

NATIONAL Assessment Centre Services.

Ref: 123456789 M: 0470057632

Date In: 07/07/2020 15:31	Job description	Date & Time Completed	Done by
Ref No: N381M&G 2000707114	SAS e-filing		
Veh No: Ym 6965L	E-mail (Eg: info@abc.com, ABC@123)		
D.O.A: 03/07/2020 19:30	I-Motor Claims 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/Whisn		

Preferred Wkep / INC Assign Wkep / QW: () Toll: () Fax: ()

TP Particulars: Vch No: SKS 86606 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 > \$3000] ()

Injury: _____

Driver/Owner:	1) ART: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PF: Follow-Through Survey (Resurvey) \$30	
	6) TR: Pa-Inspection \$75	
	7) NI: Idea DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OR:	
	*NI: Courtesy Car / Tpl Allowance \$35	
	*NO: Repair Coordination \$10	
	*TP: Post Repair Inspection \$25	
	*NO: DV / Collect Excess Coordination \$5	
	TP (NI): TP Fee INC against INC \$20	
	9) NI: Idea Mobile	
	Invoice dated	Fee Charged
	Invoice dated	Fee Charged

N/A 2003548

Signature: _____
Date: _____

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	07/07/2020 15:31
Date Of Accident	03/07/2020 19:30
Exact Location Of Accident	BLK 374 CLEMENTI AVENUE 4 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM6965L
Insured/Policyholder	
Name Of Registered Owner	ANG KEE FISH TRADERS
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98216825
Alternative Phone No	OFFICE-98216825

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BEOSRDEA-3.0 D B31 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P 90304671 MKC
Cover Note Number	

Driver

Name of Driver	HAO DAINING
NRIC No	GXXX869M
Date Of Birth	11/03/1980
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2019
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98216825
Fax Number	
Contact Number	OTHERS-98216825
EMail Address	NOEMAIL

Address	BLK 374 CLEMENTI AVENUE 5 #06-164
Postcode	120825
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS8660L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

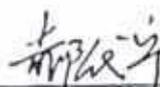
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

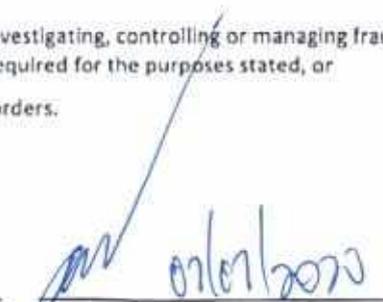
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

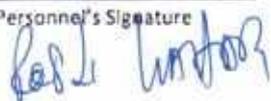


Policyholder's Signature
Date & Time:



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



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

SKETCH PLAN

BLK 374 CLEMENTI AVE 4 CARPARK

VEH. A - YM6965L

VEH. B - SK58660L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME, I, VEHICLE 'A' WAS
 TURNING OUT FROM PARKING LOT. SUDDENLY, I HIT ONTO
 VEHICLE 'B' WHILE TURNING OUT.



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

Policyholder's Signature
Date & Time:

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

[Signature] 07/07/2020
 Reporting Centre Personnel's Signature
 Name: *[Signature]*
 KRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

ACCIDENT DATE: 03/07/2020	TIME: 1930	(hh:mm) 24 hrs Format	
LOCATION BLK 374 CLEMENTI AVE 4 CARPARK			
VEHICLE NUMBER YM 6965L			
INSURED NAME ANG KEE FISH TRADERS			
NRIC / FIN	CONTACT: 98216825		
MAKE MITSUBISHI	MODEL FEB33B05K06A-3.0 D B31(A)		
Are you claiming under your own insurance policy for repair to your vehicle?			
() Yes, If No, Pls Select : () Third Party (<input checked="" type="checkbox"/>) Reporting Only			
INSURANCE COMPANY MSIA			
TYPE OF POLICY () COMPREHENSIVE (<input checked="" type="checkbox"/>) THIRD PARTY () TPFT			
POLICY NUMBER: P 90304671 MKL			
NAME DRIVER: HAO RHINING () SAME AS INSURED			
NRIC / FIN 698028869M	CONTACT: 98216825		
DATE OF BIRTH: 11/03/1980			
DRIVING PASS DATE: 03/01/2019			
OCCUPATION: () INDOOR (<input checked="" type="checkbox"/>) OUTDOOR			
GENDER: (<input checked="" type="checkbox"/>) MALE () FEMALE			
EMAIL ADDRESS:	() NO EMAIL		
ADDRESS OF DRIVER: BLK 374 CLEMENTI AVE 5 #06-164 S120825			
Number Of Passenger Include Driver: 01			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) YES () NO			
If No, Relationship Of The Driver With The Insured			
() Owner () Spouse () Friend () Relative () Children () Sibling () Others			
Does The Driver Own Any Other Vehicle?: () YES (<input checked="" type="checkbox"/>) NO			
If Yes, Vehicle Registration Number Of Driver's Own Vehicle:			
Insurance Company Of Driver's Own Vehicle NIL			
Weather Conditions: (<input checked="" type="checkbox"/>) Clear () Raining () Drizzling () Others			
Road Surface : (<input checked="" type="checkbox"/>) Dry () Wet () Others			
Was Any Foreign Vehicle Involved In This Accident? () YES (<input checked="" type="checkbox"/>) NO			
Was Anybody Injured In The Accident? () YES (<input checked="" type="checkbox"/>) NO			
If YES, Injured details :			
Convey By Ambulance: () YES (<input checked="" type="checkbox"/>) NO			
Was There Any Video Capture By Car Camera? () YES (<input checked="" type="checkbox"/>) NO			
Was There Accident Reported To The Police? () YES (<input checked="" type="checkbox"/>) NO If Yes Attach Police Report			
Police Report Number (if any)			
Details Of 3rd Party	Name / NRIC	No. of Pass (incl' driver)	Contact
Veh B	SKS 8660L	() / Not Sure ()	
Veh C		() / Not Sure ()	
Veh D		() / Not Sure ()	
Veh E		() / Not Sure ()	
Veh F		() / Not Sure ()	
Veh G		() / Not Sure ()	



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
A Member of **MSIAD** 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.

COMMERCIAL VEHICLE

Third Party

Certificate No. P 90304671 MKC

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle

YM696SL

2. Name of Policyholder

Ang Kee Fish Traders

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

01/03/2020

4. Date of Expiry of Insurance

28/02/2021

5. Persons or Classes of Persons entitled to drive*

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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.

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