

NATIONAL Assessment Centre Services

SNo 9217000B

Date In	21/7/21 18:30	Job description	Date & Time Completed	Done by
Ref No	NA/MS/071007829/V	SAS e-filing		
Veh No	SMN 70934	E-mail (within 3 hrs, N/A, 2 hrs)		
DOA	20/7/21 14:08	i-Motor Claim Form		
OD	Reporting Only	j-Motor W/O (Within: OD 2hrs, TP 4hrs)		
		i-Photo Uploaded		
TP Insurer:		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FE 6429Y	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 or 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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) RT: 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) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	9) NI: Idac Mobile \$10		
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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	21/07/2021 18:30 (SGT)
Date of Accident	20/07/2021 14:08 (SGT)
Exact Location of Accident	Punggol Way, Singapore
Additional Location Information	TOWARDS TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7093H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	JUMIRAN BIN SUKIYAR
NRIC No	SXXXX076I
Email Address	CHRONO.AD86@GMAIL.COM
Mobile Phone No	(Phone) +65-96557526
Alternative Phone No	+65-96557526

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1500

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300334698 QMY
Cover Note Number	-

DRIVER

Name of Driver	SURIN ADAM MAX JUNIOR
NRIC No	SXXXX166D

Date Of Birth	19/09/1986
Occupation	Indoor
Date Of Driving Pass	02/12/2014
Driving experience	6 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82010226
Alt. Phone Number	-
Email Address	CHRONO.AD86@GMAIL.COM
Address	BLK 230 PASIR RIS ST 21 #07-46
Address complement	-
Postcode	510230
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE6429Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods 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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SURIN ADAM MAX JUNIOR
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SMN7093H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Date of Accident: 20/07/21 Accident Time: 1408 (24-HR-FORMAT)
Accident Place: Punggol way towards +Pc.
Vehicle Reg. No (Car plate No.): SMN 70934 Vehicle Make/Model: HONDA / FIT
Insurance Company: MSIG Policy No: A300334698 QMY
Name of Registered Owner: Company / Individual JUMIRAN BIN SUKIYAR.
ID of Registered Owner: Co Reg No: — Owner's NRIC No: S1125076 I
Co Contact No: — Owner's Contact No: 96557526
DRIVER'S Name: SURIN ADAM MAX JUNIOR DRIVER'S NRIC No: S6127166 D
DRIVER'S Date of Birth: 19/09/1986 DRIVER'S License Pass Date: 02/12/2014
Relationship bet. Owner & Driver: Spouse (Parents) Children Sibling Employee Others:
DRIVER'S Address: BLK 230 PEAR AIS ST 21 #07-46 S510230.
DRIVER'S Contact No./ Alt No.: 1) 82010226. 2) /
DRIVER'S Occupation: INDOOR OUTDOOR (eg. working inside or outside of an office)
Email Address: CHRONO.ADB6@GMAIL.COM
Weather & Road Surface: CLEAR & DRY RAINING & WET WINTER RAIN & WET
Reporting Type: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including Driver): 1 Injured Person: Surin Adam Max Junior
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

Other Party Driver's Particulars (if any)

Vehicle Reg No: XE6H29Y
Vehicle Make/Model: _____
Name DRIVER: PANG WEE SOON
IC No. DRIVER: F79997BDM
DRIVER'S Contact & add: _____

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC No. DRIVER: _____
DRIVER'S Contact & add: _____

email: claims@revauto.com.sg

**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.** A 300334698 QMY**Excess :** SGD500**Windscreen Excess :** SGD100

1. **Index Mark and Registration Number of Vehicle**
SMN7093H

2. **Name of Policyholder**
Jumiran bin Sukiyar

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
26/08/2020

4. **Date of Expiry of Insurance**
25/08/2021

5. **Persons or Classes of Persons entitled to drive***
Jumiran bin Sukiyar

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. 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 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

SKETCH PLAN

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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

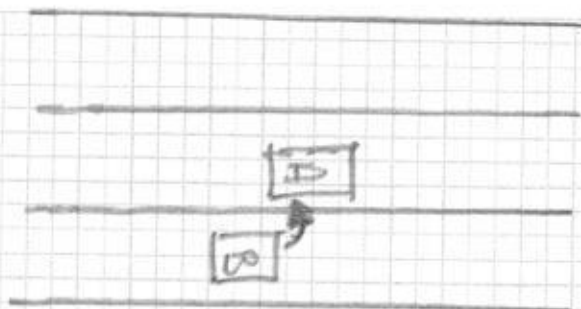
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SMN 7093H

B: XE6429Y



Punggol way.

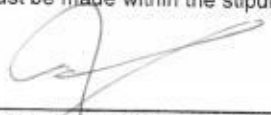
Describe Circumstances of the Accident


I was travelling home along Punggol ^{way} towards Tpe all of a sudden a felt an huge impact on the right of my vehicle and I stop immediately and alight to check. My whole right portion vehicle was damage due to the big truck. Both parties exchange particulars and agreed with insurance claim.


Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


Policyholder's Signature / Date & Time


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


Witnessed by Reporting Centre Personnel