

NATIONAL Assessment Centre Services

Date In: 23/10/19	Job description	Date & Time Completed	Done by
Ref No NA/MSG19018829/13	SAS e-filing		
Veh No: SGA9299H	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 26/10/19 2100	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: (HUAMENGA Tel: Fax:)

TP Particulars:	Veh No: SJD3858H	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

NA1908083

Claimant's Particulars :-	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	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 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 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 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	23/10/2019 16:31
Date Of Accident	20/10/2019 21:00
Exact Location Of Accident	SERANGOON GARDEN COUNTRY CLUB CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGA9299H
Insured/Policyholder	
Name Of Registered Owner	NG KWOK KIT
NRIC No	S7970086Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98478357
Alternative Phone No	OTHERS-98478357

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
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 80462342 QMY
Cover Note Number	

Driver

Name of Driver	NG KWOK KIT
NRIC No	S7970086Z
Date Of Birth	08/02/1979
Occupation	INDOOR
Date Of Driving Pass	27/08/2002
Driving Experience	17 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98478357
Fax Number	
Contact Number	OTHERS-98478357
Email Address	NOEMAIL

Address	133 SERANGOON AVE 3 #04-05
Postcode	556113
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	COLLIDED INTO PARKED VEHICLE
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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

VEH A WAS PARKED INSIDE THE CARPARK LOT AT SERANGOON GARDEN COUNTRY CLUB. VEH B WAS PARKED INFRT OF VEH A, WHEN VEH B WANTED TO EXIT OUT FROM THE CARPARK LOT HIS VEH HIT ONTO VEH A FRT PORTION WHEN THE VEH B REVERSING HIS VEH. THERE WAS A VIDEO FOOTAGE OF THE IMPACT.

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	SJD3858H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DEX
NRIC/Passport Number	
Contact Number	92228273
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

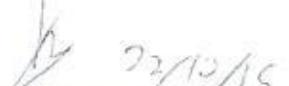
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate 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:

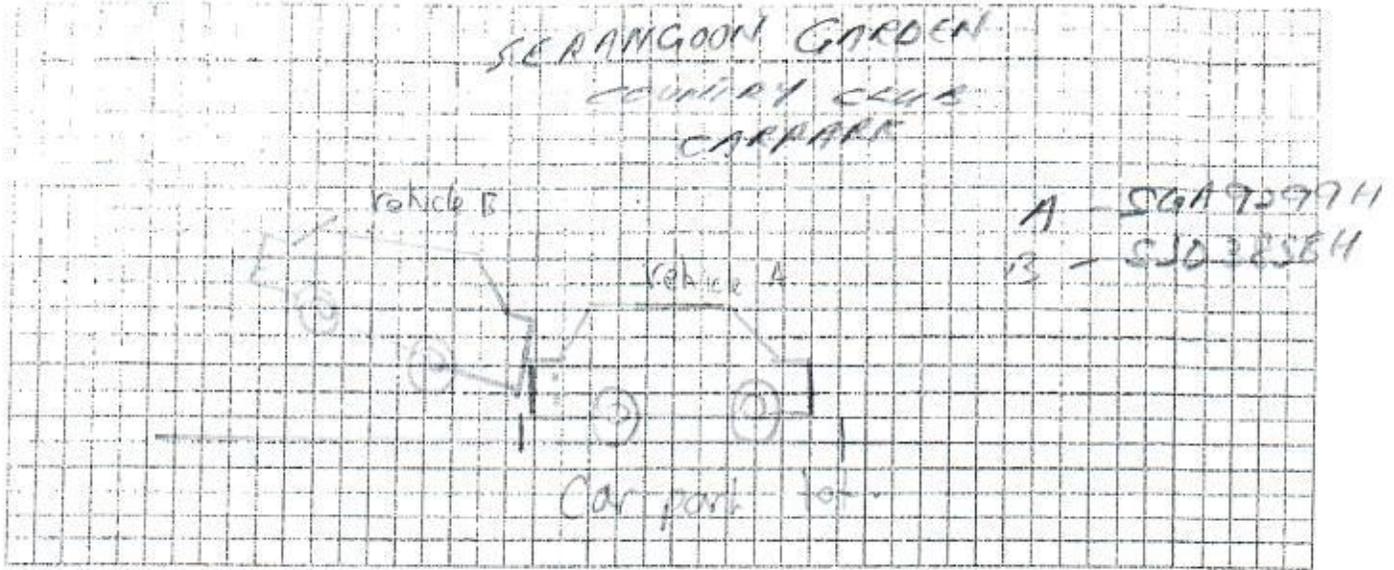


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A (SG92997H) was parking in its carpark lot. Vehicle B which park in front ~~to~~ had the intention to shift out of its parking lot. In the event ~~was~~, Vehicle B reverse and bang into Vehicle A front. There is video showing how this accident happen.

DECLARATION

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

[Signature] 23/10/19
 Policyholder's Signature
 Date & Time:

[Signature] 23/10/19
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature] 23/10/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

VEHICLE NO: SGA929GH

MAKE & MODEL: Toyota Harrier

DATE OF ACCIDENT

20 / 10 / 2014

TIME OF ACCIDENT

9 AM / PM

LOCATION OF ACCIDENT

Serangoon Garden Country Club carpark.

Exact Purpose use during accident

Parking

NAME OF OWNER

NG Kwok Kit

TELP NO

98478357

NRIC

S79700862

CLAIM TYPE

OD

/

THIRD PARTY

/

Reporting Only

INSURANCE CO.

MSIG

TYPE OF COVERAGE

Comprehensive

/

Third Party

/

Third Party Fire & Theft

POLICY NO.

A80462342

NAME OF DRIVER

As above

/

If No.

NRIC

Any passengers: -

DATE OF BIRTH

08 / 02 / 1979

OCCUPATION

Outdoor

/

Indoor

DATE OF DRIVING PASS

27 / Aug / 2002

GENDER

Male

/

Female

CONTACT NO.

98478357

Office.

Home.

ADDRESS

133 Serangoon Ave 3 #04-05 S(556113)

DRIVER HAVE ANY OWN Vehicle

NO / If yes, Reg No.

RELATIONSHIP

Employee / If No.

WEATHER CONDITION

Clear

/

Raining / Other.

ROAD SURFACE

Dry

/

Wet / Other.

ANY INJURIES

No / If yes, Who?

CONTACT NO.

POLICE REPORT

No

/

If yes, Where?

VEHICLE B NO.

SJD3858H

Any Passenger:

NAME

Dex

CONTACT NO.

9222 8273

Any Passenger:

VEHICLE C NO.

Any Passenger:

VEHICLE D NO.

Any Passenger:

VEHICLE E NO.

Any Passenger:

VEHICLE F NO.

ANY WITNESS

WITNESS CONTACT NO.

Have you been approach by unknown person soliciting (s) /

YES / NO

offering accident claims assistance?

PARTICULAR WORKSHOP

huameng @live.com sg

TELP NO

CONTACT PERSON

FAX NO.



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 80462342 QMY

Excess : SGD700
 Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
 SGA9299H
2. **Name of Policyholder**
 Ng Kwok Kit
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
 23/09/2019
4. **Date of Expiry of Insurance**
 22/09/2020
5. **Persons or Classes of Persons entitled to drive***
 Ng Kwok Kit
 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).

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

17 SEP 2019

Counter-Signatory:
Teo Yiang Hock

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.

XTYHRTYH2019091712565538