

# NATIONAL Assessment Centre Services.

Print 1 Jan 2005

SA200100007

Date In: 28/12/2002 16:06	Job description	Date & Time Completed	Done by
Ref No: NPA/MSGT2001/4545/4	SAS e-filing		
Veh No: SMA/5551 J	E-mail (to John 2hrs, AIC 2hrs)		
D.O.A: 26/12/2002 10:30	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/Whse		

Preferred Wkep / INC Assign Wkep / OW: (	Tel:	Fax:
TP Particulars:	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: ( )	Cover Type: ( )	
Period: ( )		
Confirmed by: (	Dates:	Times:
Insured/Driver Liability: ( %)	[No e-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 repolier.

( ) 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: \_\_\_\_\_

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

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$10)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$120
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claiming against INC Only (w/ 10 Jan 2005)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services	
	ON:	
	• NS: Courtesy Car / Tpl Allowance	\$3
	• NS: Repair Coordination	\$10
	• NS: Post Repair Inspection	\$25
	• NS: DV / Collect Excess Coordination	\$3
	• NS: DV / Collect Excess Coordination	\$20
	TE (NI) / TP (NI) / INC against DRG	\$0
	9) NI: Idea Mobile	
	Invoice dated	
	Invoice dated	

## 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	28/12/2020 16:06 (SGT)
Date of Accident	26/12/2020 10:30 (SGT)
Exact Location of Accident	2991 Jalan Bukit Merah, Singapore 159458
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5551J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	HO SHUET FUNG
NRIC No	SXXXX098Z
Email Address	sauccey@gmail.com
Mobile Phone No	(Phone) +65-90886760
Alternative Phone No	+65-90886760

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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 - Reporting only
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 29144252 AT2
Cover Note Number	

### DRIVER

Name of Driver	HO SHUET FUNG
NRIC No	SXXXX098Z

Date Of Driving Pass	28/10/1999
Driving experience	21 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90886760
Alt. Phone Number	+65-90886760
Email Address	sauccey@gmail.com
Address	BLK 6 TELOK BLANGAH CRESCENT
Address complement	#11-424
Postcode	090006
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### FOREIGN VEHICLE 1

Vehicle Registration Number	JQJ2994
Vehicle Category	Motorcycle

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201228/7013

#### 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	JQJ2994
Vehicle Manufacturer	-

Vehicle Colour	-
Véhicule Category	Motorcycle
Name of Driver	RAJINI KANTH A/L SUBRAMANIAM
Passport No/FIN	KXXXXX072R
Contact Number	(Phone) +65-90859984
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 28/12/20

Policyholder's Signature / Date &  
Time

(020hr)

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

 28/12/2020  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan

SELAN BUKIT MARA

A) SMA 55513

B) JQS 2994




PERKIL SEHAN

**Describe Circumstances of the Accident**


REFER to Police Report 1/2020/228/9013

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time 10:20 hrs 28/12/20

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

  
Witnessed by Reporting Centre  
Personnel 28/12/2020



## ACCIDENT STATEMENT

ACCIDENT DATE: ( 26 / 12 / 20 ) (DD/MM/YYYY), TIME: ( 10:30 ) (HH:MM)

LOCATION: ESSO JALAN BUKIT MERAH

**1. DETAILS OF VEHICLE**

- a) VEHICLE NUMBER: SMA 5551J  
 b) INSURANCE COMPANY: MSIA  
 c) POLICY NUMBER: 1564994  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: TOYOTA CHR  
 f) TYPE: ( SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS )  
 g) VEHICLE CATEGORY: ( PRIVATE / COMMERCIAL / MOTORCYCLE )  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

**2. INSURED / POLICY HOLDER**

- a) NAME: HO SHUET PUNG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S76040982 CONTACT: 90886760  
 c) ADDRESS: Blk 6 Telok Blangah Crescent  
# 11-424 S090006

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

**DRIVER**

- a) NAME: AS ABOVE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: ( 18 / 03 / 1978 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) DATE OF DRIVING PASS: 28/10/1999

**4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)**

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

**5. a) WEATHER CONDITION: ( CLEAR / RAINING / OTHERS )**

b) ROAD SURFACE: ( DRY / WET / OTHERS )

**6. WAS ANYBODY INJURED (YES / NO)**

**7. a) REPORTED TO POLICE (YES / NO)**

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

**8. THIRD PARTY VEHICLE**

- a) VEHICLE NUMBER: JQJ 2994 MODEL: motorcycle  
 b) DRIVER'S NAME: Rajni Kanth A/L Subramaniam  
 c) NRIC/FIN/PASSPORT: E76330722 CONTACT: 90859984

**9. THIRD PARTY VEHICLE**

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

email = sauccy@gmail.com

VIDEO



**SINGAPORE  
POLICE FORCE**



T/20201228/7013

1 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201228/7013

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/12/2020 10:51	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: HO SHUET FUNG			Address: 6 TELOK BLANGAH CRESCENT #11-424 SINGAPORE 090006	
ID Type / ID No.: NRIC NO / S7804098Z			Contact No.: Home/Office:	Mobile: 90886760
Nationality: SINGAPORE CITIZEN			Email: SAUCEY@GMAIL.COM	
Sex: Female	Age: 42	Date of Birth: 18/02/1978	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Sales and marketing manager			Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/12/2020 10:30	Type of Location: exit of esso station
Location:  JALAN BUKIT MERAH				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
JQJ2994	Motorcycle	A-BIKE		Multi-Colored	Slightly Damaged	0
SMA5551J	Car	TOYOTA	chr	Black	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20201228/7013

2 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20201228/7013

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA5551J	MSIG INSURANCE (MALAYSIA) BHD	156499u	09/05/2020	08/05/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	HO SHUET FUNG		ID No.	S7804098Z
Related Vehicle	SMA5551J (Car)		Contact No.	90886760
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

**Brief Details.**

my vehicle is at the exit of the esso station. I had checked left and right to ensure coastal clear so i can exit out from the petrol station to main road safely.  
Upon stepping on my acceralator, i discovered i have hit a motor cycle on my left side . this action caused the motorcycle to fall to one side and the driver has jumped out of his motorcycle .  
I have filed report with IDAC.



**SINGAPORE  
POLICE FORCE**



T/20201228/7013

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20201228/7013

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
JUREMAH BINTE AHMAD  
Contact No.: 65476219

Authentication Stamp  
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:  
28/12/2020 10:51

Classification Of Case:

**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

DUPLICATE COPY  
 FOR FINANCE COMPANY

**Toyota DriveElite 360****THE SCHEDULE**

Policy Number	Period of Insurance	Place of Issue
A 29144252 AT2	09/05/2020 to 08/05/2021	SINGAPORE
Name and Address of Insured		Date of Issue
Ho Shuet Fung 6 Telok Blangah Crescent #11-424 Singapore 090006		30/04/2020
		Account Number
		156499U
Premium	GST	Total Due
SGD749.36	SGD52.46	SGD801.82

**RISK NUMBER 1****Toyota DriveElite 360****OCCUPATION**

Marketing Manager

**FINANCIAL INTEREST**

Maybank Singapore Limited  
 as Hire Purchase Owners

**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

**REGISTRATION NO.** SMA5551J  
**MAKE/MODEL** Toyota C-HR 1.2 Turbo Luxury  
**ENGINE NUMBER** 8NRU171180  
**CHASSIS NUMBER** JTNKY3BX001006299  
**YEAR OF MFG** 2017  
**CAPACITY** 1197 C.C.  
**SEATING CAPACITY** 5 (INCL. DRIVER)  
**WINDSCREEN** UNLIMITED

**SUM INSURED** MARKET VALUE  
**INCL. COE/PARF** YES  
**OFF-PEAK CAR** NO  
**NO CLAIM DISCOUNT** 50.00% (or F/D)  
**GOOD DRIVER'S DISCOUNT** SGD39.44  
**NCD PROTECTOR** COVERED  
**EXCESS** SGD500  
**ANNUAL PREMIUM** SGD749.36

**ACCESSORIES** Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

**AUTHORISED DRIVERS**

Ho Shuet Fung

**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:**

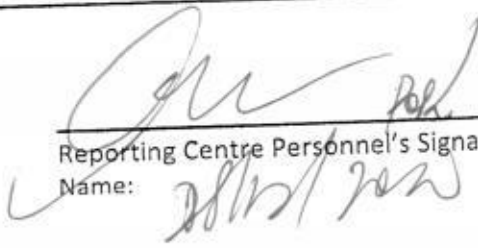
Original Report No : SNE820C80007 Vehicle Registration No: SMA 5551J  
Name (as shown in NRIC) : Ho Shuei Fung NRIC/FIN/Passport No : SXXXX082  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 26/12/2020 Time of Accident : 10/30  
Place of Accident : ES80 AT JERON BURN MURDER  
Insurance Company : MILG

**(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:

DATE OF ACCIDENT TO 26/12/2020

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: 28/12/2020