

# NATIONAL Assessment Centre Services

[wef 1 Jan'05] **SN0970C3008**

Date In: <b>3/12/05 - 11:22</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MSH 201332/24</b>	SAS e-filing		
Veh No: <b>UBH/VBE</b>	E-mail (within 8hrs, A/C 2hrs)		
D.O.A : <b>1/12/05-15:5</b>	i-Motor Claim Form		
OD : <b>TP</b> 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: <b>SLJ 4660Z</b>	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
(INC hotline: 6788 6616)		
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	Am't (\$) Int Bill	Am't (\$) Add Bill
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) 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:-		
	QD*		
	*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	

Lat 1:

Lat 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 Submission	03/12/2020 11:22 (SGT)
Date of Accident	01/12/2020 15:15 (SGT)
Exact Location of Accident	Sengkang W Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1213E
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SML ENGINEERING & HARDWARE TRADING
Company Reg No	5XXXX696W
Email Address	richard@smlengrg.com.sg
Mobile Phone No	(Phone) +65-62197444
Alternative Phone No	(Office) +65-62197444

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Proace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300235817MKC
Cover Note Number	-

### DRIVER

Name of Driver	LIM TEEN CHING
NRIC No	SXXXX371F
Date Of Birth	18/08/1983
Occupation	Outdoor

Date Of Driving Pass .....	03/07/2007
Driving experience .....	13 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97100787
Alt. Phone Number .....	-
Email Address .....	richard@smlengrg.com.sg
Address .....	BLK 620 BUKIT PANJANG RING ROAD
Address complement .....	#10-826
Postcode .....	670620
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ONG SHEN HUI
Gender .....	Male

#### PASSENGER 2

Name .....	LEW KUN YUAN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
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 .....	SLJ4660Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-



Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIM TEEN CHING
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBH1213E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ONG SHEN HUI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBH1213E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	LEW KUN YUAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	GBH1213E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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.:



SENGKANG WEST ROAD

A: QBH12136

B: SLJ46602

I WAS TRAVELLING ALONG SENGKANG WEST ROAD. I SLOWED DOWN AND STOPPED TO GIVE WAY TO TRAFFIC. WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR ENDED MY VEHICLE.

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



*[Signature]*

Personnel's Signature


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

# Accident Reporting Draft

SN0920C30008

VEHICLE NO: GBH1213E

MODEL: TOYOTA PROACECOMFORT MEDIUM 2.0

DATE OF ACCIDENT	1/12/2020		
TIME OF ACCIDENT	1515	HRS	AM/PM
LOCATION OF ACCIDENT	SENGKANG WEST ROAD		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	SML ENGINEERING & HARDWARE TRADING		
CONTACT NO.	6219744497100787	Email:	richard@smleugrg.com.sg
NRIC	B53064696W		
CLAIM TYPE	OD / <del>THIRD PARTY</del> / REPORTING ONLY 3P		
INSURANCE CO.	MSIG		
TYPE OF COVERAGE	<del>COMPREHENSIVE</del> / THIRD PARTY / THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	LIM TEEN CHING AS ABOVE / IF NO:		
NRIC	S8379371F	ANY PASSENGER:	2
DATE OF BIRTH		ONG SHEN HUI (M)	
OCCUPATION	<del>OUTDOOR</del> / INDOOR	LEW KUN YUAN (M)	
DATE OF DRIVING PASS			
GENDER	<del>MALE</del> / FEMALE		
CONTACT NO.	6219744497100787	OFFICE:	HOME:
ADDRESS	5 SUNGEI KADUT WAY S(728781)		
DRIVER HAVE ANY OWN VEHICLE	NO / IF YES: REG NO.		
RELATIONSHIP	<del>EMPLOYEE</del> / IF NO:		
WEATHER CONDITION	<del>CLEAR</del> / RAINY / OTHER: CLEAR		
ROAD SURFACE	<del>DRY</del> / WET / OTHER: DRY		
ANY INJURIES	NO / IF (YES): Lim Teen Ching		
CONTACT NO.	Ong Shen Hui		
POLICE REPORT	NO / IF YES: Lew Kun Yuan		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SLJ4660Z	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.		ANY PASSENGER:	
VEHICLE D NO.		ANY PASSENGER:	
VEHICLE E NO.		ANY PASSENGER:	
VEHICLE F NO.		ANY PASSENGER:	
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p><b>Ryder</b> Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			



**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

**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.

**COMMERCIAL VEHICLE  
Comprehensive**

Certificate No. A 300235817 MKC

Excess : SGD600

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**  
GBH1213E
2. **Name of Policyholder**  
SML Engineering & Hardware Trading
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
17/01/2020
4. **Date of Expiry of Insurance**  
16/01/2021
5. **Persons or Classes of Persons entitled to drive\***  
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 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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover  
(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.  
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.  
\* 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.

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).

/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

V57 GRG 6781 J