

NATIONAL Assessment Centre Services

[Ref: NA-100]

Date In: 14/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/MS620007261/13	SAS e-filing		
Veh No: SLX9511P	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 13/07/20 1400	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (6 SPEED	Tel:	Fax:
TP Particulars:	Veh No: GBD90316	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%; F: 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 repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()

Remarks: (INC hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

NA2003669	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idno Mobile 30		
	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	14/07/2020 11:35
Date Of Accident	13/07/2020 14:00
Exact Location Of Accident	10 CHANG CHARN ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLX9511P
Insured/Policyholder	
Name Of Registered Owner	TAN JIT SIM
NRIC No	SXXXX741H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96162126
Alternative Phone No	OTHERS-96162126
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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 29143940 AT2
Cover Note Number	
Driver	
Name of Driver	TAN JIT SIM
NRIC No	SXXXX741H
Date Of Birth	08/07/1957
Occupation	INDOOR
Date Of Driving Pass	22/09/2003
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96162126
Fax Number	
Contact Number	OTHERS-96162126
EMail Address	NOEMAIL

Address	BLK 290A BUKIT BATOK STREET 24 #12-87
Postcode	652290
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	COLLIDED INTO PARKED VEHICLE
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)	0

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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBD9031G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TONY TAN KIAN TIONG
NRIC/Passport Number	SXXXX909Z
Contact Number	85691700
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

13/7/2020

2.00 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

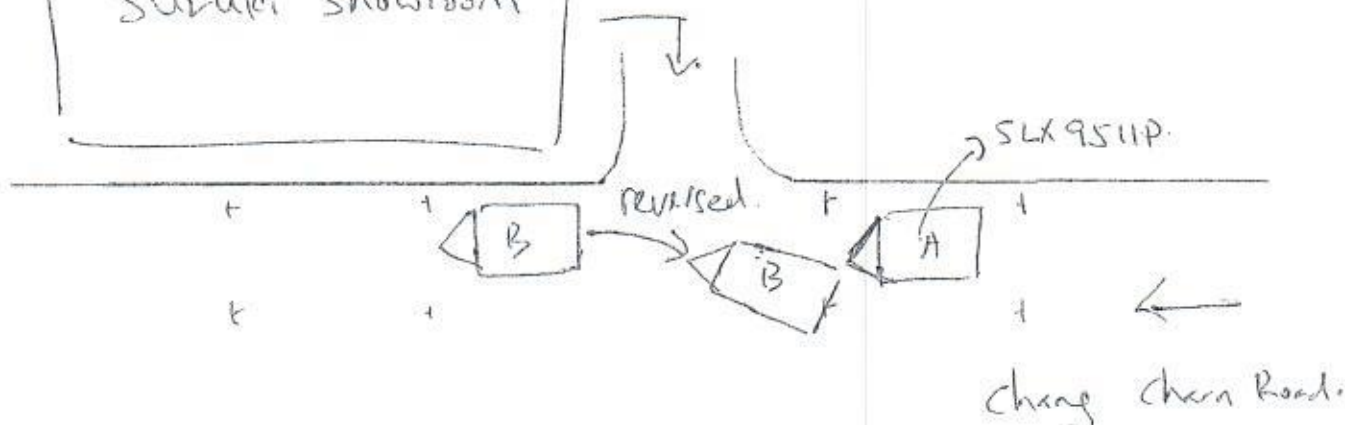
NRIC/FIN No.:

14/07/20

SKETCH PLAN

Suruti Showroom

A- SLX9511P
B- GBD9031G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 13/7/2020, my car park at 10, Chang Chen Road, at around 2.00 pm my colleague/Angie saw the no GBA 9031G = Nissan reversing and hit my car left front fender and side mirror, head lamp, and the young driver quickly drive forward and park by the side. I immediately came out of my showroom and approached the driver and take down his particulars and also take photos of his veh.

On 13/7/20 my car SLX9511P was park in my showroom car park lot. I was on duty in my office. At around 2.00 pm my colleague Angie informed me that there was a young GBD 9031G reversed and hit onto my front left of my vehicle. I immediately rush out of my showroom and take down the young driver's particulars and photos of his vehicle.

[Signature]

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

13/7/2020
1.50 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 14/07/20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

VEHICLE NO: SLX 9511P

MAKE & MODEL: Toyota Harrier M Grade

DATE OF ACCIDENT	13 / 07 / 2020
TIME OF ACCIDENT	14:00 AM / (PM)
LOCATION OF ACCIDENT	10 Chang Chuan Road
Exact Purpose use during accident	
NAME OF OWNER	Tan Jit Sim
TELP NO	9616 2126
NRIC	S1233741H
CLAIM TYPE	OD / <u>THIRD PARTY</u> / Reporting Only
PRIVATE HIRE	YES / <u>NO</u> ?
INSURANCE CO.	MSIG
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft
POLICY NO.	A291143940 AT2
NAME OF DRIVER	<u>As above</u> / If No:
NRIC	
DATE OF BIRTH	08 / 07 / 1957
OCCUPATION	Outdoor / Indoor
DATE OF DRIVING PASS	22 / 09 / 2003
GENDER	<u>Male</u> / Female
CONTACT NO.	
ADDRESS	Office: Home:
DRIVER HAVE ANY OWN Vehicle	NO / If yes : Reg No:
RELATIONSHIP	Employee / If No:
WEATHER CONDITION	Clear / <u>Raining</u> / Other :
ROAD SURFACE	Dry / <u>Wet</u> / Other :
ANY INJURIES	<u>No</u> / If yes : Who?
POLICE REPORT	<u>No</u> / If yes : Where?
VEHICLE B NO.	GBD 9031G
NAME	Fong Ann Trading
CONTACT NO.	Any Passenger : 1 female
VEHICLE C NO.	Driver: Tony Tan Kian Tien
VEHICLE D NO.	S 8911 9092 n: 8569 1760
VEHICLE E NO.	Any Passenger :
VEHICLE F NO.	Any Passenger :
ANY WITNESS	Any Passenger :
WITNESS CONTACT NO.	Any Passenger :
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO
PARTICULAR WORKSHOP	Sme Motor Pte Ltd
TELP NO	1 Kaki bukit ave 6 #02-15
CONTACT PERSON	Autobay @ kaki bukit
	Singapore 417883
	6 Spud Autoworkz Pte Ltd
	9067 2583 Anson
	6spudautoworkz@gmail.com

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

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 29143940 AT2

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle,
 SLX9511P

2. Name of Policyholder
 Tan Jit Sim

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 18/04/2020

4. Date of Expiry of Insurance
 17/04/2021

5. Persons or Classes of Persons entitled to drive*

Tan Jit Sim

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.

11 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).

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 passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
 Approved Insurers

[Signature]
 for Chief Executive Officer