

NATIONAL Assessment Centre Services. Ref: Jan 2001 **MNA120037551**

Date In:	Job description	Date & Time Completed	Done by
28/03/2020 12:14	SAS e-filing		
Ref No: XIA/M8420004613/Y	E-mail (4 jobs 3hrs, AIC 2hrs)		
Veh No: SKG 9801S	I-Motor Claim Form		
D.O.A: 26/03/2020 05:30	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP / Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VK32		

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

TP Particulars: Vch No: **SKB 1255J** 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 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 > \$3000] ()

Injury: _____

Date: _____

NA2002525

Item	Description	Amount	Notes
1) AIC	Accident Reporting (\$30)		
2) DA	Damage Assessment (\$100)	INC (\$20)	
3) TP	Towing Fee	\$40/\$45	
4) FT	Follow-Through Survey	\$120	
5) FT	Follow-Through Survey (Resurvey)	\$30	
6) TR	Re-inspection	\$75	For claiming against INC Only (ref 10 Jan 2009)
7) NI	Idea DA + SMRT Survey	\$160	
8) NIUC	Additional Services		
9) NI	Idea Mobile		
10) NI	Courtesy Car / Tpl Allowance	\$5	
11) NI	Repairs Co-ordination	\$10	
12) NI	Post Repair Inspection	\$25	
13) NI	DV / Collect Excess Coordination	\$5	
14) NI	TP (NI) / TP (NI) INC against INC	\$20	
15) NI	Idea Mobile	\$0	

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Author's Comments: _____

Date: _____

2 / 3

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	28/03/2020 12:14
Date Of Accident	26/03/2020 03:30
Exact Location Of Accident	ALONG CHIN SWEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG9801S
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Insured/Policyholder

Name Of Registered Owner	ANDREW ONG HOON HAW
NRIC No	SXXXX463C
Email Address	ANDREWONGHH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91129745
Alternative Phone No	OTHERS-91129745

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT ABS D/AIRBAG 2WD 5DR (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	REPORTING ONLY
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 28842439 QMX
Cover Note Number	

Driver

Name of Driver	ANDREW ONG HOON HAW
NRIC No	SXXXX463C
Date Of Birth	23/07/1989
Occupation	INDOOR
Date Of Driving Pass	12/10/2012
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91129745
Fax Number	
Contact Number	OTHERS-91129745
Email Address	ANDREWONGHH@GMAIL.COM

Address	BLK 555 JURONG WEST STEET 42 #06-369
Postcode	640555
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: : FRIEND GENDER: : MALE

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	SKB1255J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL HARDI
NRIC/Passport Number	SXXXX786G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

26/3/2020

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

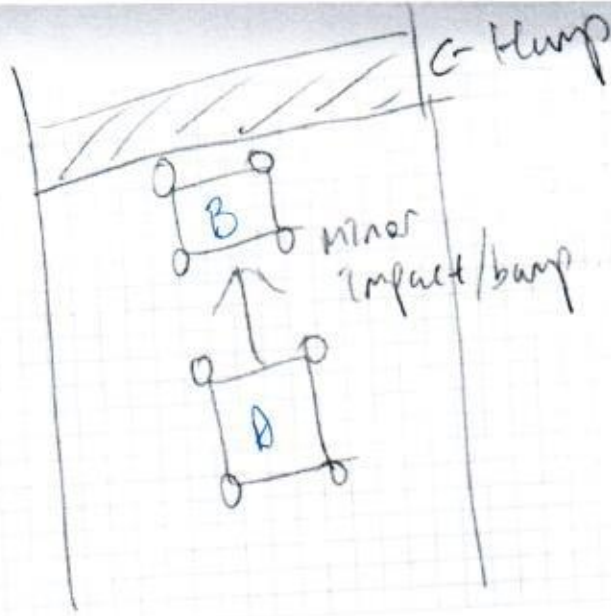
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

28/03/2020
Jesli WAA3

SKETCH PLAN

ALONG CHIN SWEE ROAD

- A) SLG 9801S
- B) SKB 1255J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Chin Swee Road on 26/3/2020
 @ around 3am. I accidentally bump into the vehicle
 in front of me when he braked.

Case has been settled privately

DECLARATION

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

Policyholder's Signature
 Date & Time:

26/3/2020

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

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

28/03/2020

Redi Watan

I, Abdul Hanli Nric S1654786G.
acknowledge receipt payment of
\$700/SGD. for the purpose of private
settlement with Mr Andrew Ong
of S8924463C. for the accident
that happened on 26.03.20 @ 03.30h
along Chin Swee Rd.

Yours sincerely,
Abdulhanli



SKB1255J

SL498015

aw 28/03/2020
Resin (Tan)

WARRANTY FOR DIL

PHOTO INSIDE MY FOLDER

ACCIDENT STATEMENT

ACCIDENT DATE: 26/03/2020 (DD/MM/YYYY), TIME: 03:30 (HH:MM)

LOCATION: Chin Swee Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL698015
- b) INSURANCE COMPANY: MS26
- c) POLICY NUMBER: A28842439
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: FALCON
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: personal
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Andrew Ong Hoon Hwa (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8924463C CONTACT: 91029745
- c) ADDRESS: Blk 527 Juvary West St 52
#10-299 (640527)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Andrew Ong Hoon Hwa (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S8924463C CONTACT: 91029745
- c) ADDRESS: Blk 527 Juvary West St 52
#10-299 5640527

* d) DATE OF BIRTH: 23/07/1989 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS PASS 2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) Clear

b) ROAD SURFACE: (DRY / WET / OTHERS) Dry

6. WAS ANYBODY INJURED (YES/NO) (NO)

7. a) REPORTED TO POLICE (YES/NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SKB1255J MODEL:

b) DRIVER'S NAME: Abdul Haris

c) NRIC/FIN/PASSPORT: S16347866 CONTACT:

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: SKB1255J MODEL:

e) DRIVER'S NAME: Abdul Haris

f) NRIC/FIN/PASSPORT: S16347866 CONTACT:

* No of passenger
(including driver)
(2)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email =

andrewonghh@gmail.com

VIDEO



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 28842439 QMX

Excess : SGD500
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLG9801S

2. Name of Policyholder

Ong Hoon Haw Andrew

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

20/10/2019

4. Date of Expiry of Insurance

19/10/2020

5. Persons or Classes of Persons entitled to drive*

Ong Hoon Haw Andrew

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.



Signature / Date

Counter-Signatory:

Insurepac Associates Pte. Ltd.

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.

XIAPLTHV2019090511071818