

# NATIONAL Assessment Centre Services

Date In: 06/02/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/18002345/13	SAS e-filing		
Veh No: SKF8675M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 05/02/18 1910	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: SKW253Z	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%; 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:-	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: \_\_\_\_\_

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
NA1800810	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
Auditors' Comments:-	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	Invoice dated	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 ability.
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	06/02/2018 15:08
Date Of Accident	05/02/2018 19:10
Exact Location Of Accident	HOUGANG AVE 1 SLIP RD INTO TAMPINES RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF8675M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HENG SIANG BOON CALVIN
NRIC No	S1611249F
Email Address	CALVIN.HENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96369014
Alternative Phone No	OFFICE-62824339

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS C
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	P 27511372 DMA
Cover Note Number	

### Driver

Name of Driver	HENG SIANG BOON CALVIN
NRIC No	S1611249F
Date Of Birth	12/05/1963
Occupation	INDOOR
Date Of Driving Pass	11/07/1984
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96369014
Fax Number	
Contact Number	OFFICE-62824339
Email Address	CALVIN.HENG@GMAIL.COM

Address	BLK 128 LOR AH SOO #12-322
Postcode	530128
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 involved in the accident	-
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

AS I WAS TURNING INTO TAMPINES RD, I WAS LOOKING RIGHT FOR ONCOMING TRAFFIC (ON MY RIGHT FROM TAMPINES RD). WHEN I LOOKED TO THE FRT, THE CAR INFRT HAD SLOWED DOWN AND I WAS NOT INTIME TO STOP AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

#### 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	SLW253Z
Vehicle Make/Model/Colour	BMW
Details Of Properties	-
Vehicle Category	PRIVATE CAR
Name of Driver	TAY THAI SENG
NRIC/Passport Number	S1532210A
Contact Number	91711413
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.
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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.
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:

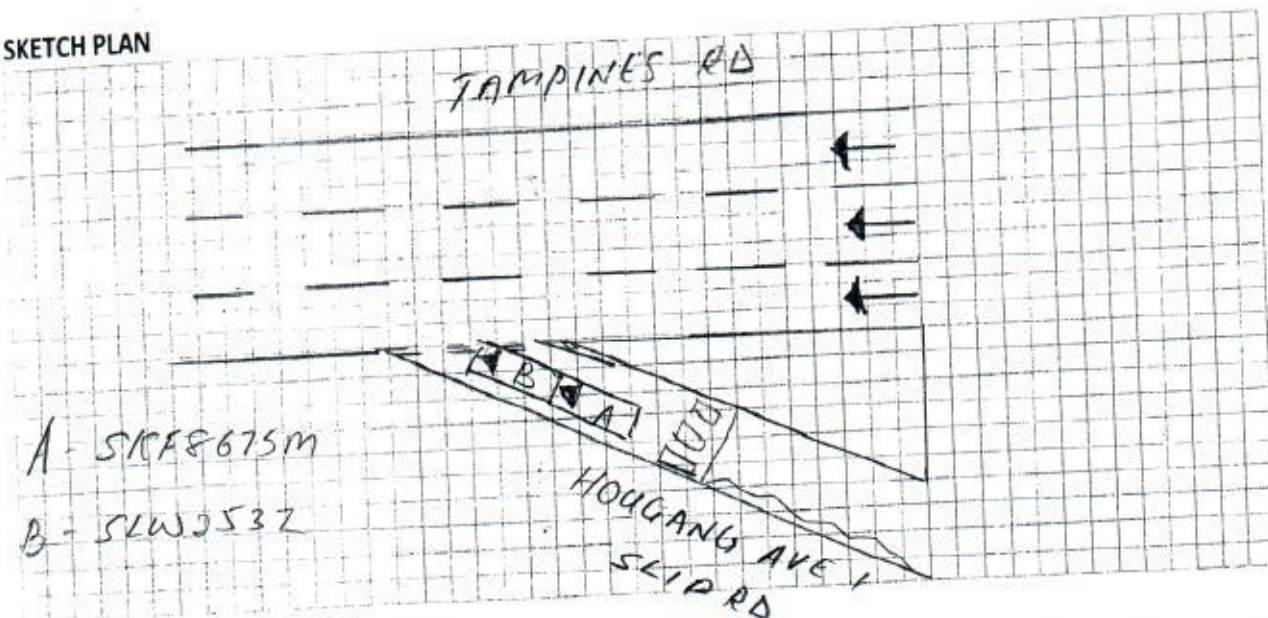
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

 06/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



A - SKR8675M

B - SLW253Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

p/s refer to the statement.

## 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.:





**MSIG Insurance (Singapore) Pte. Ltd.**  
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807  
Claim Hotline: (65) 6827 7660 (24 hours) Fax: (65) 6225 6371  
Co. Reg. No. 200412212G

## Windscreen Claim Form

Policy Number **P 27511372 DMA**

Please note that this form is issued without admission of liability. Please state all relevant information requested as complete and as accurate as possible.

### Particulars of Insured Vehicle

Registration No <b>SKF 8675 M</b>	Make/Model <b>TOYOTA PRIUS C</b>
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### Particulars of Insured (Company / Individual)

Name of Insured (As in NRIC/Passport) <b>HENG SIANG BOON CALVIN</b>	GST Registration Number+
Business / Home Address* <b>128 LORONG AH SOO #12-322 SINGAPORE 530128</b>	Effective Date of Registration+ (dd/mm/yyyy)
Contact Person <b>NRIC / Passport / Registration No+ S1611249F</b>	Business / Occupation <b>TEACHER</b>
Contact Number (H) <b>62855123</b> (O) <b>62824339</b> (HP) <b>96369014</b>	Email <b>calvin.heng@gmail.com</b>
+ If applicable * Delete if not applicable	

### Particulars of Driver

Name of Driver (As in NRIC/Passport) <b>HENG SIANG BOON CALVIN</b>	NRIC / Passport No <b>S1611249F</b>
Residential Address <b>128 LORONG AH SOO #12-322 SINGAPORE 530128</b>	Date of Birth <b>12 MAY 1963</b>
Contact Number (H) <b>62855123</b> (O) <b>62824339</b> (HP) <b>96369014</b>	Email <b>calvin.heng@gmail.com</b>
Business / Occupation <b>TEACHER</b>	Licence No <b>S1611249F</b>
	Class of Licence <b>CLASS 3</b>
	Years of driving experience <b>38</b>

### Details of Occurrence

Date of Occurrence (dd/mm/yyyy) <b>05/02/2018</b>	Time of Occurrence <b>7.07</b> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Place of Occurrence <b>JUNCTION OF HOUGANG AVE1 AND TAMPINES ROAD, SLIP ROAD TURNING INTO TAMPINES ROAD FROM HOUGANG AVE 1</b>
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Nature of loss / damage

State fully what happened

**AS I WAS TURNING INTO TAMPINES ROAD, I WAS LOOKING RIGHT FOR  
ONCOMING TRAFFIC (ON MY RIGHT FROM TAMPINES ROAD). WHEN I LOOKED  
TO THE FRONT, THE CAR IN FRONT HAD SLOWED DOWN AND I WAS NOT IN TIME  
TO BRAKE THAT READING IT.**

If a Police Report was made, please state Name of Police Station and Report Number (Please provide a copy of the report)

**NIL**

### Supporting Documents

1. Photographs of the damaged vehicle before repairs 2. Quotation of repair costs

### Declaration

I/We declare that the information given is true and correct to the best of my/our knowledge and belief. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and we shall forfeit our rights to claim under the policy.

I/We hereby authorize MSIG Insurance (Singapore) Pte Ltd., if it decides to accept liability for this claim to seek the most suitable means to replace the windscreen speedily and satisfactorily, including the right to arrange for the windscreen to be replaced at another workshop.

Signature of Insured / Driver\*

Company's Stamp (If applicable)

**HENG SIANG BOON CALVIN**

**06/02/2018**

Name and Designation

Date

**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence No. **S1611249F**  
 Name **HENG SIANG BOON CALVIN**  
 Birth Date **12 May 1963**  
 Issue Date **30 Dec 2002**

000071129K

**REPUBLIC OF SINGAPORE**


 IDENTITY CARD NO. **S1611249F**  
 Name **HENG SIANG BOON CALVIN**  
 王祥文  
 Race **CHINESE**  
 Date of Birth **12-05-1963** Sex **M**  
 Country of Birth **SINGAPORE**

S1611249F

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class 3 **Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms**

PASS DATE **11 Jul 1984**

Licence No: **S1611249F**

NP 429A

0328440


 NRIC No. **S1611249F**  

 Blood Group **O+** Date of issue **28-04-1992**  
**APT BLK 128 LORONG AH SOO #12-322**  
**SINGAPORE 530128**  
 NRIC No. **S1611249F** Date **29-11-2002** No. **1426017**



**MSIG**

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

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

**DRIVESHIELD - PREMIER PLAN**  
**Comprehensive**

Certificate No. P 27511372 DMA

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SKF8675M

2. Name of Policyholder  
Heng Siang Boon Calvin

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
12/07/2017

4. Date of Expiry of Insurance  
11/07/2018

5. Persons or Classes of Persons entitled to drive\*

Heng Siang Boon Calvin

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

\* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189).

I/WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
for Chief Executive Officer