

NATIONAL Assessment Centre Services. June 1 Jan'05, S102210008

Date In: 12/01/2021 18:04	Job description	Date & Time Completed	Done by
Ref No: NBSA/MS62100059814	SAS e-illing		
Veh No: SL 31916	E-mail (Include time, A/C time)		
D.O.A: 11/01/2021 14:00	I-Motor Claims Form		
OID: (TP) Reporting Only	I-Motor W/O (With/Out OD time, TP time)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (		Tel:	Fax:
TP Identification:	Veh No: SGR 6916R	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 supplier.
() 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) ()		

[illegible]

NA 2100-598		INVOICE	
Driver/Owner:		1) AIR: Accident Reporting (330)	
Contact No:		2) DA: Damage Assessment (3100)	ING (110)
Damaged Portion:		3) TP: Towing Fee	342.43
QC Checked by (Engr-In-Charge):		4) PT: Follow-Through Survey	117.0
		5) PT: Follow-Through Survey (Re-survey)	33.0
		6) TR: Re-inspection	77.5
		7) NI: Idea DA + SMRT Survey	116.0
		8) NTUC Additional Services	
		9) NI: Idea DA + SMRT Survey	33.0
		10) NI: Idea DA + SMRT Survey	33.0
		11) NI: Idea DA + SMRT Survey	33.0
		12) NI: Idea DA + SMRT Survey	33.0
		13) NI: Idea DA + SMRT Survey	33.0
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		91) NI: Idea DA + SMRT Survey	33.0
		92) NI: Idea DA + SMRT Survey	33.0

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	12/01/2021 18:04 (SGT)
Date of Accident	11/01/2021 14:00 (SGT)
Exact Location of Accident	1 HarbourFront Walk, Singapore 098585
Additional Location Information	BASEMENT 2 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL3191G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO SIEW KHIM (ZHAO XIUQIN)
NRIC No	SXXXX928C
Email Address	anrina_teo@yahoo.com
Mobile Phone No	(Phone) +65-86080988
Alternative Phone No	+65-86080988

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 300251338 QMY
Cover Note Number	-

DRIVER

Name of Driver	TEO SIEW KHIM (ZHAO XIUQIN)
NRIC No	SXXXX928C

Date Of Driving Pass	25/11/2005
Driving experience	15 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86080988
Alt. Phone Number	+65-86080988
Email Address	anrina_teo@yahoo.com
Address	BLK 28 LALAN KLINIK #07-71
Address complement	-
Postcode	160028
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 - Major/Minor Rd
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	STEVEN KWONG
Gender	Male

PASSENGER 2

Name	ALICIA TAN
Gender	Female

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	SGR6916R
Vehicle Manufacturer	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MR CHUA
Contact Number	(Phone) +65-87506725
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	TEO SIEW KHIM (ZHAO XIUQIN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLL3191G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	STEVEN KWONG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SLL3191G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ALICIA TAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLL3191G
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:

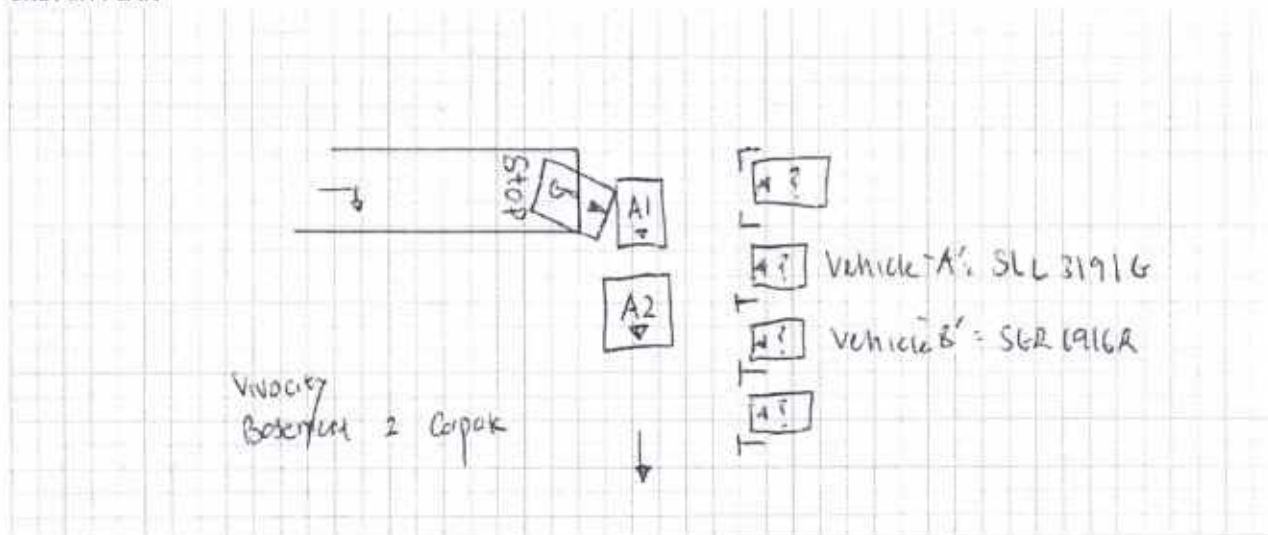


Driver's Signature
(If driver is not the policyholder)
Date & Time:


12/01/2021

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, i vehicle 'A' was travelling along my designated lane along vivacity corpak B2. As i was travelling along i suddenly felt an impact on the rear right portion of the car. I get down and realised that vehicle 'B' has collected into me. That is all.

DECLARATION

I/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:

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

Date of Accident : 11/01/2021 Accident Time: 14:00hrs (24-HR-Format)
Accident Place : Vimoth Basement 2 Car Park
Vehicle No. (Car Plate No.) : SL 31916 Make/Model: Honda Vezel 1.5X Hybrid AT
Insurance Company : MSIG Policy No: A 300249842 QMY
Owner or Company Name / IC No. : Teo Siew Khim (Zhao Xiu Qin) - 877289280
Owner or Company Contact No. : 8608 0988 Owner's Hp Company Tel
DRIVER'S Name / IC No. : Same as above
DRIVER'S Date Of Birth : 04.10.1977 DRIVER'S License Pass Date 25.11.2005
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner
DRIVER'S Address : 28 Jlnan Klinik #07-T1 S(160028)
DRIVER'S Contact No./ Alt No. : 1) 2)
DRIVER'S Occupation : ☒ INDOOR ☐ OUTDOOR (e.g. working inside or outside office)
Email Address : Anrina - Teo@yahoo.com
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): 3 pax include driver
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): all injured 1

Other Party Driver's Particular (if any)

Vehicle No: S6R 6916R (Budget Dried)	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: Mr Chua	Name Driver: _____
IC No, Driver/Contact: 8750 6725	IC No, Driver/Contact: _____

* NEW - Passenger's name & gender:

① Steven Kwong - male

② Alicia Tan - Female

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 928C

Vehicle Details

Vehicle No.: SLL3191G

Vehicle to be Exported: No

Intended Deregistration Date: 31 Jan 2021

Vehicle Make: HONDA

Vehicle Model: VEZEL 1.5X HYBRID AT ABS D/AIRBAG
2WD

Primary Colour: Silver

Manufacturing Year: 2016

Engine No.: LEB5906129

Chassis No.: RU31206120

Maximum Power Output: 112.0 kW (150 bhp)

Open Market Value: \$26,827.00

Original Registration Date: 21 Feb 2017

First Registration Date: 21 Feb 2017

Transfer Count: 0

Actual ARF Paid: \$5,000.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 20 Feb 2027

PARF Rebate Amount: \$3,750.00

Intended COE Rebate Details

COE Expiry Date: 20 Feb 2027

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$48,209.00

COE Rebate Amount: \$29,212.00

Total Rebate Amount: \$32,962.00

The information contained herein is correct as at 12 Jan 2021

OK



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 PLUS Comprehensive

Certificate No. A 300251338 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
5LL3191G

2. Name of Policyholder
Teo Siew Khim

3. Effective Date of the Commencement of Insurance for the purposes of the Act
21/02/2020

4. Date of Expiry of Insurance
20/02/2021

5. Persons or Classes of Persons entitled to drive*
Teo Siew Khim

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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

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 : SN082100008 Vehicle Registration No: SLL3191G
Name (as shown in NRIC) : Two Sam KHIM (ZHAO XIUQIN) NRIC/FIN/Passport No : SXXXX928C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 8688988
Email Address : _____
Date of Accident : 1/10/2021 Time of Accident : 18:00
Place of Accident : 1 HarbourFront Walk
Insurance Company: milky

(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:

Policy number to A 300257338 Amy

Policyholder / Driver's Signature
Date:

[Signature] 13/01/2021
Reporting Centre Personnel's Signature
Name: