

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 11/02/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19002320/13	SAS e-filing		
Veh No: SKG35147	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/02/19 1735	i-Motor Claim Form		
OD: (IP) 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: (**FOCUS AUTO** Tel: Fax:)

TP Particulars: Veh No: **5JW2742P** 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

NA1901258	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	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			
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	<i>For claiming against INC Only (wef 10 Jan 2005)</i>			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2/3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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 (Non INC) against INC \$20			
	9) N12: Idac 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 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	11/02/2019 09:28
Date Of Accident	05/02/2019 17:35
Exact Location Of Accident	HOUANG AVE 4
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKG3514Y
Insured/Policyholder	
Name Of Registered Owner	SELAMAT BIN MOHAMAD
NRIC No	S7435520Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88580863
Alternative Phone No	OTHERS-88580863
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	JETTA
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	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	8VPCP1815210
Cover Note Number	
Driver	
Name of Driver	SELAMAT BIN MOHAMAD
NRIC No	S7435520Z
Date Of Birth	26/10/1974
Occupation	INDOOR
Date Of Driving Pass	05/09/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88580863
Fax Number	
Contact Number	OTHERS-88580863
E-Mail Address	NOEMAIL

Address	179 JALAN LOYANG BESAR #03-09
Postcode	506926
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)	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	SJW2742P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	81806608
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

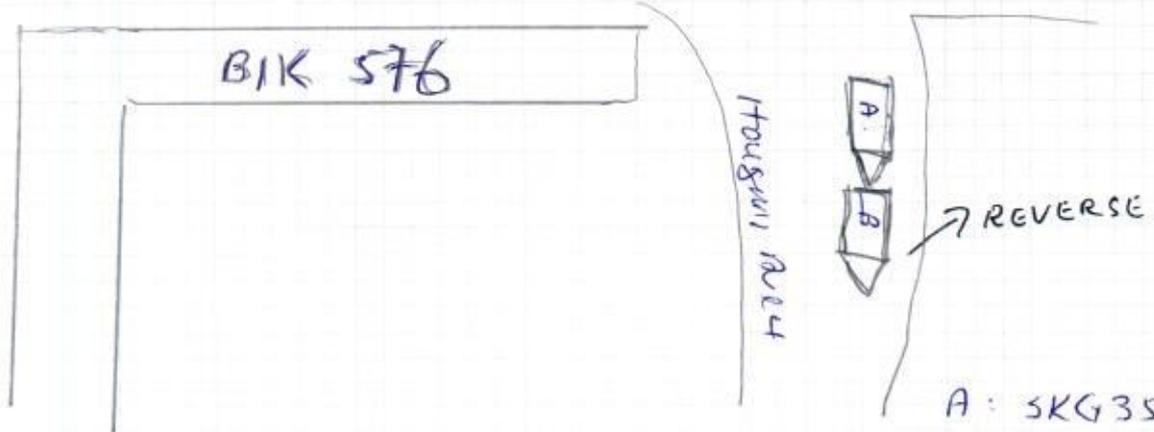
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Hougang Ave 4



A : SKG3514Y
 B : SJW 27H2P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 5 Feb 2019, I was driving along Hougang Ave 4 in front of BIK 576 and stop my vehicle behind SJW 27H2P and there was a traffic congestion along the side road due to vehicle park along the road. Suddenly SJW 27H2P reverse his car and hit my vehicle front portion

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 09/02/19

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119018294 Vehicle Registration No: SKG35149
 Name(as shown in NRIC) : SELAMAT BIN MOHAMAD NRIC/FIN/Passport No : 57435520Z
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : 178 JUN LOYANG BESAR #03-09 Singapore(506926)
 Contact (Tel) : _____ Mobile No. : 88580863
 Email Address : _____
 Date of Accident : 05/02/19 Time of Accident : 17:35
 Place of Accident : HOUGANG AVE 4
 Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND DRIVER ADDRESS

Policyholder / Driver's Signature
Date:

[Signature] 01/02/19

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

VEHICLE NO: SKG 3514Y

MAKE & MODEL: Volkswagen Jetta

DATE OF ACCIDENT	05 / 02 / 2019
TIME OF ACCIDENT	17.35 AM (PM)
LOCATION OF ACCIDENT	Hougang Ave 4
Exact Purpose use during accident	
NAME OF OWNER	Selamat Bin mohamad
TELP NO	8858 0863
NRIC	574355202
CLAIM TYPE	OD / (THIRD PARTY) / Reporting Only
PRIVATE HIRE	YES (NO)?
INSURANCE CO.	MSIG
TYRE OF COVERAGE	(Comprehensive) / Third Party / Third Party Fire & Theft
POLICY NO.	8UPCP1815210
NAME OF DRIVER	(As above) / If No:
NRIC	" Any passengers: NIC
DATE OF BIRTH	26 / 10 / 1974
OCCUPATION	Outdoor (Indoor)
DATE OF DRIVING PASS	05 / 09 / 2006
GENDER	(Male) / Female
CONTACT NO.	119 Office: Home:
ADDRESS	178 Jln Loyang Besar #03-09 S 506926
DRIVER HAVE ANY OWN VEHICLE	(NO) / If yes : Reg No :
RELATIONSHIP	Employee / Hirer / Spouse / Parent / Friend / If No : Owner
WEATHER CONDITION	(Clear) / Raining / Dizzling / Other:
ROAD SURFACE	(Dry) / Wet / Other :
ANY INJURIES	(NO) / If yes : Who?
CONTACT NO.	As above
POLICE REPORT	(NO) / If yes : Where?
VEHICLE B NO.	5JW 2742P Any passengers: 2
NAME	Poo Kwong Wah
CONTACT NO.	8180 6608
VEHICLE C NO.	Any passengers:
VEHICLE D NO.	Any passengers:
VEHICLE E NO.	Any passengers:
VEHICLE F NO.	Any passengers:
ANY WITNESS	
WITNESS CONTACT NO.	
Have you been approach by unknown person soliciting (s)/	
Referring accident claims assistance?	YES / NO
PARTICULAR WORKSHOP: Focus - Auto Pte Ltd	
TELP NO.	1 Kaki Bukit Avenue 6
CONTACT PERSON	Autobay @ kaki bukit
FAX NO.	#02-48/50 Singapore 417883
	Tel : 6844 4620
	Fax: 6844 4625

VIDEO: yes

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7435520Z



Name
SELAMAT BIN MOHAMAD



نام
سلامة بن محمد

Race
MALAY

Date of Birth
26-10-1974

Sex
M

Country of Birth
SINGAPORE



2817143



NRIC No. S7435520Z



Blood Group
B+

Date of issue
11-04-1996

179 JALAN LQYANG BESAR #03-09
SINGAPORE 506926

NRIC No. S7435520Z Date 11/04/2011 No. 6758113

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 1B	Motorcycles <= 200 CC	16 Aug 1974
Class 2A	Motorcycles between 201 CC and 400 CC	03 Feb 1975
Class 2	Motorcycles > 400 CC	03 Jun 2003
Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver and motor tractors/vehicles <= 2500 kg	05 Sep 2000

S7435520Z

S/No. 9000055493

NP 428A

Barcode: Licence No. S7435520Z

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S7435520Z

Name: SELAMAT BIN MOHAMAD

Birth Date: 26 Oct 1974

Issue Date: 03 Jun 2003

Barcode: 000537592F





MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
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)

25 Jul 2018

A0074-001
CERTIFICATE No. : MOTORMAX PLUS
: 8VPCP1815210

1. Index Mark and Registration Number of Vehicle : SKG3514Y
2. Chassis Number of Vehicle : WVWZZZ16ZCM150608
3. Name of Policyholder : SELAMAT BIN MOHAMAD

4. Effective date of the Commencement of Insurance for the purposes of the Act : 24 Aug 2018 00:01AM
5. Date of Expiry of Insurance : 23 Aug 2019

6. Persons or Classes of Persons entitled to drive*
(a) The Policyholder.
(b) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

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.

7. Limitations as to Use*

Use only for social, domestic & pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward, tuition, driving test, 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 Vehicle (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).



[Handwritten Signature]

Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

[Handwritten Signature]

Approved Insurer

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 must 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.

FORM M.X.1 (001)

7VPCP1734340

(For the Issuance of Motor Certificate of Insurance only)

MSD/VPCP/17-001990-00