

# NATIONAL Assessment Centre Services

Date In: 14/06/21	Job description	Date & Time Completed	Done by
Ref No: N/A/MSG21006666/13	SAS e-filing		
Veh No: SEU 648R	E-mail (w/other. Stat. AP, 2005)		
DOA: 12/06/21 1340	i-Motor Claim Form		
OD: (IP) 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: Vch No: XE954L 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:-	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

Claimant's Particulars :-	Invoice Preparation Checklist		Ant (\$)	Ant
			1st Bill	Add
Driver/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100);	INC (\$90)		
Damaged Portion:	3) TF: Towing Fee	\$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey)	\$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)			
Cat 2/3:	6) TR: Re-inspection	\$75		
	7) N1: Idac DA + SMRT Survey	\$160		
	8) NTUC Additional Services:-			
	OD*			
	*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	\$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	14/06/2021 15:49 (SGT)
Date of Accident	12/06/2021 13:40 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	(CITY)B4 BRADDELL
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU648R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SKU648R
NRIC No	SXXXX356H
Email Address	xingchenxingchen@hotmail.com
Mobile Phone No	(Phone) +65-97959778
Alternative Phone No	+65-97959778

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
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	1598

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 29144494 ATM
Cover Note Number	-

### DRIVER

Name of Driver	GOH HONG QUAN
NRIC No	SXXXX329B

Date Of Birth	18/09/1999
Occupation	Outdoor
Date Of Driving Pass	21/03/2019
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97333709
Alt. Phone Number	-
Email Address	GOH.HONGQUAN1@GMAIL.COM
Address	BLK 297C CHOA CHU KANG AVE 2
Address complement	#11-88
Postcode	683297
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210613/7011

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE954L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	TAN BAN KEWN
NRIC No	SXXXX376D
Contact Number	(Phone) +65-81255083
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	SDG54K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	AN TSIN YIN CONSTANCE
NRIC No	SXXXX381Z
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	GOH HONG QUAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SKU648R
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 willful 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 :

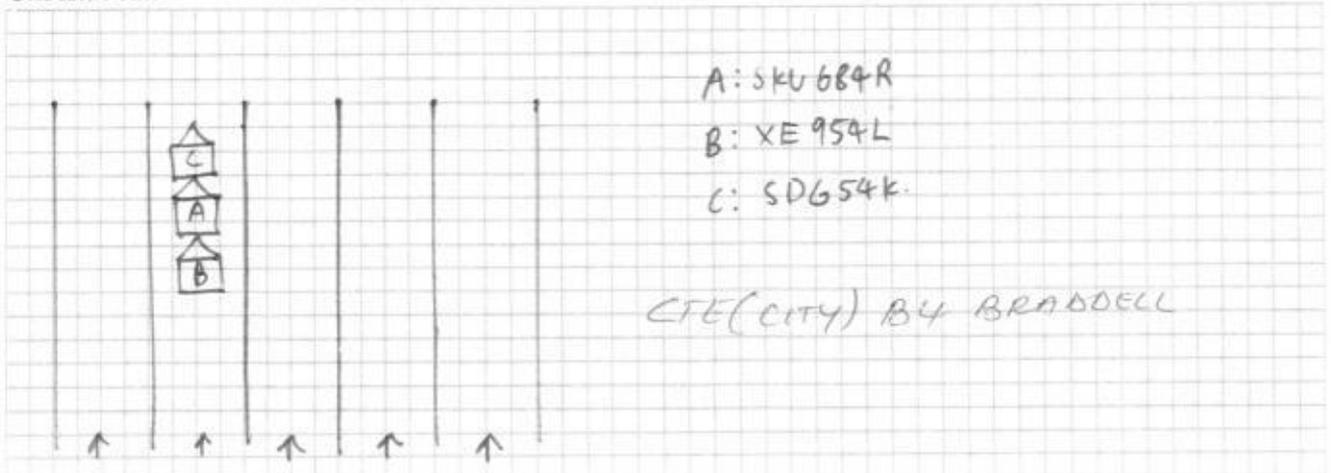
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

*[Signature]* 12/6/2021 *[Signature]* *[Signature]* 14/06/21  
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

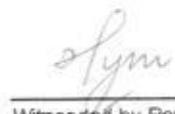
Refer to attach Police report.

**Declaration**

We declare the foregoing particulars are true in every respect.

 12/6/2021  
Policyholder's Signature / Date & Time

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

 14/06/21  
Witnessed by Reporting Centre Personnel



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 4  
Report No. T/20210613/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/06/2021 14:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: GOH HONG QUAN		Address: 297C CHOA CHU KANG AVENUE 2 #11-88 SINGAPORE 683297	
ID Type / ID No.: NRIC NO / S9929329B		Contact No.:	Mobile: 97333709
Nationality: SINGAPORE CITIZEN		Email: GOH.HONGQUAN1@GMAIL.COM	
Sex: Male	Age: 21	Date of Birth: 18/09/1999	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: National Service Full Time		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/06/2021 13:40	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SDG54K	Car	TOYOTA	Black	Black	Slightly Damaged	0
SKU648R	Car	TOYOTA	Altis	Silver	Totally Damaged	0



Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210613/7011

**CONTINUATION OF REPORT**

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
XE954L	Tipper truck	IVECO		White	Slightly Damaged	0

<b>Details of Person Involved</b>						
Any Pedestrian Involved: No						
No. of Pedestrians Injured: NIL				Use of Pedestrian Crossing: NA		
<b>Driver</b>						
Name	AN TSIN YIN CONSTANCE			ID No.	S7036381Z	
Related Vehicle	SDG54K (Car)			Contact No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL		
<b>Driver</b>						
Name	GOH HONG QUAN			ID No.	S9929329B	
Related Vehicle	SKU648R (Car)			Contact No.	97333709	
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	12/06/2021			Date	12/06/2021	
No. of Days granted Medical Leave	05		Degree of	Slight		
<b>Driver</b>						
Name	TAN BAN KEWN			ID No.	S1253376D	
Related Vehicle	XE954L (Tipper truck)			Contact No.	NIL	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL			Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL		



**SINGAPORE  
POLICE FORCE**



T/20210613/7011

3 of 4

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210613/7011

**CONTINUATION OF REPORT**

Brief Details.

I was travelling on the fourth lane of the five lane road when the vehicle in front of me applied brakes. I followed suit and was able to stop in time but a tipper truck from the rear failed to do so and collided into the rear of my vehicle and caused it to surge forward and hit the vehicle in front of me. I sought medical attention the same day at Mount Alvernia and was awarded five days of medical leave. I have a video footage to validate my claims.



**SINGAPORE  
POLICE FORCE**



T/20210613/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

4 of 4

Report No. T/20210613/7011

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
TAY CHUN KEEN  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
13/06/2021 14:13

Classification Of Case:

Date of Accident : 12 June 2021 Accident Time: 1340 HRS (24-HR-Format)

Accident Place : (TE (City) before Braddel

Vehicle No. (Car Plate No.) : SKU 648R. Make/Model: Toyota Altis

Insurance Company : MSIG Policy No: A 29144494 ATM.

Owner or Company Name /IC No. : Lau Choon Foon / 57170356 H.

Owner or Company Contact No. : 97959778. Owner's Hp - - - Company Tel

DRIVER'S Name / IC No. : Goh Hong Quan / S9929329 B

DRIVER'S Date Of Birth : 18 Sep DRIVER'S License Pass Date 21 March 2014.

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Son

DRIVER'S Address : 297C Choa Chu Kang Avenue 2. #11-88, S (683 297)

DRIVER'S Contact No./ Alt No. : 1) 97333709. 2) \_\_\_\_\_

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : Xingchenxingchen@hotmail.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 the accident reported to the police? YES \ NO

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): Driver

**Other Party Driver's Particular (if any)**

Vehicle No: <u>XE 9542.</u>	Vehicle No: <u>SDG 54K.</u>
Vehicle Make/Model: <u>Iveco</u>	Vehicle Make/Model: <u>Toyota Harrier.</u>
Name Driver: <u>Tan Ban Yew (S1253376D)</u>	Name Driver: <u>An Tsin Yin Constance</u>
IC No. Driver/Contact: <u>8125 5083</u>	IC No. Driver/Contact: <u>S7036381Z</u>

\* NEW - Passenger's name & gender:

## 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.X.1

Individual Ownership

Toyota DriveElite2  
 Comprehensive

Certificate No. A 29144494 ATM

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 SKU648R

2. Name of Policyholder  
 Lau Choon Foon

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 29/06/2020

4. Date of Expiry of Insurance  
 28/06/2022

5. Persons or Classes of Persons entitled to drive\*

Lau Choon Foon  
 Goh Chin Liang  
 Goh Hong Quan

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.

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or any workshop of your choice. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

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