

# NATIONAL Assessment Centre Services.

(part 1 Jan 2005)

SN 0921150005

Date In: 5/11/21 10:52	Job description	Date & Time Completed	Done by
Ref No: NA1 MSG 2000120 164	SAS e-filing		
Veh No: GBH 16343	E-mail (within 3hrs, AIC 2hrs)		
ICCA: 26/12/20 17:00	I-Motor Claim Form		
TP: 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/Wksp		

Preferred Wksp / IHC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: 52L 796 G.	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 repolar.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ); Invoice: YES ( ) / NO ( ); Towing Co: (

Remarks:	INC ( ) / Non-INC ( )	Site ( ) / Mobile ( )	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: ( )
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Defective:	Reasons:

NA2100869	Invoice / Insurance Claim / Receipt	NA2100869
Driver/Owner:	1) AR: Accident Reporting (\$30);	30
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
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	
	6) TR: Re-Inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	OD:	
	*NS: Courtesy Car / Tpt Allowance \$5	
	*NG: Repair Co-ordination \$10	
	*NT: Post Repair Inspection \$25	
	*NB: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI2: Idao Mobile \$0	
	Invoice dated	Fee Charged
		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 ..... 05/01/2021 10:52 (SGT)  
Date of Accident ..... 26/12/2020 17:00 (SGT)  
Exact Location of Accident ..... Siglap Bank, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBH1634Z

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KEK ENTERPRISE PTE LTD  
Company Reg No ..... -  
Email Address ..... KEK8ENTERPRISE@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96370567  
Alternative Phone No ..... +65-96370567

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle

#### INSURANCE COMPANY

Name of Insurance Company ..... MSIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... A 29115062 MKC  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... SHARIFF BIN MOHD YASIN  
NRIC No ..... SXXXX736A  
Date Of Birth ..... 19/04/1975  
Occupation ..... Outdoor

Date Of Driving Pass .....	08/06/1998
Driving experience .....	22 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87502900
Alt. Phone Number .....	-
Email Address .....	KEK8ENTERPRISE@GMAIL.COM
Address .....	BLK 873 TAMPINES ST 84 #02-103
Address complement .....	-
Postcode .....	520873
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 - Opening Door of Vehicle
Weather Conditions .....	AFTER RAIN
Road Surface .....	Wet

#### 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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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 .....	SLL796G
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) .....	-

## SKETCH PLAN

### IMPORTANT NOTICE

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

**Describe Circumstances of the Accident**

I stop at the road side along Siglap bank, near house No:16. I open slightly the door to look on incoming Veh. I saw SL 796G driving very close to me, end up hitting my door.

**Declaration**

We declare the foregoing particulars are true in every respect.

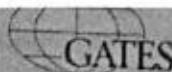


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





Underwriting Agency Pte Ltd

3 Shenton Way #09-01, Shenton House, Singapore 068805  
 Telephone: (65) 62249075 Facsimile: (65) 62227556  
 CO. REG. NO. 198101430N

## 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

Form M.Z.300

Goods Carrying Vehicle - Sch 1

COMMERCIAL VEHICLE

Comprehensive

Certificate No. A 29115062 MKC

Excess: SGD600

## 1. Index Mark and Registration Number of Vehicle

GBH1634Z

## 2. Name of Policyholder

Kek Enterprise Pte Ltd

## 3. Effective Date of the Commencement of Insurance for the purposes of the Act

13/02/2020

## 4. Date of Expiry of Insurance

12/02/2021

## 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 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 Risks and Compensation) Act (Chapter 189) and Section 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 offence 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

## ACCIDENT STATEMENT

ACCIDENT DATE: ( 26 / 12 / 20 ) (DD/MM/YYYY), TIME: ( 17 : 00 ) (HH:MM)

LOCATION: Siglap Bank

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBH 16 342  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Toyota Hiace 3000 Auto  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
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: Kek Enterprise Pte Ltd (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9637 0567  
c) ADDRESS: \_\_\_\_\_

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

DRIVER

- a) NAME: Shariff Bin Mohd Yasin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 87502900  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

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

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: SL4 796 G. MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

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

RSPU@LKKAUTO.COM

Email = kek8enterprise@gmail.com

fax =

VIDEO = No.





**MSIG Insurance (Singapore) Pte. Ltd.** (Co. Reg. No. 200412212G)  
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
[www.msig.com.sg](http://www.msig.com.sg)

Your Ref : GBH1634Z  
Our Ref : 632603 (Please quote our reference when replying)

29 Dec 2020

**URGENT**

KEK ENTERPRISE PTE LTD  
3 MARINE VISTA  
#05-63 NEPTUNE COURT  
SINGAPORE 449027

Dear Sir/Madam

**Accident involving GBH1634Z and SLL796G along SIGLAP BANK**

**Policy No** : 29115062MKC  
**Date of Accident** : 26 Dec 2020

We have received an property damage claim from Workshop acting on behalf of the owner of SLL796G. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. Our current listing can be found at our corporate website: <https://www.msig.com.sg/claims/personal-insurance/motor>. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Katherine Wong  
Executive Officer  
Claims Services (Motor)  
Tel : +65 6594 2544  
Fax : +65 6827 7800  
Email : [katherine\\_wong@sg.msig-asia.com](mailto:katherine_wong@sg.msig-asia.com)

cc : GATES UNDERWRITING AGENCY PTE LTD

This is a system generated letter, hence no signature is required.

A Member of MS & AD INSURANCE GROUP