

# NATIONAL Assessment Centre Services

[ver 1 Jan 03]

MIUA 120000989

Done by

Date In: 3/1/20 13:42

Ref No: NA1 MSG 20000150/h4

Veh No: SKF 57162

DDA: 3/1/20 08:30

OD: ☒ Reporting Only

TP Insurer:

Job description

Date & Time Completed

SAS e-filing

E-mail (within 3hrs, A/C 2hrs)

i-Motor Claim Form

i-Motor W/O (within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Tel:

Fax:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: 4 6273 MID

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

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 repaler.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

## Remarks:

(INC Hotline: 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

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

Injury: \_\_\_\_\_

Date/Time:

Actions:

NA 2000235

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref:

Ref:

## Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$50)
- 3) TP: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) PT: Follow-Through Survey (Resurvey) \$30
- For claiming against INC Only (ver 10 Jan 2003)
- 6) TR: Re-inspection \$75
- 7) NI: Idao 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 \$3
- TP (N11): TP (Non INC) against INC \$20
- 9) N12: Idao Mobile \$30

Invoice dated

Fee Charged

Invoice dated

Fee Charged

30.00

30.00

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## 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	03/01/2020 13:42
Date Of Accident	03/01/2020 08:30
Exact Location Of Accident	KJE TWDS TUAS B4 PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5716Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LI XIAO GUANG
NRIC No	SXXXX760Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90697738
Alternative Phone No	OFFICE-67581839

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 80456340 QMX
Cover Note Number	

### Driver

Name of Driver	LI XIAO GUANG
NRIC No	SXXXX760Z
Date Of Birth	06/02/1963
Occupation	INDOOR
Date Of Driving Pass	09/05/1997
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90697738
Fax Number	
Contact Number	OFFICE-67581839
Email Address	NOEMAIL

Address	1 SEMBAWANG CRES #11-03
Postcode	757093
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	46273MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LI XIAO GUANG
------	---------------

Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKF5716Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	




## 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:

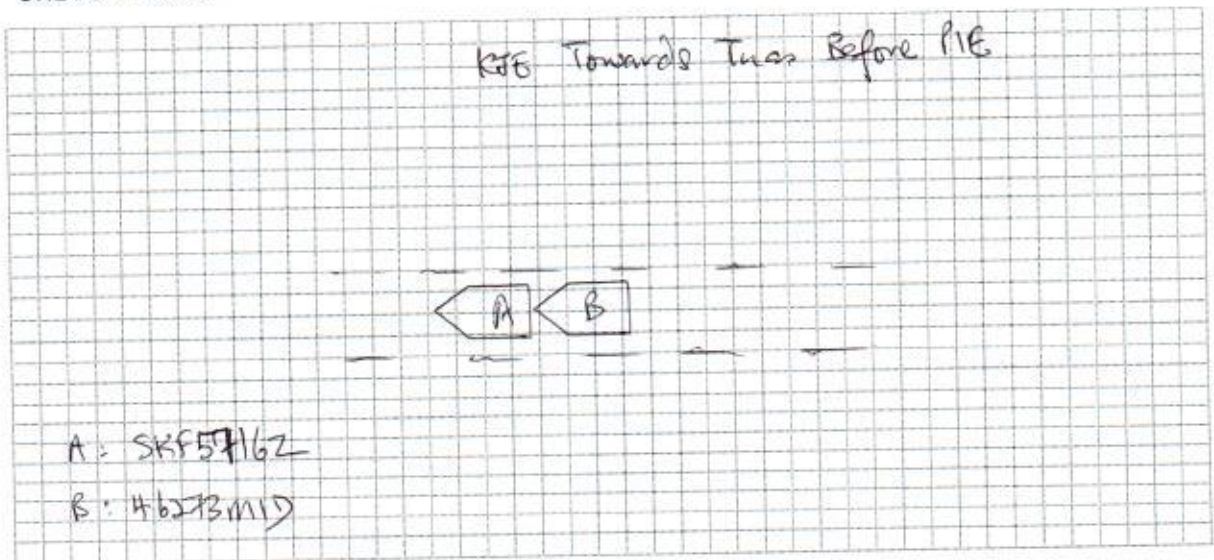
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

  
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**

I WAS TRAVELLING ALONG KJE TOWARDS TUAS BEFORE PIE. VEHICLE AHEAD SLOWED DOWN AND STOP, I FOLLOWED SUIT. MOMENTS LATER, VEHICLE B REAR-ENDED MY VEHICLE.

**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.:



## Accident Reporting Draft

VEHICLE NO: SKF5716Z

MODEL: HONDA CIVIC 1.6L

DATE OF ACCIDENT	3/1/20		
TIME OF ACCIDENT	0830 HRS	HRS	AM/PM
LOCATION OF ACCIDENT	KJE TOWARDS TUAS BEFORE PIE		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	LI XIAO GUANG		
CONTACT NO.	90697738, 67581839		
NRIC	S2650760Z		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	MSIG		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	AS ABOVE / IF NO: SAME AS ABOVE		
NRIC	ANY PASSENGER: 0		
DATE OF BIRTH			
OCCUPATION	OUTDOOR / <u>INDOOR</u>		
DATE OF DRIVING PASS			
GENDER	<u>MALE</u> / FEMALE		
CONTACT NO.	90697738, 67581839	OFFICE:	HOME:
ADDRESS	1 SEMBAWANG CRESCENT #11-03 S(757093)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR		
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY		
ANY INJURIES	NO / IF <u>YES</u>		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	<u>NO</u> / YES		
VEHICLE B NO.	46273MID	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p><b>Ryder</b> Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE 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**  
Comprehensive

Certificate No. A 80456340 QMX

Excess : SGD500  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKF5716Z

2. Name of Policyholder

LI XIAOQUANG

3. Effective Date of the Commencement of Insurance for the purposes of the Act

02/05/2019

4. Date of Expiry of Insurance

01/05/2020

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

LI XIAOQUANG

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.

Serene Ong  
Quotigo Pte. Ltd.  
Senior Operations Manager  
60 Paya Lebar Road

Signature/Date #11-41

Counter-Signatory:  
Singapore 409051

DID: 63850607 Mobile: 87889996

Quotigo Pte. Ltd.

Email: serene@quotigo.com

Website: www.quotigo.com

XQUOTSCXH2019040216181206

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.