

NATIONAL Assessment Centre Services

[wef 1 Jan'05] **MAN 0090427**

Date In: 07/12/22-13:01	Job description	Date & Time Completed	Done by
Ref No: NA/MJ 67201120374	SAS e-filing		
Veh No: SL6449884	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 17/12/22 13:45	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: SL6449884	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:- (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

NA200560

Invoice Preparation Checklist

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : 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:-		
	OD*		
	*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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
Auditors' Comments:-	Invoice dated	Fee Charged	
Cat. 1:			
Cat. 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	15/10/2020 17:01
Date Of Accident	15/10/2020 13:45
Exact Location Of Accident	342 HOUGANG AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4988H
Insured/Policyholder	
Name Of Registered Owner	GIAM CHEONG LEONG
NRIC No	SXXXX098H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98266082
Alternative Phone No	OFFICE-98266082

Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH HYBRID 1.8X CVT
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A300239967QMY
Cover Note Number	

Driver

Name of Driver	LOH WEE CHIN (LU HUIZHEN)
NRIC No	SXXXX153J
Date Of Birth	06/03/1972
Occupation	INDOOR
Date Of Driving Pass	24/05/1996
Driving Experience	24 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98266082
Fax Number	
Contact Number	OFFICE-98266082
Email Address	NOEMAIL

Address	76 HOUGANG AVENUE 7 #05-20
Postcode	538807
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	
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)	2
Passenger 1	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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SCE5515L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97625928
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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. 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:



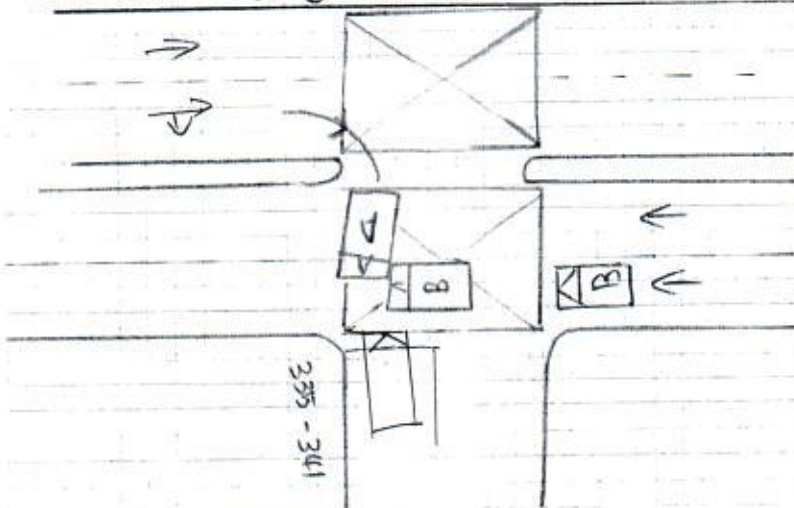
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Hougang Avenue 7



IA: SKU4988H

B: SCE 5515L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Annex 1.

DECLARATION

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

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.:

Annex 1

On 15.10.2020 @ 1345hrs, I was driving my vehicle (A: SKU4988H) along Hougang Avenue 7 intending to make a U-turn at the junction. There were two lanes, after vehicles cleared on the right, there were only a taxi and a white saloon car on the left lane. I waited for them to clear. After the taxi making the left turn to the carpark (Block 335-341), the white car (B: SCE5515L) which followed the taxi also slowed down the speed and about to turn left. Thus, I begun to make my U-turn. To my surprise, the said vehicle sped up and proceed straight and collided onto my vehicle's front portion. No one was injured at the scene.

Vehicle A (SKU4988H): 1 male passenger on board.

Vehicle B (SCE5515L): No passenger on board.

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3. Information provided must be as truthful and accurate as possible. Any willful 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 Traffic Policy Department for investigation.
6. This report will be forwarded by the insurers to 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 15-10-2020 @ 1510h.
 Date of Accident 15-10-2020 @ 1345h.
 Exact Location of Accident 342 Hougang Avenue 7.

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU4988H

Insured/ Policyholder

Name of Registered Owner Giam Cheong Leong
 FIN/ Passport Number S 7620098H

Vehicle Particulars

Vehicle Make Toyota
 Type of Vehicle Noah Hybrid.
 Exact Purpose for which vehicle was being used at the time of accident Private Use
 Are you claiming under your own insurance policy for repair to your vehicle? ☒ Yes/ No
 Vehicle Category Private Car.

Insurance Company

Name of Insurance Company MSIG Insurance (Singapore) Pte Ltd.
 Type of Policy Comprehensive.
 Fleet Policy No.
 Policy Number A29068352 QMY.
 Motor CI

Driver

Name of Driver Loh Wae Chien (Lu Hui Zhen)
 FIN/ Passport Number S7207153J
 Date of Birth 06/03/1972
 Occupation Instructor
 Year of Driving Experience 24/05/1996
 Gender Male/ Female ☒ Male
 Contact Number 9826 6082.
 Address 76 Hougang Avenue 7 #05-20 Singapore 538867.
 Email Address
 Was driver an employee of the Insured's Company? No, spouse.
 If no, Relationship of the Driver with the Insured

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 Collision *Cross Junction.*
Weather Conditions *Clear*
Road Surface *Dry.*

Other Information

Was any body injured in the Accident? *Yes/ No*
Was any other material or property damage? *Yes/ No*

Details of Injured Persons

Name
Address
Approximate Age
Injuries Sustained
If vehicle Occupants, state in which vehicle?
Were seat belts worn?
Was injured conveyed to hospital by ambulance?

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? *Video.: Yes*

Circumstance of Accident

Refer to sketch Plan.

DETAILS OF OTHER VEHICLE(S)/ PROPERTIES

Vehicle Registration Number *SCE 5515L*
Details of Properties
Vehicle Make/ Model/ Colour
Name of Driver
NRIC/ Passport Number
Contact Number *97625928.*
Email Address
Address
Insurance Company Name
Nature of Damage *No Passenger.*

Details of Witness

Name
Phone Number
Email Address



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

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.

MOTORMAX PLUS Comprehensive

Certificate No. A 300239967 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SKU4988H

2. **Name of Policyholder**
Giam Cheong Leong

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
09/01/2020

4. **Date of Expiry of Insurance**
08/01/2021

5. **Persons or Classes of Persons entitled to drive***
Giam Cheong Leong

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 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 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