

NATIONAL Assessment Centre Services.

Jan 1 Jan 00

NA2007794

Date In: 08/09/2020 16:26	Job description	Date & Time Completed	Done by
Ref No: 18A/MSG 2000962114	SAS e-illing		
Veh No: SLV 745B	E-mail (Subject, AIC class)		
D.O.A: 08/09/2020 10:05	I-Motor Claims Form		
TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax/Hand to Owner/Whist		

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

TP Particulars: Vch No: SLV 5286G 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 > \$9000] ( )

Injury: \_\_\_\_\_

Date: \_\_\_\_\_

NA2004818	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	
	5) PT: Follow-Through Survey (Resurvey) \$30	
QC Checked by (Engr-In-Charge):	6) TR: Re-inspection (Explain against INC Only (over 10 Jan 2000)) \$23	
	7) NI: Idea DA + EMRT Survey \$160	
Available Comments:	8) NIUC Additional Services	
	9) NI: Idea Mobile	
2/2	10) NI: Courtesy Car / Tpl Allowance \$5	
	11) NI: Repair Coordination \$10	
	12) NI: Post Repair Inspection \$23	
	13) NI: DV / Collect Excess Coordination \$3	
	14) NI: DV / Collect Excess Coordination \$20	
	15) NI: TP (N/A) INC against LRG \$0	
	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	08/09/2020 16:36
Date Of Accident	08/09/2020 10:05
Exact Location Of Accident	ALONG KEPPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV745B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAR HOONG ONN
NRIC No	SXXXX334B
Email Address	ACCESS.SUMMER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98796003
Alternative Phone No	OTHERS-98796003

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 ELEGANCE (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	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 80464999 QMY
Cover Note Number	

### Driver

Name of Driver	HAR HOONG ONN
NRIC No	SXXXX334B
Date Of Birth	04/07/1967
Occupation	INDOOR
Date Of Driving Pass	26/11/1992
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98796003
Fax Number	
Contact Number	OTHERS-98796003
EEmail Address	ACCESS.SUMMER@GMAIL.COM

Address	2330PAYA LEBAR ROAD #06-08
Postcode	409044
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	COLLISION - CHANGE/CROSS LANE
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	SLB5286G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAN YAH LI
NRIC/Passport Number	SXXXX467I
Contact Number	97809715
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Veh A: SLV 745B  
Veh B: SLB 52866

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.

\*\* I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

*[Handwritten Signature]*

Policyholder's Signature

Date & Time: 8/9/2020 15:49

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Handwritten Signature]* 08/09/2020

Reporting Centre Personnel's Signature

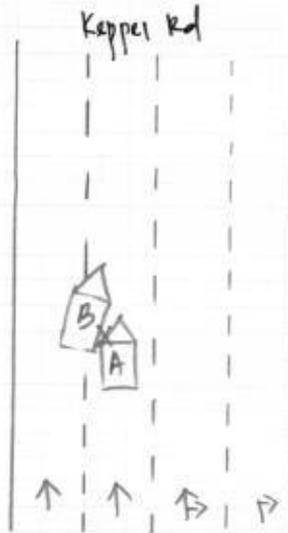
Name:

NRIC/FIN No.:

SKETCH PLAN

Veh A: SLV 745 B

Veh B: SLB 5286 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along keppel rd . Suddenly Vehicle B cut into my lane and collided to my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time: 8/9/2020 15.29

Driver's Signature

(If driver is not the policyholder)

08/09/2020

Reporting Centre Personnel's Signature

Name:

# Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: [avclaims@mycarworkshop.com](mailto:avclaims@mycarworkshop.com)

## Particular Of Insured/Driver & Details Of The Accident

### Motor Accident Report

\*Date of Accident: 8/9/2020 (1)

\*Time of Accident: 10:08

\*Accident Location: KEPPEL ROAD

### Vehicle Details

\*Vehicle Number: SLV 745B

\*Make & Model: Toyota Corolla Altis Elegance Auto  
TOYOTA ALTIS

### Insured / Policyholder

\*Owner Name: HAR HOONG ONN \*NRIC: S1787334B

\*Address: 233 DATA LEBAR ROAD #06-08 S(409044)

\*Email: access.summer@gmail.com \*HP: 98796003

\*Occupation: PROJECT MANAGER (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

### Driver same as above

\*Driver Name: \_\_\_\_\_ \*NRIC: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Driving Pass Date: 26/11/1992 \*HP: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Gender: Male / Female

\*Occupation: \_\_\_\_\_ (Indoor / Outdoor) \*Tel / H / Other: \_\_\_\_\_

\*Driver an employee: Yes / No (\*If no, what is relationship with the policyholder: \_\_\_\_\_)

### Passengers Details

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

\*P/Name: \_\_\_\_\_ (Male/Female) \*P/Name: \_\_\_\_\_ (Male/Female)

### Insurance Company

\*Insurer: MSI G \*Coverage: C / TPFT / TPO \*Policy No: \_\_\_\_\_

### Detail of other vehicle / Property 1

Vehicle No.: SLB 5286G

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: CHAN YAH LI

NRIC : 37606467I

HP : 97809715

No. of Passengers (Including Driver): 01

### Detail of other vehicle / Property 2

Vehicle No.: \_\_\_\_\_

Make & Model: \_\_\_\_\_

Vehicle Category: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC : \_\_\_\_\_

HP : \_\_\_\_\_

No. of Passengers (Including Driver): \_\_\_\_\_

### For Official Use Only

\*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims) Claims

### General Information of the accident

\*Type of accident: Head-Rear / Side swipe / others: \_\_\_\_\_

\*Weather conditions: Clear / Raining / others: \_\_\_\_\_ \*Any video cam: Yes / No

\*Road Surface: Dry / Wet / others: \_\_\_\_\_

\*Witness: Yes / No (Name: \_\_\_\_\_ NRIC: \_\_\_\_\_ HP: \_\_\_\_\_)

\*Accident reported to police: Yes / No \*Summon against whom: \_\_\_\_\_

\*Injured party: Yes / No \*No. of passengers (include driver): \_\_\_\_\_

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

-I/Name: \_\_\_\_\_ \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

# Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form **M.30.0**  
Individual Ownership

**MOTOR MAX PLUS**  
Comprehensive

Certificate No. **A 80464999 QM**

Excess : **SGD500**  
Windscreen Excess : **SGD100**

1. Index Mark and Registration Number of Vehicle  
**SLV748B**

2. Name of Policyholder  
**Har Hoong Onn**

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
**21/12/2019**

4. Date of Expiry of Insurance  
**20/12/2020**

5. Persons or Classes of Persons entitled to drive\*

**Har Hoong Onn**

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.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

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.

*Y. Name*

Signature / Date

Counter-Signatory:  
**insuremycar.com.sg**

**MSIG Insurance (Singapore) Pte. Ltd.**  
Approved Insurers

*Amy Ler*  
Amy Ler  
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.