

NATIONAL Assessment Centre Services.

[Part 1 Jan 2003]

NA20052904

Date In: 20/06/2020 15:07	Job Description	Date & Time Completed	Done by
Ref No: NA/MS420006482/y	SAS e-filing		
Veh No: SCJ 6888K	E-mail (Vehicle 3hrs, AIC 2hrs)		
DOA: 19/06/2020 20:10	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/Whse		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars:	Veh No: SCW 225L	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 repairer.

() 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/Time: _____

NA20052904

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/245	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
Auditor's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30	
Date:	6) TR: Re-inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Coordination \$25	
	*N7: Post Repair Inspection \$5	
	*N8: DV / Collect Insurance Coordination \$20	
	TP (NI): TP (NI) INC against BIC \$20	
	9) N13: Idea Mobile	
	Invoice dated	Fax Charged
	Invoice dated	Fax 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	20/06/2020 15:07
Date Of Accident	19/06/2020 20:10
Exact Location Of Accident	ALONG KELLOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ6868K
Insured/Policyholder	
Name Of Registered Owner	GAN KOK KOON
NRIC No	SXXXX680J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96872508
Alternative Phone No	OTHERS-96611547

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	B170
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 29088103 QMX
Cover Note Number	

Driver

Name of Driver	GAN YANJU (YAN YANJU) @BOBBY GAN
NRIC No	SXXXX719G
Date Of Birth	01/10/1982
Occupation	INDOOR
Date Of Driving Pass	08/11/2012
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96872508
Fax Number	
Contact Number	OTHERS-96611547
Email Address	NOEMAIL

Address	8 HAIGSVILLE DRIVE
Postcode	438703
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCW225L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RICKY WEI WATT YEO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.

Guo Hock Koon

Policyholder's Signature
Date & Time:

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

20 JUN 2020
11:00 AM

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

20/06/2020
Redi W...
3

SKETCH PLAN

Along Kellock Road



A) XJ 688 K.
B) SCW 225 L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 19 JUN 2020 AT APPROXIMATELY 8:07 PM, I WAS DRIVING ALONG KELLOCK ROAD AND ENCOUNTERED THE DRIVER OF SCW 225 L, MR RICKY WEI WATT YEO (I/C NO S6827986J) WHO WAS TRYING TO REVERSE INTO A PARALLEL PARKING LOT. HE SIGNALLED HIS INTENTION TO REVERSE INTO THE PARALLEL PARKING LOT AND HIS VEHICLE'S REVERSE LIGHTS WERE ACTIVATED. I STOPPED ABOUT 2 CAR LENGTHS BEHIND HIM TO GIVE HIM AMPLE SPACE TO EXECUTE HIS MANEUVER. UNEXPECTEDLY, HE OVERSHOT THE PARALLEL PARKING LOT RESULTING IN A REAR LEFT-TO-FRONT RIGHT COLLISION. I SOUNDED THE HORN TO WARN HIM OF THE IMPENDING COLLISION BUT HE CONTINUED TO REVERSE. I HAD INSUFFICIENT REACTION TIME AS I WAS SOUNDING THE HORN EXPECTING HIM TO DRIVE FORWARD TO AVOID A COLLISION. UNFORTUNATELY, THAT DID NOT HAPPEN. I WAS RATHER TAKEN ABACK AT THE TIME AS RATIONALITY TELLS ME THAT HE SHOULD HAVE RIGHTFULLY CHECKED HIS REAR- AND SIDE-VIEW MIRRORS WHILST REVERSING, AND HAD HE SEEN MY STATIONARY VEHICLE BEHIND HIS, HE SHOULD HAVE RIGHTFULLY STOPPED REVERSING. ATTACHED TO THIS REPORT IS A VIDEO RECORDING OF THE INCIDENT. THERE IS NO AUDIO IN THE VIDEO RECORDING AS MY IN-CAR CAMERA DOES NOT CAPTURE AUDIO.

DECLARATION

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

Guan Kok Koon

Policyholder's Signature
Date & Time:

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

20 JUN 2020
11:00 AM

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

20/06/2020

Reported by: [Signature]

VEHICLE NO 9CJ 6868K MAKE & MODEL MERCEDES BENZ B170
DATE OF ACCIDENT 19 JUN 2020 TIME OF ACCIDENT 8:07 PM AM (PM)
LOCATION OF ACCIDENT KELLOCK ROAD

OWNER DETAILS

NAME OF OWNER GAN KOK KOON
NRIC / ROC S0269680J
CONTACT NO. 9687 2508
CLAIM TYPE OD / THIRD PARTY / REPORTING ONLY
INSURANCE CO. MSIG
TYPE OF COVERAGE COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
POLICY NO. A 29088103 QMX

DRIVER DETAIL

NAME OF DRIVER GAN YANJU (GAN YANJU) @ BOBBY GAN ANY PASSENGERS: -
NRIC S8229719G
DATE OF BIRTH 01 OCT 1982
OCCUPATION OUTDOOR / INDOOR / BOTH
DATE OF DRIVING PASS 08 NOV 2012
GENDER MALE / FEMALE
CONTACT NO. 96611547 OFFICE HOME
ADDRESS 8 HAIGSVILLE DRIVE S(438703)
DRIVER HAVE ANY OWN VEHICLE NO / IF YES: REG NO.
RELATIONSHIP SON EMPLOYEE / IF NO:
WEATHER CONDITION CLEAR / RAINING / OTHER:
ROAD SURFACE DRY / WET / OTHER:
ANY INJURY NO / IF YES: WHO? 1.
2.
3.
4.
POLICE REPORT NO / IF YES: WHERE?

VEHICLE B SCW 225 L ANY PASSENGER: /
NAME RICKY WEI WATT YEO
CONTACT
VEHICLE C ANY PASSENGER:
VEHICLE D ANY PASSENGER:
VEHICLE E ANY PASSENGER:
VEHICLE F ANY PASSENGER:

ANY WITNESS
CONTACT NO
Have you been approach by unknown person(s) soliciting/offering accident claims assistance YES / NO

PARTICULAR WORKSHOP huameng@live.com.sg
CONTACT PERSON
TEL FAX



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. 200412212G GST Reg. No. 20-0412212G

Administered By



Tan Brothers
Insurance Agencies Pte Ltd

10 Anson Road #11-16 International Plaza, Singapore 079903.
Tel: 62201822 Fax: 62246806
CO. REG. NO. 197500491N

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 M.X.1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 29088103 QMX

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SCJ6868X

2. Name of Policyholder

Gan Kok Koon

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

15/07/2019

4. Date of Expiry of Insurance

14/07/2020

5. Persons or Classes of Persons entitled to drive*

Gan Kok Koon

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

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

TAN BROTHERS INSURANCE AGENCIES PTE LTD

ALPHASIG E SIGNATURE OFFICER