

NATIONAL Assessment Centre Services

(wef 1 Jan'05) **MWAM0074242-2**

Date In: 29/8/05-17:02	Job description	Date & Time Completed	Done by
Ref No: 1-141 MWAM0074242	SAS e-filing		
Veh No: 5CJ29JR	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/8/05-11:02	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: (Tel: (Fax: (
TP Particulars:	Veh No: 5CJ29JR	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 ()	

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:-	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amt (\$) Est. Bill	Amt (\$) Add. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-in INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

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	29/08/2020 17:02
Date Of Accident	29/08/2020 11:00
Exact Location Of Accident	PIE TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ290R
Insured/Policyholder	
Name Of Registered Owner	MOHAN S/O SHANMUGAM
NRIC No	SXXXX408Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96404629
Alternative Phone No	OFFICE-96404629
Vehicle Particulars	
Manufacturer	BMW
Model	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D
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	B300272470SMP
Cover Note Number	

Driver

Name of Driver	MOHAN S/O SHANMUGAM
NRIC No	SXXXX408Z
Date Of Birth	28/02/1956
Occupation	INDOOR
Date Of Driving Pass	21/09/1981
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96404629
Fax Number	
Contact Number	OFFICE-96404629
Email Address	NOEMAIL

Address	29 HARVEY AVENUE
Postcode	489506
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	CHAIN COLLISION
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	3
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: : CHNG SOO KIANG GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE

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

REFER TO 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	SJN3810S
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG ZIXIAN
NRIC/Passport Number	SXXXX052A
Contact Number	91523548
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKX4385G

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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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:

29.08.20

Driver's Signature

(If driver is not the policyholder)

Date & Time:



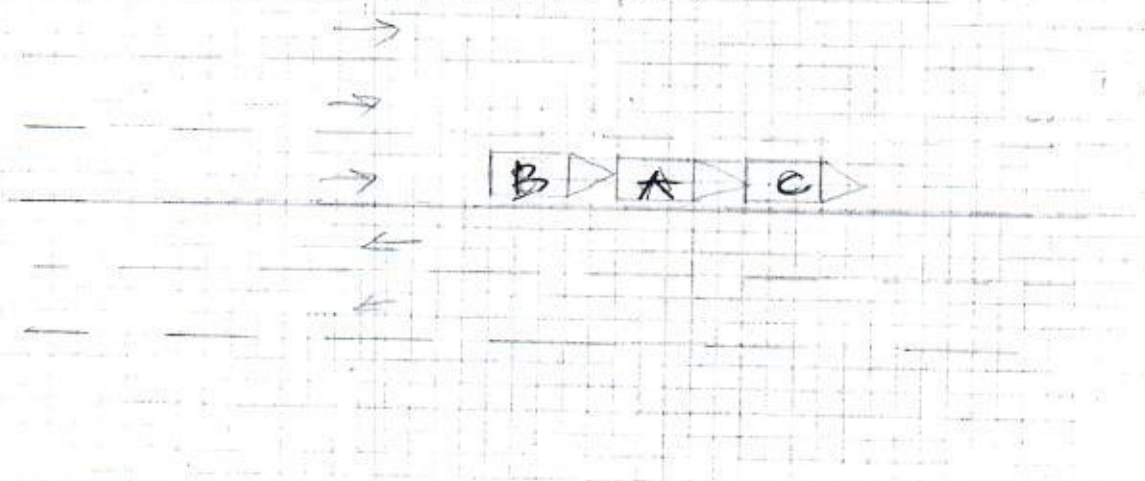
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PIE Towards Tuas



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Tuas. Traffic was heavy. Car in front of me slow down, I slow down my vehicle too. Suddenly Vehicle B (SIN 3810 S) hit onto my rear, causing my vehicle to roll forward and hit onto vehicle C (SKX 4385 G)

Vehicle A : SS 290 R
 Vehicle B : SIN 3810 S
 Vehicle C : SKX 4385 G

DECLARATION


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



Policyholder's Signature
 Date & Time:

29.08.20

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


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

SINGAPORE ACCIDENT STATEMENT

ACCIDENT STATEMENT

Date Of Accident * 29 Aug 20 Time 11:00 Hrs
 Exact Location Of Accident * PIE towards Tuas

DETAILS OF OWN VEHICLE (VEHICLE A)

Vehicle Registration Number * SCJ 290 R

Insured Party/Holder

Name of Registered Owner * Mohan s/o Shanmugam

NRIC/FIN/Passport Number * S 1217408 Z

Vehicle Details

Manufacturer BMW

Model 523i

Exact Purpose for which vehicle was being used at time of accident

* Private use ☒ Commercial use ☐ Hire & reward ☐
 Others ☐ - please specify

Are you claiming under your own insurance policy for repair to your vehicle?
 * Yes ☐ No ☒ Others

If No, please state action to be taken * Third Party Claim ☒ Reporting Only ☐

Vehicle Category * Private ☒ Commercial ☐ Motorcycle ☐

Insurance Details

Name of Insurance Company * MSIG

Type of Coverage * Comprehensive

Fleet Policy Yes ☐ No ☒

Policy Number * B 3002724 TO SMP

Cover Note Number

Driver

Name of Driver * Mohan s/o Shanmugam

NRIC/FIN/Passport Number * S 1217408 Z

Date of Birth * 28 Feb 56

Occupation * Architect

Date of Driving Pass * 21 Sept 1981

Gender * Male ☒ Female ☐

Mobile Number * 96404629

Address * 29 Hamlyn Avenue S 489506

Email Address * mohansk29@gmail.com

Was driver an employee of the Insured's Company?

* Yes ☐ No ☒

If no, Relationship of the Driver with the Insured * Owner

SAS 1

1 female .. 1 male (passenger)

Vehicle Registration Number of Driver's Own Vehicle (if applicable) _____
Insurance Company of Driver's Own Vehicle (if applicable) _____

General Information of the Accident

Type of Accident

• Front to Rear

Weather Conditions

• Clear ☒ Raining ☐

Others _____

Road Surface

• Dry ☒ Wet ☐

Others _____

Other Information

Was any body injured in the Accident?

Yes ☒ No ☐

Was any other material or property damaged?

Yes ☐ No ☒

Details of Injured Persons

Name

• Chng See Kiang

Address

29 Harvey Ave S40950

Approximate Age

• 63

Injuries Sustained

• Neck Chest Back

If vehicle Occupants, state in which vehicle?

SCJ 290R

Were seat belts worn?

• Yes ☒ No ☐

Was injured conveyed to hospital by ambulance?

• Yes ☐ No ☒

Details of Police Action

Was the Accident reported to the Police?

• Yes ☐ No ☒

If Yes, please state which Police Station

Was notice of intended Prosecution given?

• Yes ☐ No ☒

If Yes, against whom?

DETAILS OF OTHER VEHICLE(S) / PROPERTIES (VEHICLE B)

Vehicle Registration Number

• SJN 3810 S

Vehicle Make / Model / Colour

Toyota Estima

Detail Of Properties

Name of Driver

• ONG Zixian

NRIC/Passport Number

S 8830052A

Contact Number

• 91523548

Email Address

Address

Insurance Company Name

Nature of Damage

Details Of Witness

Name

Phone Number

Email Address

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: SCJ 290 R
Name (as shown in NRIC) : Mohan Shanmugam NRIC/FIN/Passport No : S1217408Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 29 Harvey Avenue Singapore (489506)
Contact (Tel) : _____ Mobile No. : 96404629
Email Address : _____
Date of Accident : 29 Aug 2020 Time of Accident : 11.00am
Place of Accident : PIE towards Thas
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

No injuries from accident shock.



Policyholder / Driver's Signature
Date:

03 Sep 2020



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

**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 **MS&AD** INSURANCE GROUP

Your alternative contact:

**Sime Darby Insurance
 Brokers (Singapore) Pte Ltd**
 Tel: 6222 2244
 Mon to Fri (excluding PH)
 (8.30 am - 5.45 pm)

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.

**SIME MOTOR PRIVATE
 Comprehensive**

Certificate No. **B 300272470 SMP****Excess : SGD750****Windscreen Excess : NIL**

1. **Index Mark and Registration Number of Vehicle**
 SCJ29UR

2. **Name of Policyholder**
 Mohan s/o Shanmugam

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
 28/02/2020

4. **Date of Expiry of Insurance**
 27/02/2021

5. **Persons or Classes of Persons entitled to drive***
 Mohan s/o Shanmugam

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 Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT PERFORMANCE MOTORS LTD OR AT ANY WORKSHOP OF YOUR CHOICE.

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