

NATIONAL Assessment Centre Services

[Ref: J202]

2009/2002

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 02/02/2021 11:28 | Job description | Date & Time Completed | Done by |
| Ref No: NA/M8421000003/ | SAS e-filing | | |
| Veh No: SKB 2592 U | E-mail (within 8hrs, A/C 2hrs) | | |
| D.O.A: 29/12/2020 1330 | 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 / Wksn | | |

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: SKB 951 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:

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:

| | | | |
|--------------------------|---|-------------|-----------|
| HA21005X | Invoice Preparation Checklist | Am't (\$) | Am't (\$) |
| Clientant's Particulars: | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) FT: Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (ref 10 Jan 2005) | | |
| | 6) TR: Re-inspection \$75 | | |
| | 7) N1: Idco DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | OD: | | |
| | *N5: Courtesy Car / Tp 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: Idco Mobile 30 | | |
| | Invoice dated | Fee Charged | |
| | Invoice dated | Fee Charged | |

QC Checked by (Engr-In-Charge):

Auditors' Comments:

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 Submission | 02/01/2021 11:25 (SGT) |
| Date of Accident | 29/12/2020 13:30 (SGT) |
| Exact Location of Accident | Sembawang Road, Singapore |
| Additional Location Information | YISHUN AVENUE 5 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKR2592U

INSURED/POLICYHOLDER

| | |
|--------------------------|---|
| Is company? | No |
| Name Of Registered Owner | DICKSON GOH YEOW BOON (DICKSON WU YAOWEN) |
| 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 | DICKSON GOH YEOW BOON (DICKSON WU YAOWEN) |
| NRIC No | SXXXX085B |
| Date Of Birth | 23/11/1977 |
| Occupation | Indoor |

| | |
|--|-----------------------------|
| 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 | dicksonggoh2001@yahoo.comsg |
| Address | BLK 12 CHOA CHU KANG DRIVE |
| Address complement | #20-32 |
| Postcode | 688208 |
| 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 | JOUAH GOH ZHUO LEUK |
| 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 | SKB9551B |
| Vehicle Manufacturer | BMW |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | MUHAMMAD TAUFIQ HIDAYAT |
| Contact Number | - |

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

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:



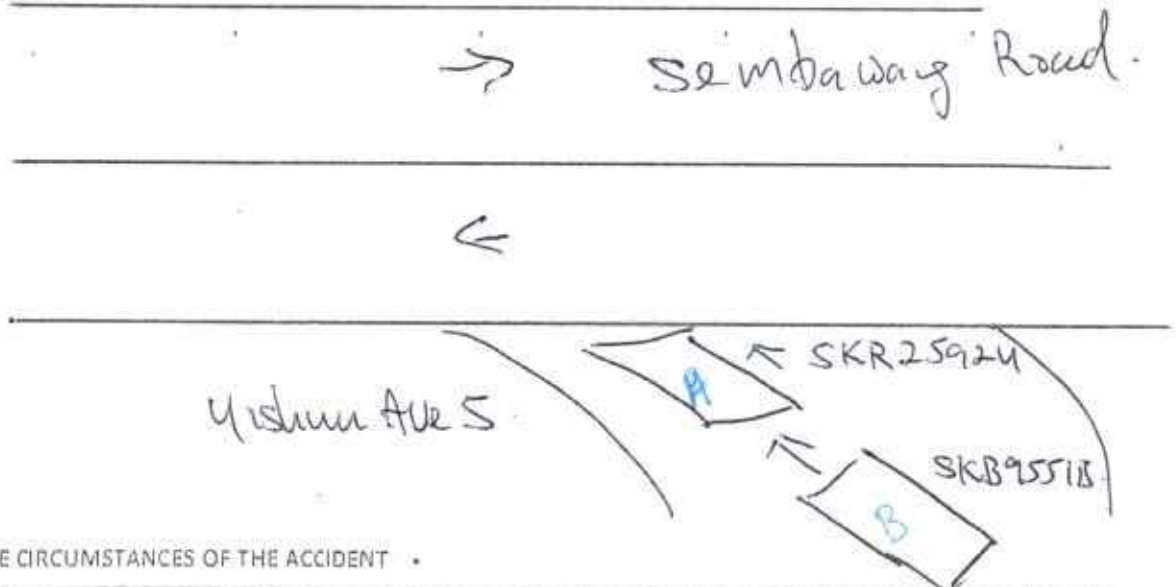
Driver's Signature
(if driver is not the policyholder)
Date & Time:



02/12/2020

Reporting Centre Personnel's Signature
Name:
ICRIFID No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Yishun Ave S to Sembawang Road with Motor car (SKR25924) and was bang by motor car (SMA79782) from the back. My son Jonah Goh Zhuo Luek was also in the car.

DECLARATION

I/We declare the foregoing particulars are true and correct.

Police holder's Signature
Date & time:

Driver's Signature
(If driver is not the police holder)

Reporting Centre Personnel's Signature
(Name):

Date of Accident: 29 Dec 2020 Accident Time: 1330 (24-HR-Format)
Accident Place: Sembawang Road (Yishun Ave 5)
Vehicle No. (Car Plate No.): SKR2592U Make/Model: Mini Cooper
Insurance Company: MSIG Policy No: A300243561QMX
Owner or Company Name / IC No.: GOH YEOW BOON DICKSON / 57733085B
Owner or Company Contact No.: 9105-2583 Owner's Hp: Company Tel:
DRIVER'S Name / IC No.: GOH YEOW BOON DICKSON / 57733085B
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:
DRIVER'S Address: B1K 12 Choa Chu Kang Grove #20-32 S688208
DRIVER'S Contact No. / Alt No.: 9105-2583
DRIVER'S Occupation: INDOOR / OUTDOOR (e.g. working inside or outside office)
Email Address: Dicksonggol2001@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): 02 Saw Joviah Goh Zhen Luek
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):

Other Party Driver's Particular (If any)

| | |
|---|------------------------------|
| Vehicle No: SKB 9551B | Vehicle No: _____ |
| Vehicle Make/Model: BMW | Vehicle Make/Model: _____ |
| Name Driver: Muhammad Taufiq | Name Driver: _____ |
| IC No. Driver Contact: Hidayat Bin Kamsin | 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**
24/12/2020
4. **Date of Expiry of Insurance**
23/12/2021
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. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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