

NATIONAL Assessment Centre Services 10000000 **MNA 118089937.**

Date In: <b>12/17/18 14:26</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MNA MSG 18012706/44</b>	SAS e-filing		
Veh No: <b>SLT 30317</b>	E-mail (with/without, etc, 2005)		
DDA: <b>12/17/18 08:15.</b>	i-Motor Claim Form		
<b>IP* Reporting Only</b>	i-Motor W/O (with/without, etc, 2005)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/WSR		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **YM 12337.** 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:- (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Trans-Port 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	Ant (\$)	Ant (\$)
		1st Bill	Add Est
Driver/Owner:	1) AR: Accident Reporting (\$30)	<b>30.00</b>	
Contact No:	2) DA: Damage Assessment (\$100), INC (\$00)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For clearing against JBC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
Date 1:	7) NI: Idac DA + SMRT Survey \$160		
Date 2/3:	8) NTUC Additional Services -		
	9) NI: Idac Mobile		
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## 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	12/07/2018 14:26
Date Of Accident	12/07/2018 08:15
Exact Location Of Accident	TIONG BAHRU MARKET CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3031T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81183144

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSDVPCP17002623
Cover Note Number	-

### Driver

Name of Driver	YEONG FOOK TAI
NRIC No	S6940640H
Date Of Birth	17/11/1969
Occupation	INDOOR
Date Of Driving Pass	28/12/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81183144
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 531 JELAPANG RD #16-13
Postcode	670531
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 involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHED STATEMENT.

#### 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	YN1233T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ROBIN CHH (MR)  
Department Manager  
Total Vehicle Solution  
Asia Pacific Business Division

SKETCH PLAN

Tiong Bahru Market



DOA: 12/7/18

A: SL7 3031T

B: 4N 1233T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While turning out from the c/park hit onto  
veh B which parked illegally. No one injured.

DECLARATION

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

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

Policyholder's Signature  
Date & Time: HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

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

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

ROBIN OH (MR)  
Department Manager  
Total Vehicle Solutions  
Asia Pacific Business Division

Personal Particulars

Date of Accident: 12/7/18 Time of Accident: 8:15 am  
 Exact Location of Accident: Tiong Bahru Market c/park entrance  
 Owner's Name: Hitachi Capital Asia Pacific Pte Ltd NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_  
 Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: 81183144  
 Date of Birth: \_\_\_\_\_ Driving Licence Passing Date: \_\_\_\_\_ Occupation: Indoor / Outdoor  
 Address: \_\_\_\_\_  
 Relationship of Driver with Insured: Owner Email Address: rainette.lim@hcspl.com.sg  
 Vehicle No: SLT 3031T Make & Model: Toyota  
 Insurance Co: MSIG Coverage: Comprehensive Policy No: MSDVPCP17002623

\*Purpose of Reporting?  Own Damage Claim /  3rd Party Claim /  No Claiming, Just Reporting Only

\*Exact Purpose of The Vehicle Was Being Used At Time Of Accident:  Private Use /  Work

\*Weather Condition?  Clear /  Raining / Others: \_\_\_\_\_  Wet /  Dry / Others: \_\_\_\_\_

\* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+0 B: 1+0 C: \_\_\_\_\_ D: \_\_\_\_\_

\*Was Anybody Injured? (Yes / No) If yes,

Name / NRIC / In Vehicle: \_\_\_\_\_

\*Was The Accident Reported To The Police?

No  Yes, Which Police Station? \_\_\_\_\_

\*Does the Driver Own Any Other Vehicle?

No  Yes, Vehicle Registration No: \_\_\_\_\_ insurer: \_\_\_\_\_

\*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_

\*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: YN 1233T Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Vehicle C No: \_\_\_\_\_ Make & Model: \_\_\_\_\_

Driver's Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

Witness Particulars

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6940640H



Name

YEONG FOOK TAI



杨 福 泰

Race

CHINESE

Date of Birth

17-11-1969

Sex

M

Country of Birth

SINGAPORE



3 1 8 6 5 8 6



NRIC No. **S6940640H**

Blood Group	Date of issue
<b>O+</b>	<b>25-08-2000</b>

Address

**APT BLK 531 JELAPANG ROAD  
#16-13  
SINGAPORE 670531**

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S6940640H**

Name:

**YEONG FOOK TAI**

Birth Date: **17 Nov 1969**

Issue Date: **16 Dec 2002**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

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

28 Dec 2001



NP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (In Reg No. 2004122126)  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
www.msig.com.sg

**CERTIFICATE OF INSURANCE**

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)  
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

06/11/2017

A0215-101

Excess : \$1500/-SECT I  
Others Excess : Refer to your policy schedule

CERTIFICATE No.

MSD/VPCP/17-002623-00

- 1. Index Mark and Registration Number of Vehicle
- 2. Name of Policy holder

SLT3031T

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

- 3. Effective date of the Commencement of Insurance for the purposes of the Act

25/10/2017

- 4. Date of Expiry of Insurance

24/10/2018

- 5. Persons of classes of Persons entitled to drive\*

Any person who is driving on the Policyholder's order or with their permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicles 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. And Provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

- 6. Limitations as to Use\*

- 1. Use for the carriage of passengers or goods in connection with the policyholder's business.
- 2. Use for social, domestic & pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover:-

- 1. Use for racing, pace-making, reliability trial or speed-testing.
- 2. Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 3. Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

\* 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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

AUTHORIZED SIGNATURE

**IMPORTANT NOTICE**

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed a Statutory Declaration to that Effect has to be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation. This Certificate must be returned if the insurance is suspended during its currency. If you are involved in an accident, full details must be forwarded immediately to the Company.