

NATIONAL Assessment Centre Services. part 1 (2005)

MANA 20054619

| | | | |
|-----------------------------|---|-----------------------|---------|
| Date In: 20/06/2020 10:57 | Job description | Date & Time Completed | Done by |
| Ref No: NBSA/MSA 20006766/4 | SAS e-filing | | |
| Veh No: SMG 6502M | E-mail (to job title, AIC title) | | |
| 000: 21/06/2020 19:25 | I-Motor Claims Form | | |
| OJ: TP: Reporting Only | I-Motor W/O (with: OD title, TP title) | | |
| | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax/Hand to Owner/Vikaz | | |

Preferred Wksp / INC Assign Wksp / OW: () Tolt () Fact ()

TP Particulars: Vch No: SM 418J INC () / Non-INC () Tel: ()

Owner / Driver: ()

Policy No: () Periods: () Cover Type: ()

Confirmed by: () Dates: () Times: ()

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YRS () / 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 > \$3000] ()

Injury: _____

| | | |
|---------------------------------|--|-------------|
| MANA 2003411 | 1) AIT: Accident Reporting (\$30) | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | INC (\$10) |
| Contact No: | 3) TP: Towing Fee | \$40/\$45 |
| Damage Portion: | 4) PT: Follow-Through Survey | \$10 |
| QC Checked by (Engr-In-Charge): | 5) PF: Follow-Through Survey (Resurvey) | \$10 |
| | For claiming against INC Only (over 10 Jan 2019) | |
| | 6) TR: Re-inspection | \$75 |
| | 7) NI: Issue DA + SMRT Survey | \$160 |
| | 8) NTUC Additional Services | |
| | OR: | |
| | * NI: Courtesy Car / Tpl Allowance | \$3 |
| | * NI: Repair Coordination | \$10 |
| | * TP: Post Repair Inspection | \$25 |
| | * NI: DV / Collect Unacc Coordination | \$3 |
| | * NI: DV / Collect Unacc Coordination | \$10 |
| | TE (NI) TP (OWN INC) against NTUC | \$0 |
| | 9) NI: Use 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 | 26/06/2020 10:57 |
| Date Of Accident | 21/06/2020 19:25 |
| Exact Location Of Accident | HENDERSON FLYOVER (HENDERSON ROAD) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMG6502M |
| Insured/Policyholder | |
| Name Of Registered Owner | CHOO LIU FOO |
| NRIC No | SXXXX974F |
| Email Address | LCHOOOL@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-93272233 |
| Alternative Phone No | OTHERS-93272233 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | TOYOTA |
| Model | CH-R |
| 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 29139722 AT2 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | CHOO LIU FOO |
| NRIC No | SXXXX974F |
| Date Of Birth | 11/08/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 26/03/1998 |
| Driving Experience | 22 YEARS AND 2 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-93272233 |
| Fax Number | |
| Contact Number | OTHERS-93272233 |
| EMail Address | LCHOOOL@YAHOO.COM |

| | |
|---|--------------------------------|
| Address | BLK 105A DEPOT ROAD #09-611 |
| Postcode | 101105 |
| 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 | SIDE SWIPE |
| Weather Conditions | RAINING |
| Road Surface | WET |

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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SMT4118J |
| Vehicle Make/Model/Colour | TOYOTA CH-R |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | HAI HSIEN |
| NRIC/Passport Number | |
| Contact Number | 92488788 |
| 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:


26/6/20
9.30am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:


26/06/2020
Roshni Nathan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car # SMT 4118J collided into my car SMT 6502M at Henderson Road while both turning from Depot Road to Henderson Road.
SMT 4118J cut into my lane while turning and he later checked his in-cam admitting his fault and agreed to pay the repair damages.
This is just for reporting purpose only.

DECLARATION

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

Policyholder's Signature: *[Signature]*
Date & Time: 26/6/20
9.30am

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (21/6/2020) (DD/MM/YYYY), TIME: (19:25) (HH:MM)

LOCATION: Henderson Flyover / Henderson Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SMH 6502 M
b) INSURANCE COMPANY: MS16
c) POLICY NUMBER: A 2913 9722 AT2
d) POLICY TYPE: (COMPREHENSIVE) THIRD PARTY / THIRD PARTY FIRE & THEFT
e) MAKE & MODEL: TOYOTA CR-R
f) TYPE: (SALOON) / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
g) VEHICLE CATEGORY: (PRIVATE) COMMERCIAL / MOTORCYCLE
h) PURPOSE OF USING AT ACCIDENT TIME: Private use
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: CHOW LIU TOO (MALE (FEMALE))
b) NRIC/FIN/PASSPORT: S7027974 F CONTACT: 93292233
c) ADDRESS: BIK 105A Depot Road #09-611
S (1011057)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (11/08/1990) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR) OUTDOOR

f) DATE OF DRIVING PASS: 26/2/96

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR) (RAINING) OTHERS
b) ROAD SURFACE: (DRY) (WET) OTHERS

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: SMJ 4118 J MODEL: Toyota - CR-R
b) DRIVER'S NAME: HAI HIEAN
c) NRIC/FIN/PASSPORT: CONTACT: 92488788

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

No of passenger
(including driver)
(1)

No of passenger
(including driver)
()

No of passenger
(including driver)
()

email = school@yahoo.com
VIDEO

SMN 72550

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

Toyota DriveElite 360
Comprehensive

Certificate No. A 29139722 AT2

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SMG6502M

2. Name of Policyholder

Choo Liu Foo

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

27/12/2019

4. Date of Expiry of Insurance

26/12/2020

5. Persons or Classes of Persons entitled to drive*

Choo Liu Foo

Choo Wan Heng

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 to that effect 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.

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or any workshop of your choice. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

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