

# NATIONAL Assessment Centre Services

Form 23-2001

19 MAY 18095194

Date In: 23/07/2018 18:25	Job description	Date & Time Completed	Done by
Ref No: N8A/m8616013314/Y	SAS e-filing		
Veh No: SEP 13464	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 21/07/2018 10:20	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: SFS 131J 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 Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

Date/Time Actions

N8A04669

## Invoice Preparation Checklist

Am't (\$) Amt (\$) 1st Bill Add Bill

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

3) TF: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

7) N1: Idao DA + SMRT Survey \$160

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-in INC) against INC \$20

9) N12: Idao Mobile 30

Invoice dated Fee Charged

Invoice dated Fee Charged

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Dat. 1:

Dat. 2/3:

## 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	23/07/2018 18:25
Date Of Accident	21/07/2018 10:20
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1346U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG KAH ONN
NRIC No	S1679719G
Email Address	NGKAHONN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97546166
Alternative Phone No	OTHERS-97546166

### Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.5 4-DOOR SEDAN 2.5L SP.6E (A)
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 28963948 QMY
Cover Note Number	

### Driver

Name of Driver	NG KAH ONN
NRIC No	S1679719G
Date Of Birth	08/12/1964
Occupation	INDOOR
Date Of Driving Pass	12/05/1988
Driving Experience	30 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97546166
Fax Number	
Contact Number	OTHERS-97546166
Email Address	NGKAHONN@YAHOO.COM



Address	92 HILLVIEW AVENUE #04-05
Postcode	669592
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFS131J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEN KIEN PIN
NRIC/Passport Number	S7623688G
Contact Number	98442806
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD3035P
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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:

21/7/18 15:32

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



23/07/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLP1346U	ACCIDENT DATE & TIME: 21/7/18 10:22 am
CONTACT NUMBER: 97546166	E-MAIL ADDRESS: ngkahonn@yahoo.com
LOCATION: DUNEARN ROAD.	
<p>I was driving along Dunearn road and come to a halt because the front vehicle stopped. The car behind bang into my car. I came out to check my car and the bumper was slightly damage.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p>	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

## DECLARATION

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

*Ng Kahonn*

Policyholder's Signature

Date & Time:

21/7/18 15:32

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

*23/07/2018*  
*Rosh Anwar*



## ACCIDENT STATEMENT

Date Of Accident : 21.07.2018

Time Of Accident: 10.25AM

Exact Location Of Accident : ALONG DUNEARN ROAD

### DETAILS OF OWN VEHICLE

Vehicle Registration Number : SLP1346U

### Insured/Policyholder

Name Of Registered Owner : NG KAH ONN

NRIC No : S1679719G

Email Address : NGKAHONN@YAHOO.COM

Mobile Phone No : (LOCAL) +65 - 9754 6166

Alternative Phone No : Home -

### Vehicle Particulars

Manufacturer : MAZDA

Model : MAZDA6 4-DOOR SEDAN 2.5L SP.6EAT SR LED

Type of Claims / Report : Own Damaged Claims / Third Party Claims / Reporting Only

Vehicle Category : Private / ~~Commercial~~ / ~~Motorcycle~~ / ~~Bus~~ / Others:

### Insurance Company

Name of Insurance Company : MSIG

Type Of Coverage : Comprehensive / ~~Third Party~~ / ~~Third Party, Fire & Theft~~

Policy Number : A 28963948 QMY

### Driver

Name of Driver : NG KAH ONN

NRIC No : S1679719G

Date Of Birth : 08/12/1964

Occupation : Indoor / ~~Outdoor~~

Date Of Driving Pass : 12/05/1988

Gender : Male / ~~Female~~

Mobile Number : (Local) +65- 9754 6166

Email Address : NGKAHONN@YAHOO.COM

Address : 92 HILLVIEW AVENUE #04-05 S(669592)

Was driver an employee of the Insured's Company : Yes / No

If No, Relationship of the Driver with the Insured : OWNER

**General Information of the Accident**

Type Of Accident : CHAIN COLLISION

Weather Conditions : Clear / ~~Raining~~ / Others :

Road Surface : Dry / ~~Wet~~ / Others :

**Other Information**

Was any foreign vehicle involved in this accident? : Yes / No

Was anybody injured in the Accident? : Yes / No

Was any other material or property damaged? : Yes / ~~No~~

Was there any video captured by Car Camera? : Yes / ~~No~~

Number of Passengers (Including Driver) : 01

Name of Passengers : -

**Details of Police Action**

Was the accident reported to the police? : ~~Yes~~ / No

If Yes, Please state which Police Station :

Was notice of intended Prosecution given? : ~~Yes~~ / No

If Yes, against whom? :

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number : SFS131J

Vehicle Make/Model/Colour :

Name of Driver : CHEN KIEN PIN

NRIC/Passport Number : S7623688G

Contact Number : 9844 2806

Address :

Insurance Company Name :

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number : SHD3035P

Vehicle Make/Model/Colour :

Name of Driver :



NRIC/Passport Number :

Contact Number :

Address :

Insurance Company Name :

**Details of Witness**

Name :

Phone Number :

Email Address :

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S1679719G



NG KAH ONN

吴家安

CHINESE

Date of Birth: 06-12-1964 Sex: M

Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1679719G

Name: NG KAH ONN

Date of Birth: 06 Dec 1964

Issue Date: 26 Jun 2003

1005555963K



178359

178359

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSSES

PASS DATE

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 12 May 1956

92 HILLVIEW AVENUE #04-05  
SINGAPORE 885592

NRIC No: S1679719G Date: 11-03-2001 No: 3880001 NP 428A

Licence No: S1679719G



178359

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSSES

PASS DATE

Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 12 May 1956

92 HILLVIEW AVENUE #04-05  
SINGAPORE 885592

NRIC No: S1679719G Date: 11-03-2001 No: 3880001 NP 428A

Licence No: S1679719G

92 HILLVIEW AVENUE #04-05  
SINGAPORE 885592

NRIC No: S1679719G

Date: 11-03-2001

No: 3880001

NP 428A





MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807  
Tel: (65) 6627 7888 Fax: (65) 6627 7800  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

## Certificate of Insurance

ORIGINAL

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

**MOTOR MAX PLUS**  
Comprehensive

Certificate No. A 28963948 QMY

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLP1346U

2. Name of Policyholder  
Ng Kah Onn

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
26/05/2018

4. Date of Expiry of Insurance  
25/05/2019

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

Ng Kah Onn

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 AUTHORIZED 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.

  
Signature Date 18/05/18

Counter-Signatory:  
ARF (Asia Pacific) Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
Amy Lee  
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

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