

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NA 2001607

Date In: 24/03/2000 12:03
Ref No: NBA/MSG 2000 2049/Y
Veh No: 570 7187R
D.O.A: 23/02/2000 13:28

Job description	Date & Time Completed	Done by
SAS e-Milling		
E-mail (to Julia Sims, AIC 2hrs)		
I-Motor Claims Form		
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Whse		

OD TP Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No: YN 6781P

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 ()

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of reprior.

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

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

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: ()

Date	Time	Location	Notes

NA 2001607

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Author's Comments:

Date:

Page 1 of 2

Invoice Item	Amount (\$)	Unit
1) All Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100) INC (\$10)		
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claimants against INC Only (over 10 Jan 2000)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NIUC Additional Services		
ON:		
* NS: Courtesy Car / Tpl Allowance	\$5	
* NG: Repairs Coordination	\$10	
* NT: Post Repair Inspection	\$25	
* ND: DV / Collect Excess Coordination	\$5	
TP (NI) / TP (Non INC) against INC	\$20	
NI: Idea Mobile	\$0	
Invoice dated		
Invoice dated		
Fee Charged		
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	24/02/2020 12:03
Date Of Accident	23/02/2020 13:25
Exact Location Of Accident	ALONG BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ7187R
Insured/Policyholder	
Name Of Registered Owner	YONG WEI RONG (YANG WEIRONG)
NRIC No	SXXXX149E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96703919
Alternative Phone No	OTHERS-96703919

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE-1.6 (A)
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 29122475 QMX
Cover Note Number	

Driver

Name of Driver	YONG WEI RONG (YANG WEIRONG)
NRIC No	SXXXX149E
Date Of Birth	15/06/1992
Occupation	INDOOR
Date Of Driving Pass	07/03/2015
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96703919
Fax Number	
Contact Number	OTHERS-96703919
Email Address	NOEMAIL

Address	BLK 5 BEDOK SOUTH AVENUE 2 #14-360
Postcode	460005
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	CHAIN COLLISION
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	4
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)	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

PLEASE REFER TO SKETCH PLAN

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	YN6731P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ7768D
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Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SMP1856C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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:

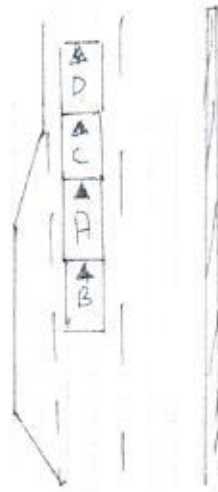
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



- A) SJQ 7187R
- B) YN 6731 P
- C) SMQ 7768 D
- D) SMP 1856C

Bedok North rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle 'A' was travelling
on the stated route. I was travelling straight in my lane,
suddenly vehicle 'C' jammed brake, as such I immediately
applied my brakes and came to a complete stop. The next
moment I felt a huge impact on my vehicle rear
portion, the impact caused my vehicle to propelled forward
and collided onto vehicle 'C' rear. I got out of my
car and realised I was involved in a 4 car chain
collision.

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.:

24/02/2020
Pos L N A H 003

Email: sm@idac.com.sg

Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 23/2/2020 (dd/mm/yy) Time of Accident: 13 : 25 (24-HR-FORMAT)

Vehicle No.: SJQ 7187R Vehicle Make & Model: KIA Cerato Forte 1.6A

Exact location of Accident: Bedok North rd

Policyholder's Name / IC No.: Jony Wei Rony / S9221149E

Driver's Name / IC No.: (As Above) ☒

Driver's Contact No.: 9670 3919 Company Contact No: 9670 3919

Driver's Address: 5 Bedok South Ave 2 #14-360 S460005

Insurance Company: MSIG Email address (if any):

Relationship between Owner & Driver:

OWNER

or Others specify:

What do you wish to claim? (Please TICK one only)

☐ Own Insurance / ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)

Exact purpose for which the vehicle was being used at time of accident?

☒ Private use / ☐ Work purpose

Occupation (nature of job) ☒ Indoor / ☐ Outdoor

No. of Passengers (Including Driver): 01

Passenger Name:

Passenger Name:

Gender:

Gender:

Weather condition & Road conditions? (On the day of accident)

☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others:

Was there any video captured by your Car Camera? ☐ Yes / ☒ No

Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name:

Injuries Sustain: Injured Person in Which Vehicle:

Police Report filed: ☐ Yes / ☒ No (If YES) Which Police Station:

The Other Party(s) Details:

1. Driver's Name / IC No: Vehicle No: YN6731P (B)

Driver's Contact No: Insurance Company (If any):

2. Driver's Name / IC No: Vehicle No: SMQ 77680 (C)

Driver's Contact No: Insurance Company (If any):

*Independent Witness (If Any): Contact No: SMP1856C (D)

Preferred Workshop Name: Contact No:

*If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week.



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. 2004122125 GST Reg No. 20-04122125

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 R 2-1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 29122475 QMX

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
SJQ7187R
2. Name of Policyholder
Yong Wei Rong (Yang Weirong)
3. Effective Date of the Commencement of Insurance for the purposes of the Act
16/04/2019
4. Date of Expiry of Insurance
15/04/2020
5. Persons or Classes of Persons entitled to drive*
Yong Wei Rong (Yang Weirong)
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 AUTHORIZED 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 Surrender 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).

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

For Chief Executive Officer