

**NATIONAL Assessment Centre Services** [wef 1 Jan 05] **MNA/0027640**

Date In: 3/3/20-10:44	Job description	Date & Time Completed	Done by
Ref No: NA/M367003466/24	SAS e-filing		
Veh No: 57646A H	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 2/4/20-12:00	i-Motor Claim Form		
OD / TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **6BE193VZ** 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 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		In 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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QI*:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in 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 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	03/03/2020 10:44
Date Of Accident	02/03/2020 12:00
Exact Location Of Accident	BLK 151 SERANGOON NORTH AVE 2 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL4601H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA SEAH SEE MING @ SEAH SEE MING ROSALIND
NRIC No	SXXXX896B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90077751
Alternative Phone No	OFFICE-90077751

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 ML
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	S29009229SMA
Cover Note Number	

### Driver

Name of Driver	NEO CHOON HAY
NRIC No	SXXXX367D
Date Of Birth	26/10/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1979
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97655588
Fax Number	
Contact Number	OFFICE-97655588
EMail Address	NOEMAIL

Address	BLK 931 HOUGANG STREET 91 #14-101
Postcode	530931
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	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

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	GBE1934Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KASYFUL AZEEM BIN SARRIP
NRIC/Passport Number	
Contact Number	91800171
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

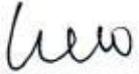
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

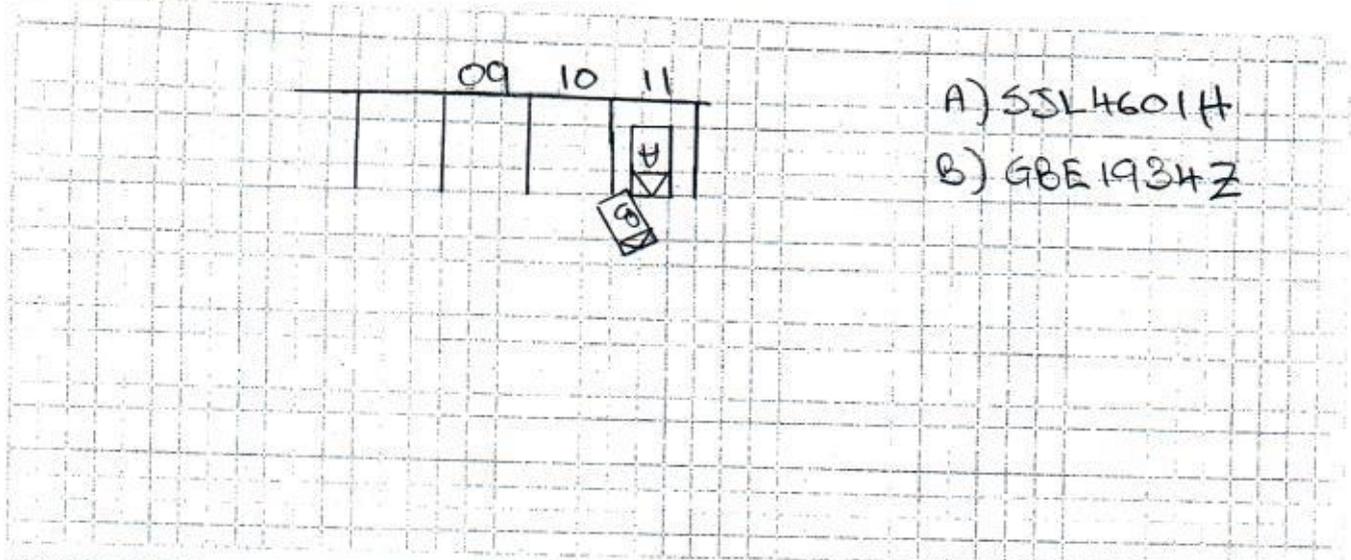
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 2/03/2020

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEH WAS PARKED AT LOT 11 OF BLK 151 SERANGOOD NORTH AVE 2 CARPARK. AT THE POINT OF INCIDENT, I WAS HAVING MY LUNCH AT A NEARBY COFFEE SHOP. WHEN I RETURN TO COLLECT MY VEH, I WAS INFORMED BY THE DRIVER OF VEH B THAT HIS VEH HAD HIT ONTO MY VEH FRONT RIGHT PORTION WHILE PARKING HIS VEH.

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: 2/03/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# HS AUTOMOTIVES PTE LTD

Bik 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: SJL4601H MAKE/MODEL: MERCEDES E200

DATE OF ACCIDENT 02/03/2020 TIME 12 HR 00 MIN AM/PM  
DAY/MONTH/YEAR

LOCATION OF ACCIDENT BLK 151 SERANGGON NORTH AVE 2 CARPARK LOT 11

EXACT PURPOSE USE DURING ACCIDENT WORK

### CAR OWNER

NAME OF CAR OWNER CHUA SEAH SEE MING GASEAH SEE MING ROSAHOD

CONTACT NO 90077751

NRIC S1555896B

CLAIM TYPE  OD  THIRD PARTY  REPORTING ONLY

INSURANCE COMPANY MSIG

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 NEO CHUAN HAY

NRIC S1549367D NO OF PASSENGER/S 0

DATE OF BIRTH 26.10.1962

OCCUPATION MANAGER  OUTDOOR  INDOOR

DATE OF DRIVING PASS 19, 12, 1979

GENDER  MALE  FEMALE

CONTACT NO 9765 5588

ADDRESS BLK 931 HANGANG ST 91 #14-101 S(530931)

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

RELATIONSHIP EMPLOYEE/SPOUSE IF NOT: HUSBAND

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 GBE 1934Z NO OF PASSENGER/S  UNKNOWN

NAME KASYFUL AZEEM BIN SARRIP

CONTACT NO 9180 0171

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 \_\_\_\_\_



MSIG

COPY

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), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1  
Individual Ownership

ULTIMATE CAR PROTECTOR-CLASSIC  
Comprehensive

Certificate No. S 29009229 SMA

Excess : SGD500  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SJL4601H

2. Name of Policyholder  
Chua Seah See Ming @ Seah See Ming Rosalind

3. Effective Date of the Commencement of insurance for the purposes of the Act  
05/09/2019

4. Date of Expiry of Insurance  
04/09/2020

5. Persons or Classes of Persons entitled to drive\*  
Chua Seah See Ming @ Seah See Ming Rosalind  
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 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

MABS202003030906