

NATIONAL Assessment Centre Services.

Ref: 1 Jan 2001

NA2004/3

Date In: 24/08/2020 19:03	Job description	Date & Time Completed	Done by
Ref No: NA2004/3	SAS e-filing		
Veh No: SKK 86820	E-mail (to John, Alice, etc)		
OOA: 24/08/2020 13:00	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 / Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SKK 86820	INC () / Non-INC ()
Owner / Driver: (Tel: (
Policy No: (Period: (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: 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 > \$9000] ()	

Injury: ()

Date of Injury: ()	
Time of Injury: ()	
Location of Injury: ()	
Weather Conditions: ()	
Witnesses: ()	
Police Report: ()	
Insurance Claim: ()	

NA2004/3	1) All Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) TT: Re-inspection \$75	
QC Checked by (Engr-In-Charge):	7) NI: 1 day DA + EMRT Survey \$160	
QC Checked by (Engr-In-Charge):	8) NTUC Additional Service	
QC Checked by (Engr-In-Charge):	9) NI: 1 day Mobile	
QC Checked by (Engr-In-Charge):	10) NI: 1 day Mobile	
QC Checked by (Engr-In-Charge):	11) NI: 1 day Mobile	
QC Checked by (Engr-In-Charge):	12) NI: 1 day Mobile	
QC Checked by (Engr-In-Charge):	13) NI: 1 day Mobile	
QC Checked by (Engr-In-Charge):	14) NI: 1 day Mobile	
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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	24/08/2020 19:03
Date Of Accident	22/08/2020 13:00
Exact Location Of Accident	RIGHT OUTSIDE THE CARPARK FORUM SHOPPING MALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU8642D
Insured/Policyholder	
Name Of Registered Owner	ONG JUNXING
NRIC No	SXXXX263C
Email Address	ONGJXING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81808475
Alternative Phone No	OTHERS-81808475

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 L (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 29090376 AT2
Cover Note Number	

Driver

Name of Driver	ONG JUNXING
NRIC No	SXXXX263C
Date Of Birth	27/10/1983
Occupation	INDOOR
Date Of Driving Pass	26/01/2012
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81808475
Fax Number	
Contact Number	OTHERS-81808475
EMail Address	ONGJXING@GMAIL.COM

Address	BLK 55 STRATHMORE AVENUE #11-145
Postcode	140055
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	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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

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	SKK840D
Vehicle Make/Model/Colour	WOLKSWAGEN SIROCCO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	SXXXX531B
Contact Number	91054007
Address	
Postcode	

SKETCH PLAN



A) SKK8640D.
B) SKK840D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary just outside the carpark of Forum the Shopping Mall. I was waiting for the cars along the road to clear before I could turn out of the carpark onto the road.

I saw SKK840D turning onto the road. As there was a lorry moving towards SKK840D, in an attempt to prevent colliding with the lorry, SKK840D drove to the left and scratched the front of my car.

I alighted from my car and the driver of SKK840D did too. We exchanged numbers and checked the condition of our cars. Since no one was hurt, we agreed to contact each other for details over the phone.

DECLARATION

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

Policyholder's Signature

Date & Time: 24/8/2020

16:37

Driver's Signature

(If driver is not the policyholder)

Date & Time:

N/A

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/8/2020
[Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: 22/08/2022 (DD/MM/YYYY), TIME: 13:01 (HH:MM)

LOCATION: Right outside the carpark of Forum The Shopping Mall

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKY8642D
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A29090376 AT2
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Altis
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: ONG JUNXING (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: SP334267C CONTACT: 81808475
c) ADDRESS: 55 Strathmore Ave #11-145
S(140055)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Same as above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: 27/10/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS _____

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: N/A

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: SKK840D MODEL: Volkswagen Scirocco
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: SP135531B CONTACT: 91054007

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = ongjking@gmail.com

VIDEO

**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

Toyota DriveElite 360**ENDORSEMENT**

Policy Number		Period of Insurance	Place of Issue
A 29090376 AT2		20/08/2020 to 19/08/2021	SINGAPORE
Name and Address of Insured			Date of Issue
Ong Junxing 55 Strathmore Avenue #11-145 Singapore 140055			13/08/2020
			Account Number
			156499
Premium	GST		Total Due
SGD77.38	SGD5.42		SGD82.80

RISK NUMBER 1**Toyota DriveElite 360****OCCUPATION**

Self-Employed

FINANCIAL INTEREST

Tokyo Century Leasing (Singapore) Pte. Ltd.
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SKU8642D
 MAKE/MODEL Toyota Corolla Altis classic
 ENGINE NUMBER 1ZRX522741
 CHASSIS NUMBER MR053REH104536323
 YEAR OF MFG 2015
 CAPACITY 1598 C.C.
 SEATING CAPACITY 5 (INCL. DRIVER)
 WINDSCREEN UNLIMITED

SUM INSURED
 INCL. COE/PARF YES
 OFF-PEAK CAR NO
 NO CLAIM DISCOUNT 50.00% (or F/D)
 GOOD DRIVER'S
 DISCOUNT SGD44.80
 NCD PROTECTOR COVERED
 EXCESS SGD500
 ANNUAL PREMIUM SGD851.21

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit,
 rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Ong Junxing