

NATIONAL Assessment Centre Services

Date In: 20/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/MS618015058/13	SAS e-filing		
Veh No: 50V9992L	E-mail (within 8hrs, AIC 2hrs)		
DOA: 14/07/18 1300	i-Motor Claim Form		
OD: (IP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: GX834911	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)

- 1) Apply for Transport Allowance () / Courtesy Car ()
- 2) QC Check / Post Repair Inspection ()
- 3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury :

Date/Time Actions

Date/Time	Actions

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Auditors' Comments :-

It. 1:

It. 2 / 3:

Invoice Preparation Checklist

	Amt (\$) In Bill	Amt (\$) 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) NI : Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
QD*		
*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+1 INC) against INC \$20		
9) N12: Idao Mobile 30		
Invoice dated	Fee Charged	
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	20/08/2018 09:53
Date Of Accident	14/07/2018 13:00
Exact Location Of Accident	NO 2 KAKI BUKIT AVE 2(AUTOHUB)INFRT UNIT NO#01-16
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV9993L
Insured/Policyholder	
Name Of Registered Owner	HO HOW TUCK
NRIC No	S7048437D
Email Address	KENLAZOO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96213221
Alternative Phone No	OTHERS-96213221

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	A 80457805 QMY
Cover Note Number	

Driver

Name of Driver	HO HOW TUCK
NRIC No	S7048437D
Date Of Birth	07/01/1970
Occupation	INDOOR
Date Of Driving Pass	04/07/1992
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96213221
Fax Number	
Contact Number	OTHERS-96213221
Email Address	KENLAZOO@YAHOO.COM

Address	BLK 413 ANG MO KIO AVE 10 #07-911
Postcode	560413
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX8349H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SAM
NRIC/Passport Number	
Contact Number	87525322
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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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:

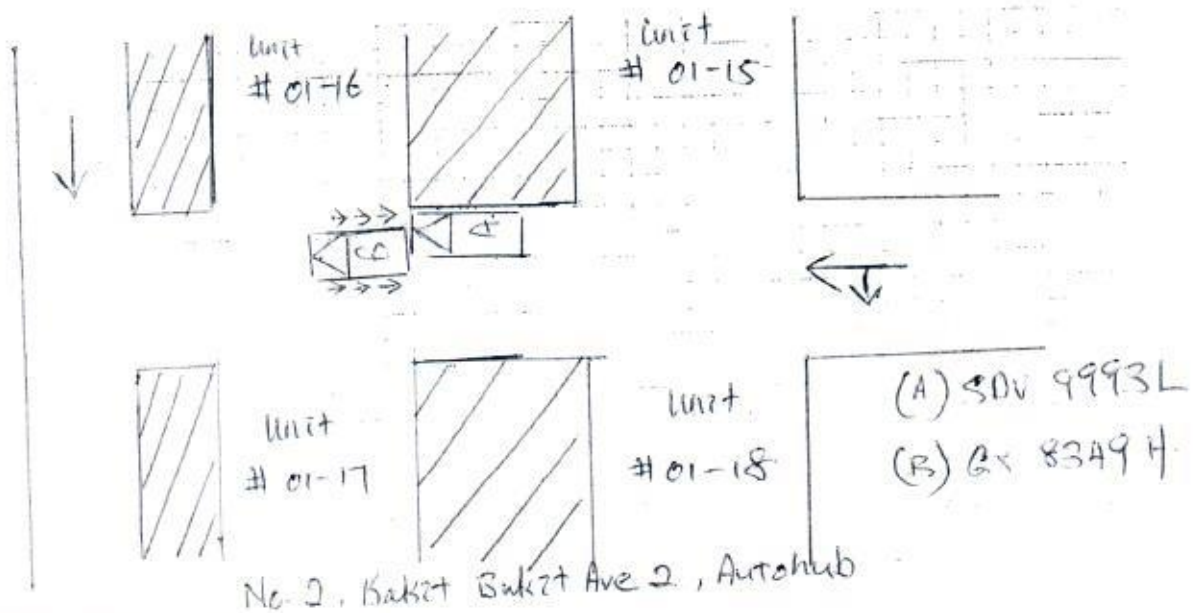
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

 20/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/08/18 at @ 1300hrs, I parked my vehicle (SDV 9993L) in front of my shop unit no # 01-16. Suddenly a van (GX 8349H) reversed and collided onto the front portion of my vehicle. The driver of (GX 8349H) wanted to private settle but after few days, he has not get back to me. That's the reason why I reported late.

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:

 20/08/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


Vehicle No.	SDV 9993L	Model / Make	HONDA SHUTTLE
Date of Accident	14 / 07 / 18		
Time of Accident	1300 HRS		
Location of Accident	No. 2, Kaki Bukit Ave 2 (Autohub) in front of Unit #01-16		
Exact purpose use during accident	Private Used		
Name of Owner	HO How Tuck		
Telephone No.	H/P: 9621 3221	Home:	Office:
NRIC	S 7048437D		
Address	BHS 413, Ang Mo Kio Ave 10 #1 07-911 (S) 560413.		
Claim type	OD	(THIRD PARTY) REPORTING ONLY	
Insurance Company	MSIG		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	A 80457805 QMY		
Name of Driver	(As Above If No,		
NRIC	Any Passengers: N.A.		
Date of birth	07 / 01 / 1970		
Occupation	Outdoor	(Indoor)	
Driving License Pass Date	04 / 07 / 1992		
Gender	(Male)	Female	
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state Owner	
Weather condition	(Clear)	Raining	Other
Road Surface	(Dry)	Wet	Other
Any Injuries	(No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	(No,	If Yes, Where?	
Vehicle B No.	GX 8349 H.	Any Passengers:	N.A.
Name of Driver	Sam	Contact No.:	8752 5322
Vehicle C No.		Any Passengers:	
Vehicle D No.		Any Passengers:	
Vehicle E no.		Any Passengers:	
Vehicle F No.		Any Passengers:	
Vehicle G No.		Any Passengers:	
Witness Name	N.A.	Witness Contact:	
Accident Portion	Front Portion		
Camera Recorder	(Yes) / No		
Email Address	kenlazoo@yahoo.com		
PARTICULAR WORKSHOP	Twincar		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Hui Xin		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	sales@nsl.com.sg		

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S7048437D**
 Name: **HO HOW TUCK**
 Birth Date: **07 Jan 1970**
 Issue Date: **13 Nov 2003**

000994196J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7048437D


 Name: **HO HOW TUCK**
 何 効 鐸
 Race: **CHINESE**
 Date of Birth: **07-01-1970** Sex: **M**
 Country of Birth: **SINGAPORE**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	29 Jun 1991
Class 2A	Motorcycles between 201 cc and 400 cc	03 Oct 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Jul 1992

NP 428A

Licence No: S7048437D

079


 NRIC No: **S7048437D**


 Blood Group: **O+** Date of issue: **19-02-1993**

Address: **APT BLK 413 ANG MO KIO AVENUE 10 #07-911**
SINGAPORE 560413
 NRIC No: **S7048437D** Date: **07-10-2001** No: **3797691**



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

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 80457805 QMY

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SDV9993L

2. Name of Policyholder
HO HOW TUCK

3. Effective Date of the Commencement of Insurance for the purposes of the Act
23/06/2018

4. Date of Expiry of Insurance
22/06/2019

5. Persons or Classes of Persons entitled to drive*

HO HOW TUCK

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).

Serene Chng

Quotigo Pte Ltd

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.

33 Paya Lebar Road
Paya Lebar Square #11-41

Singapore 409051

DID : 63850607 Mobile : 87889996

Email : serene@quotigo.com

Website : www.quotigo.com

Counter-Signatory:

Quotigo Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
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.

XQUOTSCXH2018052309300141