

# NATIONAL Assessment Centre Services.

part 1 Jan 2001

SV230C00009

Date In: 24/10/2020 18:30	Job description	Date & Time Completed	Done by
Ref No: 1138/m86 2001/4512/y	SAS e-illing		
Veh No: SKR 2592 Y	E-mail (to John Stur, AIC 2hrs)		
D.O.A. 23/10/2020 18:30	I-Motor Claims Form		
OID: 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/Whom		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMA 79782	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 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 > \$3000] ( )		

Injury: ( )		

NA2100184	1) ARI Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA Damage Assessment (\$100)	\$10345
Contact No:	3) TP Towing Fee	\$120
Damaged Portion:	4) PT Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (over 10 Jan 2001)	\$75
	6) TR: Re-inspection	\$160
	7) NI: IDao DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*NI: Courtesy Car / Tpl Allowance	\$3
	*NI: Repair Coordination	\$25
	*NI: Post Repair Inspection	\$3
	*NI: DV / Collect Excess Coordination	\$30
	TE (NI) TP (Res INC) against INC	\$30
	9) NI: IDao Mobile	
	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 Submission	24/12/2020 18:56 (SGT)
Date of Accident	23/12/2020 18:30 (SGT)
Exact Location of Accident	Gambas Ave, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2592U
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH YEOW BOON DICKSON
NRIC No	SXXXX085B
Email Address	dicksongoh2001@yahoo.com.sg
Mobile Phone No	(Phone) +65-91052583
Alternative Phone No	+65-91052583

#### VEHICLE PARTICULARS

Manufacturer	Mini
Model	Cooper
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300243561 QMX
Cover Note Number	-

#### DRIVER

Name of Driver	GOH YEOW BOON DICKSON
NRIC No	SXXXX085B

Date Of Driving Pass	26/08/2003
Driving experience	17 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91052583
Alt. Phone Number	+65-91052583
Email Address	dicksongoh2001@yahoo.com.sg
Address	BLK 21 CHOA CHU KANG GROVE
Address complement	#20-32
Postcode	188208
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	SON
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

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	SMA7978Z
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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

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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

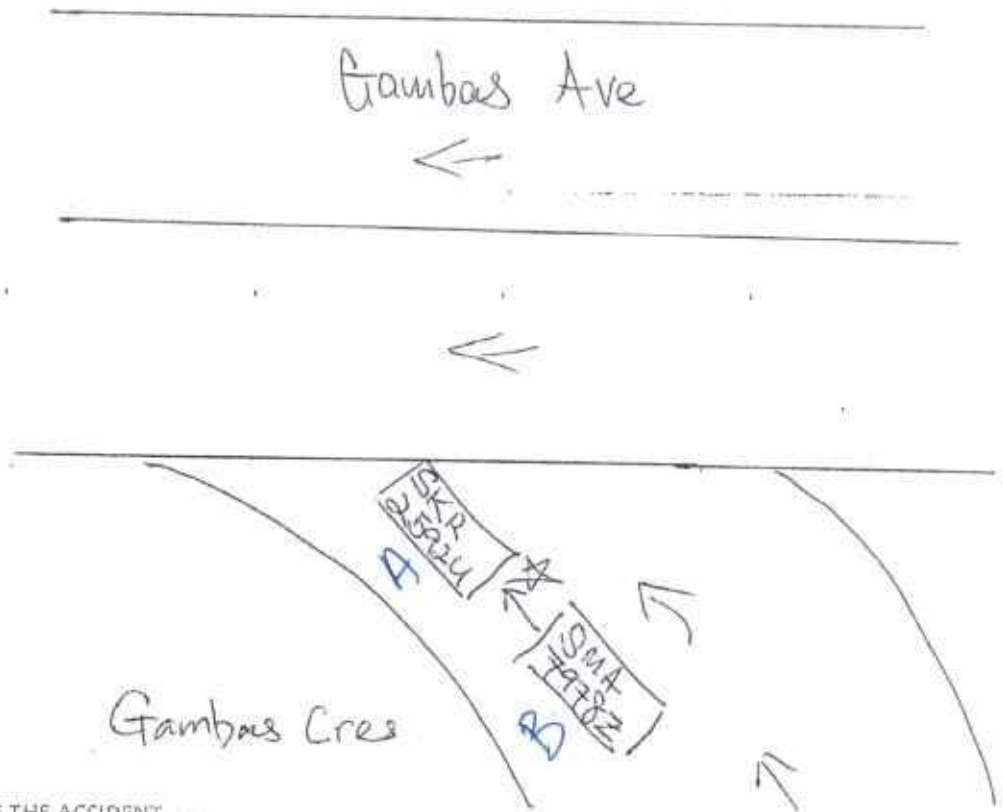
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am travelling along Gambas Cres towards Gambas Ave with motor car (SKR 2592U) and was bang by motor car (SMA 7978Z) from the back.

DECLARATION

I declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Person's Signature  
Name:

*[Handwritten signature]*  
*[Handwritten signature]*

Date of Accident: 23 Dec 2020 Accident Time: 1830 (24-HR-Format)  
 Accident Place: Gambas Ave  
 Vehicle No. (Car Plate No.): SKR2592U Make/Model: Mini Cooper  
 Insurance Company: MSIG Policy No.: A300243561 QMX  
 Owner of Company Name IC No.: GOH YEDW BOON DICKSON / S7733085B  
 Owner of Company Contact No.: 9105-2583 Owner's Hp: 1598 CC Company Tel:  
 DRIVER'S Name / IC No.: GOH YEDW BOON DICKSON / S7733085B  
 DRIVER'S Date Of Birth: 23 NOV 1977 DRIVER'S License Pass Date: 26 Aug 2003  
 Relationship of Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others: NA  
 DRIVER'S Address: Blk 12 Choa Chu Kang Grove #20-32 stairs  
 DRIVER'S Contact No. / Alt No.: 9105-2583  
 DRIVER'S Occupation: INDOOR / OUTDOOR (e.g. working inside or outside office)  
 Email Address: DICKSONGOH2001@YAHOO.COM.SG  
 Weather & Road Surface: CLEAR & DRY / RAINING & WET / AFTER RAIN & WET  
 Reporting Type: Reporting Only / Claim Other Party / Claim Own Insurance  
 Number of Passengers (including Driver): X 02 KID BOY  
 Was there any video captured by car camera: YES / NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose  
 Any Injury (If YES, Pls state): Fetching my kids home

Other Party Driver's Particular (If any)

Vehicle No: <u>SMA7978Z</u>	Vehicle No: _____
Vehicle Make Model: <u>Toyota</u>	Vehicle Make Model: _____
Name Driver: <u>Tony Tan Tuan Tiong</u>	Name Driver: _____
IC No. Driver Contact: <u>S7920155C</u>	IC No. Driver Contact: _____

\* NEW - Passenger's name & gender:



**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.

#### MOTORMAX Comprehensive

Certificate No. A 300243561 QMX

Excess : SGD1,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SKR2592U

2. Name of Policyholder  
Goh Yeow Boon Dickson

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
24/12/2019

4. Date of Expiry of Insurance  
23/12/2020

5. Persons or Classes of Persons entitled to drive\*  
Goh Yeow Boon Dickson

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 MUST BE CARRIED OUT 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