

# NATIONAL Assessment Centre Services

Date In: 23/04/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19007096/13	SAS e-filing		
Veh No: SME86054	E-mail (within 8hrs, Alt 2hrs)		
D.O.A: 23/04/19 1035	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: GBA5961P	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

NA1903013	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		In Bill	Add Bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)			
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:	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR: Re-inspection \$75			
Cat. 2/3:	7) NI: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:			
	ON:			
	*N5: Courtesy Car / Tpl 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: 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 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	23/04/2019 12:01
Date Of Accident	23/04/2019 10:35
Exact Location Of Accident	CTE B4 BRADDELL RD EXIT TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME8605Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BOON CHING CHUNG
NRIC No	S1173099Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96539239
Alternative Phone No	OTHERS-96539239

### Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	A 80465324 QMX
Cover Note Number	

### Driver

Name of Driver	ABDUL GANI BIN BIDON
NRIC No	S1444293F
Date Of Birth	17/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/11/1987
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96539239
Fax Number	
Contact Number	
Email Address	GANI@HENDERSONSECURITY.COM.SG

Address	BLK 394 YISHUN AVE 6 #09-1086
Postcode	760394
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
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

I WAS TRAVELLING ALONG CTE B4 BRADDELL RD EXIT TWDS AYE ON THE 4TH LANE OF A6-LANES RD. SUDDENLY VEH(B) BEARING REG NO GBA5961P CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA5961P
Vehicle Make/Model/Colour	RENAULT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KOTHANDARAMAN RAMANUJAM
NRIC/Passport Number	S2730674H
Contact Number	92394541
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	ABDUL GANI BIN BIDON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SME8605Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	



### SKETCH PLAN

### IMPORTANT NOTICE

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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:

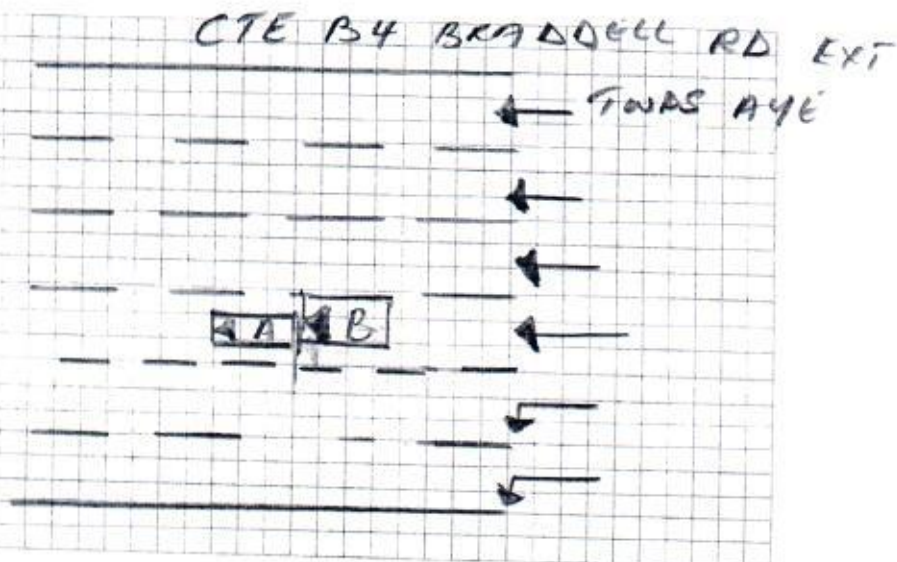
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

SKETCH PLAN

A - SME8605Y

B - GBA5961P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls 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.:



**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 : MNA119052374 Vehicle Registration No: SME86054  
Name(as shown in NRIC) : ABDUL GANI BIN BIDON NRIC/FIN/Passport No : S1444293F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 394 YISHUN AVE 6 #09-1086 Singapore( 760394 )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 96539239  
Email Address : \_\_\_\_\_  
Date of Accident : 23/04/19 Time of Accident : 10:35  
Place of Accident : CTE BY BRADDELL RD EXIT TWDS AYE  
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 POLICY NO

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

shym 23/04/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:

5226988



NRIC No. S1444293F





Date of issue  
08-10-2013

APT BLK 394 YISHUN AVENUE 6 #08-1086  
SINGAPORE 760394

NRIC No. S1444293F Date: 15/02/2016

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1444293F





Name  
ABDUL GANI BIN BIDON

Race  
MALAY

Date of birth  
17-11-1960

Sex  
M

Country/Place of birth  
SINGAPORE



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

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

PASS DATE  
20 Nov 1987

Licence No: S1444293F



NP 428A

REPUBLIC OF SINGAPORE DRIVING LICENCE



ABDUL GANI BIN BIDON

Date of birth: 17 Nov 1960

Issue Date: 15 Feb 2015







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**  
**Comprehensive**

Certificate No. A 80465324 QMX

Excess : SGD600

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SME8605Y

2. Name of Policyholder  
BOON CHING CHUNG

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
17/12/2018

4. Date of Expiry of Insurance  
16/12/2019

5. Persons or Classes of Persons entitled to drive\*  
BOON CHING CHUNG

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.


Tai Thong Lee Trading Pte Ltd.

\* 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 MUST BE CARRIED OUT 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.

 13/12/2018  
Signature / Date

Counter-Signatory  
SGP Business Consultancy Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

  
Amy Ler  
Senior Vice President, Agencies

# Annex

Transaction ref 20190108113031071425

Please check that the owner and vehicle details are correct:

33. IU Label No.	: 1123581589
34. COE No.	: 2009100107000877N
35. COE Expiry Date	: 16 Dec 2019
36. COE Category	: E - Open Category
37. Quota Premium/Prevailing Quota Premium	: \$19,801.00 / -
38. Actual Quota Premium/PQP Paid	: \$20,200.00
39. Actual ARF Paid	: \$27,271.00
40. CO2 Emission(g/km)	: -
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: -
49. Road Tax Amount	: -
50. Road Tax Start Date	: -
51. Road Tax End Date	: -
52. Remarks	: COE rebate, if applicable, will be based on the QP of \$19,801.00. This is the lower of QP from Category E and the corresponding Category B in the same tender exercise. To renew the COE, the Prevailing Quota Premium payable is that of Category B. The PARF eligibility of the vehicle will expire on 16 Dec 2019.