

# NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MHA19071147**

Date In: <b>21/5/19 - 15:58</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MJH19009/083/24</b>	SAS e-filing		
Veh No: <b>UMA 8833</b>	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: <b>21/5/19 - 10:35</b>	i-Motor Claim Form		
OD: <b>TP</b> 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: **UH 682291**

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

## Invoice Preparation Checklist

Am't (\$)

for Bill

Am't (\$)

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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) RT: Follow-Through Survey (Resurvey) \$30

For claiming against INC Only (wef 10 Jan 2005)

6) TR: Re-inspection \$75

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 \$0

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	31/05/2019 15:58
Date Of Accident	31/05/2019 10:35
Exact Location Of Accident	THOMSON RD TWDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA883J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHOW ONN YEE
NRIC No	S7616333B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91293177
Alternative Phone No	OFFICE-91293177

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	A80456481QMX
Cover Note Number	

### Driver

Name of Driver	CHOW ONN YEE
NRIC No	S7616333B
Date Of Birth	31/05/1976
Occupation	INDOOR
Date Of Driving Pass	19/03/1997
Driving Experience	22 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91293177
Fax Number	
Contact Number	OFFICE-91293177
EMail Address	NOEMAIL

Address	BLK 39 CAMBRIDGE ROAD #08-123
Postcode	210039
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?	
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

REFER TO 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	SHC8729T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MUSA BIN JANTAN
NRIC/Passport Number	S0090184I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :

GENDER: :



## 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: 31/5/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VSA WAS STATIONARY IN FRONT OF TRAFFIC LIGHT  
OUT OF SUDDEN I FELT AN IMPACT FROM MY VSA REAR  
PORTION.

## 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.:





# HS AUTOMOTIVES PTE LTD

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsaautomotivespl@gmail.com

VEHICLE NO: 8WA 883J

MAKE/MODEL: Y/ALY18.

DATE OF ACCIDENT 31/5/2019  
DAY/MONTH/YEAR

TIME 10 HR 35 MIN AM PM

LOCATION OF ACCIDENT THOMSON ROAD CITY.

EXACT PURPOSE USE DURING ACCIDENT GOING TO WORK.

## CAR OWNER

NAME OF CAR OWNER HOW ONN YEE

CONTACT NO 9293177

NRIC 87616333B

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY W816

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO \_\_\_\_\_

## ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER HOW ONN YEE

NRIC 87616333B NO OF PASSENGER/S 0

DATE OF BIRTH 31-05-1976

OCCUPATION ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 19 MAR 1997

GENDER ☐ MALE ☒ FEMALE

CONTACT NO 9293177

ADDRESS BLK 39 CAULDRIDGE ROAD #08-123 (S) 210039

DRIVER OWN ANY VEHICLE NO/ IF YES- REGISTRATION NO \_\_\_\_\_

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: \_\_\_\_\_

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER: \_\_\_\_\_

ROAD SURFACE ☒ DRY ☐ WET OTHER: \_\_\_\_\_

ANY INJURIES NO/ IF YES- NAME: \_\_\_\_\_

CONTACT NO \_\_\_\_\_

POLICE REPORT NO/ IF YES- LOCATION: \_\_\_\_\_

VIDEO FOOTAGE NO/ YES \_\_\_\_\_

## 3RD PARTY INFO

VEHICLE B NO 2HCS797 NO OF PASSENGER/S 1

NAME MUSA BIN JANTAN 800901841

CONTACT NO \_\_\_\_\_

VEHICLE C NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE D NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE E NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

VEHICLE F NO \_\_\_\_\_ NO OF PASSENGER/S \_\_\_\_\_

ANY WITNESS \_\_\_\_\_

WITNESS CONTACT NO \_\_\_\_\_

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7616333B**

Name: **CHOW ONN YEE**

Birth Date: **31 May 1976**

Issue Date: **25 Feb 2003**

1000233243E



**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S7616333B**

Name: **CHOW ONN YEE**

周 安 仪

Race: **CHINESE**

Date of birth: **31-05-1976** Sex: **F**

Country of birth: **SINGAPORE**




**For LKK/NAC Use Only**


**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: **19 Mar 1997**

Licence No: **S7616333B**

NP 4284



**3886231**

NRIC No: **S7616333B**

Date of issue: **31-05-2006**

**APT BLK 39 CAMBRIDGE ROAD #08-123**

**SINGAPORE 210039**

NRIC No: **S7616333B** Date: **28/03/2016**





**MSIG**

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

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 80456481 QMX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle  
SMA883J

2. Name of Policyholder  
CHOW ONN YEE

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
20/04/2019

4. Date of Expiry of Insurance  
24/06/2019

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

CHOW ONN YEE

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.

MSIG Insurance (Singapore) Pte. Ltd.  
Approved Insurers

**HUI HUA ENTERPRISE**  
Reg. No. 53139918D  
No. 1 Bukit Batok Crescent  
#02-23 WCEGA Plaza  
Singapore 358084  
Tel: 84698511 Fax: 84698358

*Man*  
for Chief Executive Officer

STCC201601031712