

# NATIONAL Assessment Centre Services.

[Last 1 Jan 2005]

29 MAY 200 30626

Date In: 10/03/2020 14:19	Job description	Date & Time Completed	Done by
Ref No: NBA/M8G20003822/4	SAS e-filing		
Veh No: SKM 2880P	E-mail (Vehicle Mtr, A/C Mtr)		
D.O.A: 10/03/2020 09:40	I-Motor Claims Form		
OD (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/When		

Preferred Wkep / INC Availn Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SKM 2880P	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 repair.
( ) 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 > \$9,000] ( )		

Injury: ( )
Driver: ( )
Owner: ( )
Contact No: ( )
Damaged Portion: ( )
QC Checked by (Bgr-In-Charge): ( )

NA200/934	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee (\$40/\$15)	
Damaged Portion:	4) PT: Follow-Through Survey (\$120)	
QC Checked by (Bgr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) (\$30)	
	6) TR: Re-inspection (\$75)	
	7) NI: IDao DA + SMRT Survey (\$100)	
	8) NTUC Additional Services:	
	ON:	
	• N5: Courtesy Car / Tpl Allowance (\$5)	
	• N6: Repair Coordination (\$10)	
	• N7: Post Repair Inspection (\$25)	
	• N8: DV / Collect Excess Coordination (\$5)	
	• N9: DV / Collect Excess Coordination (\$20)	
	• N10: DV / Collect Excess Coordination (\$20)	
	• N11: TP (N11) INC against INC (\$0)	
	• N12: Idea Mobile	
	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 10/03/2020 14:19  
Date Of Accident 10/03/2020 09:40  
Exact Location Of Accident SLIP RD JLN BOON LAY TO ENTER JLN AHMAD IBRAHIM  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY3337U  
**Insured/Policyholder**  
Name Of Registered Owner HO YONG BENG EDMUND  
NRIC No SXXXX887E  
Email Address EDMUND\_YB\_HO@YAHOO.COM.SG  
Mobile Phone No (LOCAL) +65-81232380  
Alternative Phone No OTHERS-81232380  
**Vehicle Particulars**  
Manufacturer HONDA  
Model ODESSEY  
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 P 90028297 DMA  
Cover Note Number  
**Driver**  
Name of Driver HO YONG BENG EDMUND  
NRIC No SXXXX887E  
Date Of Birth 25/08/1977  
Occupation INDOOR  
Date Of Driving Pass 17/04/1996  
Driving Experience 23 YEARS AND 10 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-81232380  
Fax Number  
Contact Number OTHERS-81232380  
Email Address EDMUND\_YB\_HO@YAHOO.COM.SG

Address	BLK 424 SERANGOON CENTRAL #08-318
Postcode	550424
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?	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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

#### 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	SKM2880P
Vehicle Make/Model/Colour	JAGUAR XF
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVID TAN BUCK CHYE
NRIC/Passport Number	SXXXX832A
Contact Number	96703240
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

10 March  
1100 hrs.

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

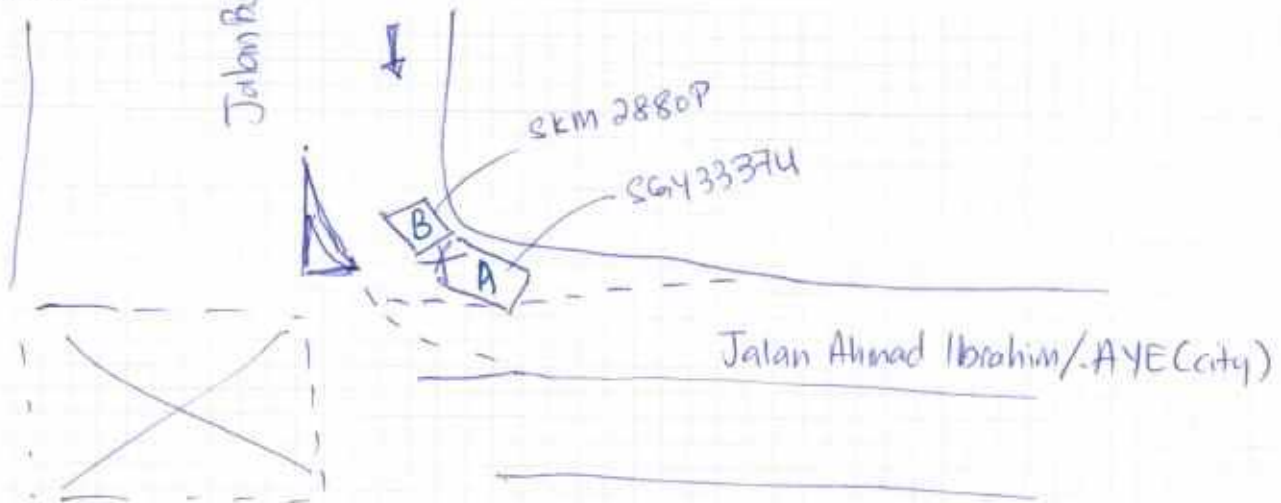
Name:

NRIC/FIN No.:

10/03/2020

Rashid Hassan

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

10 March 2020 @ around 9.40am, sunny day, clear vision and road is dry. I was driving along Jalan Boon Lay. Filtered left and stopped after the Zebra crossing. I was waiting for clear traffic before proceeding out to Jalan Ahmad Ibrahim to AYE (city).

I was with my wife in the vehicle.

Suddenly, the vehicle behind (SKM 2880P) knocked the back of my vehicle.

I moved vehicle slightly to the left so as not to obstruct traffic.

I got off vehicle to assess.

The driver of SKM 2880P got off. He ~~to~~ apologized and told me that he thought I will be moving out.

## DECLARATION

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

Policyholder's Signature  
Date & Time: 10 March 2020  
1100 hrs.

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

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

10/03/2020  
Preliminary

## ACCIDENT STATEMENT

ACCIDENT DATE: 10 / 03 / 2020 (DD/MM/YYYY), TIME: 09 : 40 (HH:MM)

LOCATION: Filter lane @ Jalan Boon Lay to enter Jalan Ahmad Ibrahim to AYE  
(Ccty)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGY 3337U  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: P90028297 DMA  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda Odyssey  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: private to work  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: Ho Yeng Beng Edmund (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7723887E CONTACT: 81232380  
c) ADDRESS: Blk 424 #08-318 Serangoon Central  
S'550424

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: DR. DR. DR. DR. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: 25 / 08 / 1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 17 Apr 1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner  
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS clear)  
b) ROAD SURFACE: (DRY / WET / OTHERS Dry)  
6. WAS ANYBODY INJURED (YES / NO)  
7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKM 2880 P MODEL: Jaguar XF  
b) DRIVER'S NAME: David Tan Buck Chye  
c) NRIC/FIN/PASSPORT: S1523832H CONTACT: 96703240

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = edmund\_yb-ho@yahoo.com.sg  
VIDEO

**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  
 A Member of **MS&AD** INSURANCE GROUP

**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.

**DRIVESHIELD - PREMIER**  
**Comprehensive**

Certificate No. P 90028297 DMA

Excess : SGD1,000

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**  
 SGV3337U

2. **Name of Policyholder**  
 Ho Yong Beng Edmund

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
 12/11/2019

4. **Date of Expiry of Insurance**  
 11/11/2020

5. **Persons or Classes of Persons entitled to drive\***  
 Ho Yong Beng Edmund

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 Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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

Craig Ellis  
 Chief Executive Officer