

NATIONAL Assessment Centre Services. [ver 1 Jan 00] SN 09211 F 000D

Date In: 15/11/21 16:40	Job description	Date & Time Completed	Done by
Ref No NA/MSG 21000759144	SAS e-filing		
Veh No 62 9898 Y	E-mail (within 3hrs, AIC 2hrs)		
ICIA 14/11/21 14:20	I-Motor Claim Form		
OT: 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 / INC Assign Wksp / QW: (Tel: (Fax: (
TP Particulars:	Veh No: SLB 9104 Y	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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks (INC/Non-INC/CAUTION)	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	Action

MA2101121	Invoice/Repairation Charge	Amount Paid	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30);	30	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$10)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Bugr-In-Charge):	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claim against INC Only (wa 10 Jan 2003)		
	6) TR: Re-Inspection \$75		
	7) NI: Idas DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OP:		
	*N3: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (NI1): TP (Non INC) against INC \$20		
	9) NI2: Idas Mobile \$0		
	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	15/01/2021 16:40 (SGT)
Date of Accident	14/01/2021 14:20 (SGT)
Exact Location of Accident	Lor 4 Toa Payoh, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ9898Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOH JOO HIN PTE LTD
Company Reg No	-
Email Address	wendy.chee@gjh.com.sg
Mobile Phone No	(Phone) +65-65081003
Alternative Phone No	+65-65081003

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 28612035 MKC
Cover Note Number	-

DRIVER

Name of Driver	OII MIN LOONG FRANKY
NRIC No	SXXXX572I
Date Of Birth	11/12/1964
Occupation	Outdoor

Date Of Driving Pass	10/07/2000
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96692969
Alt. Phone Number	-
Email Address	FRANKYFELIX69@GMAIL.COM
Address	BLK 979B BUANGKOK CRES #08-129
Address complement	-
Postcode	532979
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 - Change/cross lane
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)	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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB9104Y
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

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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.

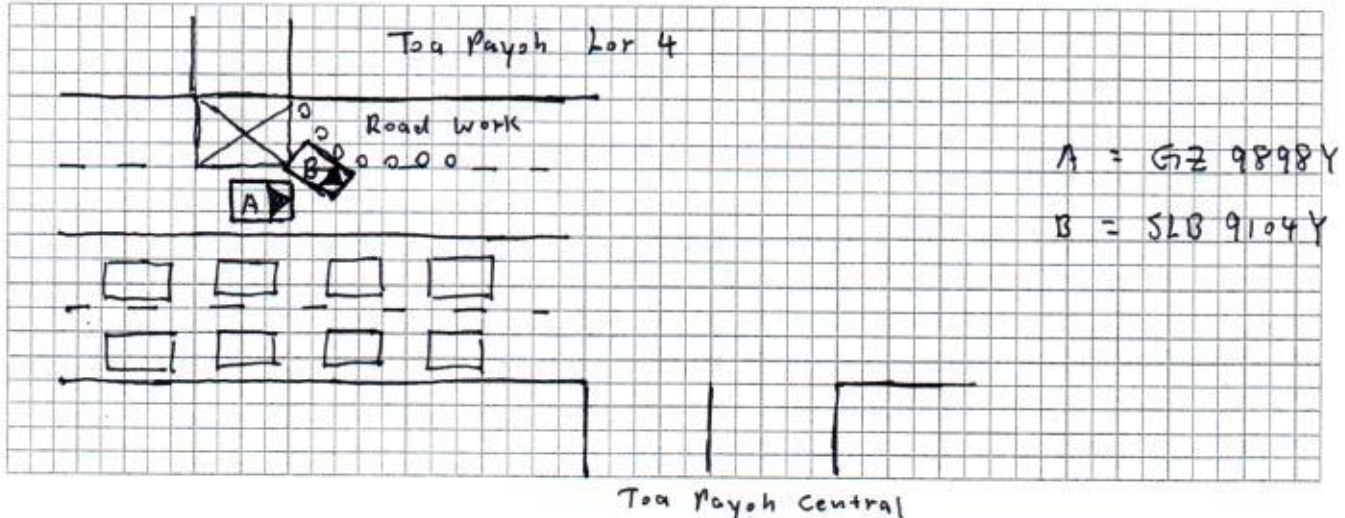


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling along Toa Payoh Lor 4 on the right lane, there was a road work on the left lane. Suddenly Veh B coming from the left lane abruptly cut into my lane. I sounded my horn, but Veh B still continue moving into my lane and hit onto my veh left front portion.

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

**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



陳兄弟保險代理有限公司
TAN BROTHERS INSURANCE AGENCIES PTE LTD
 10 ANSON ROAD, #11-16
 INTERNATIONAL PLAZA SINGAPORE 079903
 TEL: (65) 6220 1822 FAX: (65) 6224 6806
 E-MAIL: tan.brothers@tpsgroup.com.sg

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 I

COMMERCIAL VEHICLE**Comprehensive**

Certificate No. A 28612035 MKC

Excess : SGD600

1. Index Mark and Registration Number of Vehicle

GZ9898Y

2. Name of Policyholder

Goh Joo Hin Pte Ltd

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

14/09/2020

4. Date of Expiry of Insurance

13/09/2021

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is in the Policyholder's employ and 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

for Chief Executive Officer

ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 1 / 21) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: Toa Payoh Lor 4

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G2 988Y
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Toyota Hiace manual
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: working
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 65081003
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ooi Min Loong Franky (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96692969
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) _____
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: SLB 9104Y 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: _____

Franky Felix 69

Email = frankyfelix69@gmail.com

Fax =

Video = Yes

* chop

* video

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()