

NATIONAL Assessment Centre Services

(Sat 1 Jan 2023)

MYMA 119143351

Date: 30/10/19 09:05	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1 MSG 19019143164	E-mail (within 2hrs, AIC 2hrs)		
Upl No: SMA 4743 D	i-Motor Claims Form		
Ref: 29/10/19 09:30	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP: 0 Repairing Only	i-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Printed Wksp / INC Assign Wksp / GW: (Tel: (Fax: (
TP Particulars:	Veh No: PA 85662	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%; P: 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 No: 67384616)

1) Apply for Transf. Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Action

MA1908147	Invoice Preparation Checklist	Amr (\$)	PAH (\$)
Client's Particulars:	1) AR: Accident Reporting (\$30):	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2023)		
	6) TR: Re-Inspection \$75		
	7) N1: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OR:		
	* 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: Idas 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	30/10/2019 09:05
Date Of Accident	29/10/2019 09:30
Exact Location Of Accident	PIE(CHANGI) BEFORE TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4743D
Insured/Policyholder	
Name Of Registered Owner	PANG CHING FENG
NRIC No	S8112993B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94501183
Alternative Phone No	OFFICE-94501183

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO
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 29091817 QMX
Cover Note Number	

Driver

Name of Driver	PANG CHING FENG
NRIC No	S8112993B
Date Of Birth	06/05/1981
Occupation	INDOOR
Date Of Driving Pass	20/03/2006
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94501183
Fax Number	
Contact Number	OFFICE-94501183
Email Address	NOEMAIL

Address	BLK 806 KING GEORGE'S AVE #08-206
Postcode	200806
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?	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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA8566L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	94892468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PANG CHING FENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SMA4743D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

VEHICLE NO.: SMA 4743 D
INSURER : MSIG
DATE & TIME: 29/10/19 9:30AM

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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:



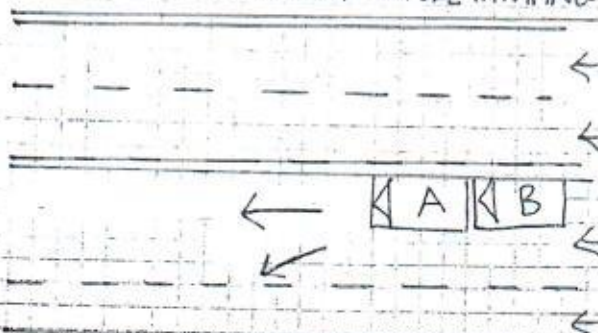
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEH A = SMA 4743D

VEH B = PA8566L

PIE CHANGE BEFORE TAMPINES AVE 5 EXIT



TAMPINES AVE 5 EXIT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I, VEHICLE A (SMA 4743D) WAS TRAVELING ON THE STATED VENUE WHEN SUDDENLY, THE VEHICLE IN FRONT OF ME BRAKED HENCE I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B (PA8566L) HIT ONTO MY VEHICLE REAR CAUSING DAMAGES TO THE BACK OF MY VEHICLE.

Note : Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

☐ Claim Own Policy ☒ Claim Third Party ☐ Reporting Only
☐ Claim OD/TP at other workshop ()

Particular of Insured / Driver & Details of the Accident

(Pls circle where applicable)

Location of Accident: PIE (CHANGI) BEFORE TAMPINES AVE 5 Date & Time of Accident: 29/10/19 09:30AM
Purpose when vehicle was used at the time of accident: GOING TO WORK
(eg. Going Home)

Details of Own Vehicle

Vehicle Registration Number: SMA 4743D Make / Model: NISSAN LATIO
Vehicle Category: Car

Claiming Own insurance: YES ☒ NO ☐ If No, Reporting only ☒ Third Party Claim

Name of Preferred workshop: JWG INTERNATIONAL PTE LTD Contact: _____

Insured / Policy Holder

Name of Registered Owner: PANG CHING FENG NRIC: S8112993/B
Address: BLK 806 KING GEORGE'S AVENUE #08-206 S(200806)
Mobile No: 94501183 Other Contact: Home No. / Office / Others: _____
Email: pcfeng1981@gmail.com

Driver

Name of Driver: PANG CHING FENG NRIC/ Fin: S8112993B
Driving License Pass Date: 20 MARCH 2006 DOB: 06/05/1981
Address: BLK 806 KING GEORGE'S AVENUE #08-206 S(200806)
Occupation: ☒ INDOOR ☐ OUTDOOR Mobile No: 94501183
Gender: ☒ MALE ☐ FEMALE Other Contact: Home No. / Office / Others: _____
Email: _____
Driver an employee: YES ☐ NO ☒ If no, what is relationship with the policyholder: OWNER
If Driver is a policyholder, please kindly ignore this question

Insurance Company

Fleet Policy: YES ☐ NO ☒ Policy Number: _____ Type of Coverage: _____

General information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: DIRECT HIT FROM BACK
Weather Conditions: CLEAR / RAINING / OTHERS: _____
Road Surface: DRY / WET
Any video captured by car camera?: YES ☐ NO ☒ *Any witness?: YES ☐ NO ☒
Any police report made: YES ☐ NO ☒ *Injured party: YES ☐ NO ☒ (*If Yes, pls provide name & tel)
For Injured Party details, it must be supported by police report

No. of Passenger (Including Driver): 01

Details of Passenger 1

Name of Passenger: _____

Gender: _____

Details of Passenger 3

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 1

Vehicle Registration No: PA 8566L

Vehicle Make / Model / Colour: NISSAN (SILVER)

Name of Driver: _____

No. of Passenger (Including Driver): 01

NRIC: _____

Contact Number: 94892468

Nature of Damage: _____

Vehicle Category: _____

Details of Passenger 2

Name of Passenger: _____

Gender: _____

Details of Passenger 4

Name of Passenger: _____

Gender: _____

Details of Other Vehicle Property 2

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7868, Fax +65 6827 7830
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 29091817 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMA4743D

2. Name of Policyholder
Pang Ching Feng

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

4. Date of Expiry of Insurance
15/11/2019

5. Persons or Classes of Persons entitled to drive*

Pang Ching Feng

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


for Chief Executive Officer