H588B38B15A
Chassis No. : WBAJG12000EE61706
Capacity : 1,499 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 27/12/2019 to 26/12/2020
Excess (SGD) : 500
Finance Company : DBS BANK LIMITED

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



MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Amy Ler
Senior Vice President, Agencies

Date of Issue : 26/12/2019

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