

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 09/05/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/19008266/13	SAS e-filing		
Veh No: SKG 3500 L	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 06/05/19 1140	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: SHF6334	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

NA1903387	Invoice Preparation Checklist		Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);			
	2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:	3) TF : Towing Fee \$40/\$45			
Contact No:	4) FT : Follow-Through Survey \$120			
Damaged Portion:	5) RT : Follow-Through Survey (Resurvey) \$30			
QC Checked by (Engr-In-Charge):	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Auditors' Comments :-	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Cat. 1:	OD*			
Cat. 2 / 3:	*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	09/05/2019 17:52
Date Of Accident	06/05/2019 11:40
Exact Location Of Accident	HAVELOCK RD TWDS EU TONG SEN STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG3500L
Insured/Policyholder	
Name Of Registered Owner	HI POWER PTE LTD
Co Reg No	200504308M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 80408848 MCX
Cover Note Number	

Driver

Name of Driver	KIM YOUNGJONG
NRIC No	G6205686Q
Date Of Birth	10/10/1979
Occupation	INDOOR
Date Of Driving Pass	17/05/2014
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92984301
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	15 CHANGI NORTH STREET 1 #01-01 1-LOFTS@CHANGI
Postcode	498765
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF633Y
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

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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:

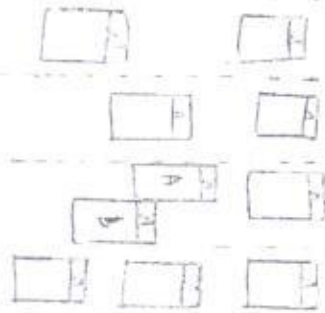


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

21 May 2019 18:00

SKETCH PLAN



A: 8KG3500L

B: SHF633Y

Havelock Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Annex 1.

DECLARATION

I/We declare the foregoing to be 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.:

8/May/2019 12:00

09/05/19

Annex 1

On 06.05.2019 at about 1140hours, I was driving my vehicle (A: SKG3500L) along 4th lane of Havelock Road towards Eu Tong Sen Street. The traffic was heavy and I signal to change to the 3rd lane. Gradually, I have entered to the 3rd lane and front vehicles stopped, I followed to stop too. A taxi (B: SHF633Y) which following behind failed to stop in time and slightly grazed on the left rear portion of my vehicle. The driver came down and just said "insurance, insurance" and drove off the taxi.

Vehicle A (SKG3500L): 1 male passenger on board.

Vehicle B (SHF633Y): No passenger on board.

SINGAPORE ACCIDENT STATEMENT

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3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Policy Department for investigation.
6. This report will be forwarded by the insurers to 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 08.05.2019 @ 1725h
 Date of Accident 06.05.2019 @ 1140h
 Exact Location of Accident Havelock Road towards Eu Tong Sen Street.

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKG3500L

Insured/ Policyholder

Name of Registered Owner Hi Power Pte Ltd
 FIN/ Passport Number 200504308M

Vehicle Particulars

Vehicle Make Toyota
 Type of Vehicle Corolla Altis 1.6 Auto
 Exact Purpose for which vehicle was being used at the time of accident Private Use
 Are you claiming under your own insurance policy for repair to your vehicle? Yes/ ☒ No Third Party
 Vehicle Category Private Car.

Insurance Company

Name of Insurance Company MSIG Insurance (Singapore) Pte Ltd
 Type of Policy Comprehensive
 Fleet Policy No
 Policy Number A 80408848 MCX
 Motor CI

Driver

Name of Driver Kim Young Jung
 FIN/ Passport Number Q6205686Q
 Date of Birth 10.10.1979
 Occupation Indoor
 Year of Driving Experience 17.05.2014
 Gender ☒ Male ☐ Female
 Contact Number 9298 4301
 Address 15 Changi North Street 1 #01-01 1-1045@ Changi 5498765
 Email Address msr1986@naver.com
 Was driver an employee of the Insured's Company? Yes
 If no, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle (If applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	
General Information of the Accident	
Type of Collision	change lane
Weather Conditions	clear
Road Surface	Dry
Other Information	
Was any body injured in the Accident?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Was any other material or property damage?	Yes <input checked="" type="radio"/> No <input type="radio"/>
Details of Injured Persons	
Name	
Address	
Approximate Age	
Injuries Sustained	
If vehicle Occupants, state in which vehicle?	
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	
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?	
Circumstance of Accident	
Refer to Annex 1	
DETAILS OF OTHER VEHICLE(S)/ PROPERTIES	
Vehicle Registration Number	SHF633Y
Details of Properties	
Vehicle Make/ Model/ Colour	
Name of Driver	
NRIC/ Passport Number	
Contact Number	
Email Address	
Address	
Insurance Company Name	
Nature of Damage	
Details of Witness	
Name	
Phone Number	
Email Address	

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G6205686Q**

Name: **KIM YOUNGJONG**

Birth Date: **10 Oct 1979**

Issue Date: **21 Nov 2014**

Valid Till: **16 May 2019**

002368196H



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **HI POWER PTE. LTD.**

Name: **KIM YOUNGJONG**


Occupation: **ELECTRIC CABLE JOINER**

FIN: **G6205686Q**

Date of Application: **06-10-2017**

Date of Issue: **17-10-2017**

Date of Expiry: **03-12-2019**



L8396766

HP: 9298 4301.

email: msr1986@gmail.com

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg **17 May 2014**

NP 428A

License No: **G6205686Q**



VISIT PASS
Immigration Regulations

Name: **KIM YOUNGJONG**

Date of Birth: **10-10-1979** Sex: **M** Nationality: **KOREAN, SOUTH**

FIN: **G6205686Q** Date of Issue: **17-10-2017** Date of Expiry: **03-12-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





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.4
Company Ownership

MOTORMAX-COMMERCIAL
Comprehensive

Certificate No. A 80408848 MCX

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKG3500L

2. Name of Policyholder
Hi Power Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
27/08/2018

4. Date of Expiry of Insurance
26/08/2019

5. Persons or Classes of Persons entitled to drive*

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 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.



Signature / Date

Counter-Signatory:
Riki Marketing 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.

XRIKIDLJH2018072410345876