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OD / P ! Reporting Only	i-Photo Uploade	ed				
	Assessment/Surve	ey Report				
TP Insurer:	Ass't Report by E	ax / Hand to	Owner/Wksp			
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SN09214J000D / National Assessment Centre Services [408933] ENTRY DATE & TIME: 19/04/2021 14:33 (SGT) SUBMITTED BY: Liew Shan Hul VERSION: 1 (19/04/2021 14:33 (SGT))



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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

19/04/2021 14:33 (SGT) 16/04/2021 15:30 (SGT) Ubi Ave 1, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMG4808U

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

Company Reg No

Email Address

Mobile Phone No

Alternative Phone No

Yes

BLISS AUTO

5XXXX142B

BLISSAUTO@LIVE.COM (Phone) +65-97918833

+65-97918833

VEHICLE PARTICULARS

Manufacturer

Model

Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle?

Vehicle Category

Transmission

CC

Mercedes

E200

Employment

No - Claiming third party

Private car

Auto

2000

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

MSIG Insurance (Singapore) Pte. Ltd.

ThirdParty

No

A 300202076 MTR

DRIVER

Name of Driver

NRIC No

ONG SEE POH SXXXX755G

Accident report SN09214J000D

Page 1 of 14

Date Of Birth

Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

01/01/1972

11/06/1997

23 YEARS AND 10 MONTHS

(Phone) +65-97918833

BLISSAUTO@LIVE.COM

Collision - Head to Rear

87 PASIR RIS GROVE #01-15

Outdoor

Male

518213

Employee

No

No

Clear

Dry

No

No

Yes

1

No

No

No

2

No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

Contact Number

Address

Address complement

SLD978R

Private car

Accident report SN09214J000D

Page 2 of 14

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

S A C	m H
Policyholder's Signature / Date & Driver's Signature (If Time & Time	driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel
	Industrial Park
-> 23 0/6/ P	2 1 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0 7 0
-	(AKB)
USi Ave 1	(B) SMG 4808 U (B) SLD 978 R

0. 16 /0.1/2001 -1 1 1 1 1 1 1 1 1 1 1 1
On 16/04/2021 at about 1530 hrs at along Ubi Ave
1 towards Upi Road 3 before No 53 Paya Ubi
Industrial Pork. I was travelling on the above mentioned
road and when my front vehicle slow down and stop
hence I follow suit. Suddenly I felt a great impact
from the Rear and when I alighted, I realised
that it was behide (B) who hit outo my Rear
P. 4. 1 (1) 1 (1)
Partion of my vehicle (A) causing damages to
mis indicate
my vehicle.
(A) SMG 4808 U
(B) SLD 978 R
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your
your own comprehensive policy. Please check your policy for more information.

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 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.

MOTOR TRADE (ROAD RISK) MotorTrade Road Risk Third Party Only Contract

Certificate No.

A 300202076 MTR

Excess : NIL

Excess . IVIL

Windscreen Excess: NIL

1. Index Mark and Registration Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

Bliss Auto

 Effective Date of the Commencement of Insurance for the purposes of the Act 15/12/2020

4. Date of Expiry of Insurance

24/10/2021

Persons or Classes of Persons entitled to drive*

*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.

Limitations as to Use *

Use only for Motor Trade purposes. The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.

N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

* 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.

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.

Annroyed Insurers

Craig Ellis Chief Executive Officer

Effective date :15/12/2020 A 300202076 MTR Certificate No. Name of drivers 1. Phua Boon Hwa 2. Teng Boon Leng (Deng Wenlong) 3. Ong See Poh (Wang Cibao) 4. Phua Boon Hong (Pan Wenfeng) Page 1



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

MOTOR TRADE (ROAD RISK)

ENDORSEMENT

Insured

Address

: Bliss Auto

Date of Issue

: 15/12/2020

Policy No.

: A 300202076 MTR

: 10 Kaki Bukit Road 2

Account No.

: 3367

#01-27 First East Centre

Premium

Period of Insurance: 25/10/2020 to 24/10/2021

Singapore 417868

: SGD220.92

(inclusive of GST)

Business

Type of Cover

: Third Party Only - Motor Vehicle

RISK NUMBER 1

Registered Owner

: Bliss Auto

Trade Plate No.

Item	Named Driver	Identification No.	Date of Birth	Driving License Year
1	Phua Boon Hwa	2	*	18
2	Teng Boon Leng (Deng Wenlong)	12	2	
3	Ong See Poh (Wang Cibao)	197	12	₹
4	Phua Boon Hong (Pan Wenfeng)	959	2	

Sum Insured

: NIL

Windscreen

: NIL

Windscreen Excess : NIL

No Claim Discount

: 20%

Annual Premium

: SGD1,440.00

Excess

: SGD500 (Third Party Liability Deductible)

Authorized Driver(s) : As per Insured Details

Limitations As To Use: Use only for Motor Trade purposes and for social domestic and pleasure purposes. The Policy does

not cover use for hire or reward racing pace-making reliability trial or speed-testing. N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

ENDORSEMENT NOTE



Business Filing Portal Of ACRA

SEARCH ACRA REGISTER FOR ENTITIES AND PUBLIC ACCOUNTANT

Home > Search ACRA Register

Search ACRA Register

All

Enter UEN or Name

BLISS AUTO

Entity Public Accountant

Filter By Entity Type

All

protected by reCAPTCHA

Entity Searched Results

Filter by O Reset

KC Back Next 3)

Showing 1 - 1 of 1 Rows

Show 1

Name : BLISS AUTO(n.k.a)

BLISS CARS(f.k.a)

UEN

: 53201142B

Status : LIVE

Address : 28B DOVER CRESCENT, #16-41, DOVER GARDENS, SINGAPORE 132028

②: RETAIL SALE OF MOTOR VEHICLES EXCEPT MOTORCYCLES AND SCOOTERS

Data Protection Officer(s) : Click here for more information

Other Information

Showing 1 - 1 of 1 Rows

Show 1

Pls email to Mg3 solution@gmail.com

	Date of Accident	Accident Time: 15-50 (24-HR-Format)
	Accident Place	Ubi Ave I towards Ubi Rd 3 before
	Vehicle Reg. No. (Car Plate No.)	Sm64808 U Paya Ubi Industrial 1
	Vehicle Make/Model	: MERCEDES BENZ EXOD
	Insurance Company	: MSIG Policy No. A 300202076 MTR
	Owner or Company Name /IC No.	: BLISS AUTO / 53201142B
	Owner or Company Contact No.	Owner's Hp Company Tel
	DRIVER'S Name / IC No.	: ONG SEE POH / 57200755G
	DRIVER'S Date Of Birth	: 01/01/1972 DRIVER'S License Pass Date
	Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
	DRIVER'S Address	: 87 PASIR RIS GROVE #01-15 S(518213.
	DRIVER'S Contact No./ Alt No.	:1) 9791 8833 2)
	DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
	Email Address	: blissanto@live.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):
	Was there any video Captured by Exact purpose for which vehicle w	car camera: YES \ NO vas being used at the time of accident: Private use \ Work purpose
	Other	Party Driver's Particular (if any)
(B)	Vehicle Reg. No: SLD 978	R Vehicle Reg. No:
	Vehicle Make Model:	Vehicle Make\Model:
	Name Driver:	Name Driver:
	IC No. Driver:	
	Driver's Contact & Add:	Driver's Contact & Add: