

NATION 17 Assessment Centre Services

Date In <u>19/04/21</u>	Job description	Date & Time Completed	Done by
Ref No <u>NA/MSG21004889/13</u>	SAS e-filing		
Veh No <u>56V7016K</u>	E-mail (w/Spec. Mats. Ad. 2hrs)		
D.O.A <u>16/04/21</u> <u>1110</u>	i-Motor Claim Form		
OD <u>TP</u> Reporting Only	i-Motor W/O (Within QI: 2hrs TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SM529275

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% F: 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 repairer.

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

Drive-In (

) / Towed-In (

) ; Invoice: YES (

) / NO (

) ; Towing Co. (

)

Remarks:-

(INC hotline: 6788 6616)

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	Actions

	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30 For claiming against INC Only (wef 10 Jan 2005)		
Auditors' Comments :-	6) TR : Re-inspection \$75		
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	8) NTUC Additional Services:- Q1: *N5: Courtesy Car / Tpt Allowance \$5 *N6: Repair Co-ordination \$10 *N7: Post Repair Inspection \$25 *N8: DV / Collect Excess Coordination \$5 TP (N11) : TP (Non INC) against INC \$20 9) N12: Idac Mobile \$30		
	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	19/04/2021 17:08 (SGT)
Date of Accident	16/04/2021 11:10 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(CITY)B4 BRADDELL ROAD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7016K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	ACE SEMI-TOOL PTE LTD
Company Reg No	2XXXXX902E
Email Address	NEVTBY@GMAIL.COM
Mobile Phone No	(Phone) +65-84799419
Alternative Phone No	+65-84799419

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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
Transmission	Auto
CC	1799

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 80431973 MCX
Cover Note Number	-

DRIVER

Name of Driver	PARK JUHA
Passport No/FIN	GXXXX472U

Date Of Birth	10/09/1980
Occupation	Indoor
Date Of Driving Pass	22/09/2012
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84799419
Alt. Phone Number	-
Email Address	NEVTBY@GMAIL.COM
Address	LAVERNS LOTH
Address complement	#05-04 LOR L TELOK KURAU
Postcode	425509
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLS REFER TO THE ATTACHED 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	SMS2927J
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGK1904U
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	PARK JUHA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SGV7016K
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 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

CTE(CITY) B4 BRADDELL ROAD EXIT

VEH A: SGV 7016 K

VEH B: SMS 2927 J

VEH C: SGK 1904 U




ON 16 APRIL 2021 AT 11:10AM, I WAS ON CTE (CITY) BEFORE
BRADDEL ROAD EXIT DRIVING VEH A (SGV 7016K). I STOPPED MY
VEHICLE BEHIND TRAFFIC. SUDDENLY I FELT A HUGE IMPACT FROM
MY REAR. GETTING HIT BY VEH B (SMS 2924J).
THE IMPACT LUNGED MY VEHICLE FORWARD AND HIT ONTO VEH C
(SGK 1904U).

We declare the foregoing particulars are true in every respect.



are true in every respect.



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

Witnessed by Reporting Centre
Personnel

Date of Accident : 16-4-21 Accident Time: 11:10am (24-HR-Format)
 Accident Place : CTE (city) before Braddel road exit
 Vehicle No. (Car Plate No.) : SGV 7016K Make/Model: Honda Civic
 Insurance Company : MSIG Policy No: A 80431973 MCX
 Owner or Company Name / IC No. : Ace Semi-Tool Pte Ltd
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : Park Juhua (G0811472U)
 DRIVER'S Date Of Birth : 10-9-80 DRIVER'S License Pass Date 22-9-12
 Relationship of Owner & Driver : Spouse \ Parent \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : Laverns Road Lot #105-04 Lor L Telok Kurau.
 DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : nevby@gmail.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): 1

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at time of accident: Private use \ Work Purpose

Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: veh B SMS 29273

Vehicle Make \Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

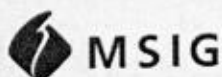
Vehicle. No: veh C SGR 1904U

Vehicle Make \Model: _____

Name Driver: _____

IC No. Driver/Contact: _____

* **NEW – Passenger's name & gender:**



MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way #21-01 SGX Centre 2 Singapore 068907
Tel: (65) 6827 7888 Fax: (65) 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.4
Company Ownership

MOTORMAX-COMMERCIAL Comprehensive

Certificate No. A 80431973 MCX

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SGV7016K
2. Name of Policyholder
Ace Semi-Tool Pte Ltd
3. Effective Date of the Commencement of Insurance for the purposes of the Act
25/06/2020
4. Date of Expiry of Insurance
24/06/2021
5. Persons or Classes of Persons entitled to drive*
Park Juha

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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG
AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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.



Signature / Date

Counter-Signatory:

Insurepac Associates Pte. Ltd.

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.

XIAPLTHV2020061709593095

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies

**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

MOTORMAX-COMMERCIAL**RENEWAL INVITATION**

Policy Number	Renewal Period of Insurance	Expiry Date	Place of Issue
A 80431973 MCX	25/06/2020 to 24/06/2021	24/06/2020	SINGAPORE
Name and Address of Insured			Date of Issue
Ace Semi-Tool Pte Ltd 48 Mactaggart Road #10-02 Singapore 368088			03/04/2020
			Client Number
			90161957
			Account Number
			156160
Premium	GST		Premium Payable
SGD1,092.47	SGD76.47		SGD1,168.94

RISK NUMBER 1**MOTORMAX-COMMERCIAL****SCOPE OF COVER** Comprehensive**INTEREST INSURED**

REGISTRATION NO.	SGV7016K	SUM INSURED	MARKET VALUE
MAKE/MODEL	Honda Civic 1.6 VTI AUTO	INCL. COE/PARF	YES
ENGINE NUMBER	R16A12001555	OFF-PEAK CAR	NO
CHASSIS NUMBER	JHMFDA6207S200856	NO CLAIM DISCOUNT	30.00% (or F/D)
YEAR OF MFG	2007	NCD PROTECTOR	NOT COVERED
CAPACITY	1595 C.C.	EXCESS	SGD500
SEATING CAPACITY	5 (INCL. DRIVER)	ANNUAL PREMIUM	SGD1,092.47
WINDSCREEN	UNLIMITED		

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Park Juha

Any other person provided he is driving on the Insured's order or with the Insured's permission.

LIMITATION AS TO USE

Use only for social domestic and pleasure purposes and for the Insured's business.

The Policy does not cover use for hire or reward racing pace-making