

NATIONAL Assessment Centre Services. Part 1 Job Card SM 092121000L

Date In: 1/2/21 16:39	Job description	Date & Time Completed	Done by
Ref No: NA/MSG 21001525/64	SAS e-filing		
Veh No: SPL 391L	E-mail (within 2hrs, AIC 2hrs)		
DDA: 29/1/21 06:50	I-Motor Claim Form		
Obj: <b>IP</b> 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		

Professional Wksp / INC Assgn Wksp / GW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Vch No: **SME 3572R** 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 repairer.

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

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

Item	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: \_\_\_\_\_

Other Comments:

MA 2101278

Item	Amount	Balance
1) AR: Accident Reporting (\$30)		30
2) DA: Damage Assessment (\$100) INC (\$80)		
3) TP: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) PT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (see 10 Jan 2007)		
6) TR: Re-Inspection \$75		
7) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
*NS: Courtesy Car / Tpt Allowance \$5		
*NG: Repair Co-ordination \$10		
*NT: Post Repair Inspection \$25		
*NB: DV / Collect Excess Coordination \$5		
*NR: DV / Collect Excess Coordination \$20		
*NI: Idao Mobile \$30		
9) NI: Idao Mobile		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

Driver/Owner: \_\_\_\_\_

Contact No: \_\_\_\_\_

Damaged Portion: \_\_\_\_\_

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors Comments: \_\_\_\_\_

2/1/21

2/2/21

# 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 ..... 01/02/2021 16:39 (SGT)  
Date of Accident ..... 29/01/2021 06:50 (SGT)  
Exact Location of Accident ..... SLE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SFL391L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHOO SOON SENG  
NRIC No ..... SXXXX924G  
Email Address ..... KHOOSOONSENG@OUTLOOK.COM  
Mobile Phone No ..... (Phone) +65-97921284  
Alternative Phone No ..... +65-97921284

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
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 ..... B 300284435 QMY  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TOH CHING TENG(DU JINGTING)  
NRIC No ..... SXXXX369H  
Date Of Birth ..... 06/07/1977  
Occupation ..... Indoor

Date Of Driving Pass	12/09/2017
Driving experience	3 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97384191
Alt. Phone Number	-
Email Address	TOHCHINGTENG@OUTLOOK.COM
Address	BLK 58 WOODLANDS DR 16 #09-20
Address complement	-
Postcode	737897
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SOON SENG
Gender	Male

PASSENGER 2

Name	CORRINNE
Gender	Female

PASSENGER 3

Name	ERICIA
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

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 .....	SME3572R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	NG TIONG THAT
NRIC No .....	SXXXX008C
Contact Number .....	(Phone) +65-93668597
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	YP6893U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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**

1. VEHICLE NO.: SFL391L  
2. INSURER CO: MSIG  
3. ACCIDENT DATE & TIME: 29/01/2021  
e 0650hrs

**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 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

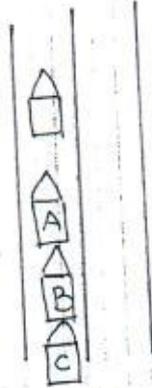
Witnessed by Reporting Centre Personnel

**Sketch Plan**

PLEASE  
TURN  
OVER

Sketch Plan

SLE towards BKE  
after Woodlands Ave 2  
Lamp-Post 617



A : SFL391L  
B : SME3572R  
C : YP6893M

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 29-01-2021 at around 0650hrs, I was travelling along SLE towards BKE after Woodlands Ave 2 near lamp-post 617.

The vehicle in front of me came to a stop, I follow suit suddenly I felt an impact on the rear portion of my vehicle.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

**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.:

Claim Own Policy     Claim Third Party     Reporting Only  
 Claim ODI at other workshop (C.S. ONG AUTO P/L)



**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 PLUS  
Comprehensive**

Certificate No. B 300284435 QMY

Excess : SGD500  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SFL391L

2. Name of Policyholder  
KHOO SOON SENG

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
31/03/2020

4. Date of Expiry of Insurance  
30/03/2021

5. Persons or Classes of Persons entitled to drive\*  
KHOO SOON SENG

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

(Pls circle where applicable)

Particular of Insured / Driver & Details of the Accident

Location of Accident: SLE towards BKE after Woodlands Ave 2 Lamppost 617  
Purpose when vehicle was used at the time of accident: Private Use  
(eg. Going Home)

Date & Time of Accident: 29-01-2021 @ 0650hrs

Details of Own Vehicle

Vehicle Registration Number: SFL391L  
Vehicle Category: Private car

Make / Model: Toyota Sienta

Claiming Own insurance: YES / NO

If No, Reporting only / Third Party Claim

Name of Preferred workshop: C.S. ONG AUTO PTE LTD Contact: 6484 1933

Insured / Policy Holder

Name of Registered Owner: KHOO SOON SENG NRIC: S7503924G  
Address: 58 Woodlands Drive 16 #09-20 La Casa S(737897)  
Mobile No: 9792 1284 Other Contact: Home No. / Office / Others: \_\_\_\_\_

Email: khoo.soonseng@outlook.com

Driver

Name of Driver: TOH CHING TENG (DU JINGTING) NRIC/ Fin: S7718369H  
Driving License Pass Date: 12-Sep-2017 DOB: 06-Jul-1977  
Address: BLK 58 Woodlands Drive 16 #09-20 La Casa S(737897)  
Occupation: INDOOR / OUTDOOR Mobile No: 9738 4191  
Gender: MALE / FEMALE Other Contact: Home No. / Office / Others: \_\_\_\_\_

Email: tohchingteng@outlook.com

Driver an employee: YES / NO If no, what is relationship with the policyholder: Spouse  
*If Driver is a policyholder, please kindly ignore this question*

Insurance Company

Fleet Policy: YES / NO Policy Number: B 300284435 Type of Coverage: Comprehensive  
QMY

General information of Accident

Type of Accident: HEAD-REAR / SIDE SWIPE / OTHERS: \_\_\_\_\_

Weather Conditions: CLEAR / RAINING / OTHERS: \_\_\_\_\_

Road Surface: DRY / WET

Any video captured by car camera?: YES / NO

\*Any witness?: YES / NO

Any police report made: YES / NO

\*Injured party: YES / NO (\*If Yes, pls provide name & tel)

*For Injured Party details, it must be supported by police report*

No. of Passenger (Including Driver): 4

Details of Passenger 1

Name of Passenger: Soon Seng

Gender: Male

Details of Passenger 3

Name of Passenger: Ericia

Gender: Female

Details of Other Vehicle Property 1

Vehicle Registration No: SMG3572R

Vehicle Make / Model / Colour: MITSUBISHI Attrage

Name of Driver: Ng Tiong That

No. of Passenger (Including Driver): 2

NRIC: S2561008C

Contact Number: 9366 8597

Nature of Damage: Slightly Damaged

Vehicle Category: Private Car

Details of Passenger 2

Name of Passenger: Corinne

Gender: Female

Details of Passenger 4

Name of Passenger: \_\_\_\_\_

Gender: \_\_\_\_\_

Details of Other Vehicle Property 2

YP6893U

Hino Lorry

Kaliyaperumal Ayyappan

Unknown

G6750377K

-

Slightly Damaged

Commercial Vehicle