

NATIONAL Assessment Centre Services

1st 1 Jan 2021

240821920002

Date In: 02/09/2021 11:46	Job description	Date & Time Completed	Done by
Ref No: XBA/M8621009284	SAS e-Milling		
Veh No: GT/1115H	E-mail (by date time, A/C time)		
D.O.A: 01/09/2021 10:05	I-Motor Claim Verin		
	I-Motor W/O (Withlet OD 3hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VV/Ins		

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW:

TP Insurer/Type

Veh No:

SME 25DY

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 reputation

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

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

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3,000] ()

Injury:

Driver/Owner:

Contract No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Signature

Date

Time

Initials

Stamp

Notes

Comments

Other

Item	Amount	Available
1) All Accident Insurance (50%)		
2) BA Damage Assessment (\$100)	\$100	
3) PT Following Up	\$130	
4) PT Follow Through Survey	\$30	
5) PT Follow Through Survey (Resurvey)		
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Fee Charged
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	02/09/2021 11:46 (SGT)
Date of Accident	01/09/2021 10:05 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TOWARDS CHANGI BEFORE STEVEN ROAD EXIT LAMP POST 948
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT1115H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SPECTRON PTE LTD
Company Reg No	2XXXXX335M
Email Address	sales@spectron.com.sg
Mobile Phone No	(Phone) +65-96171880
Alternative Phone No	+65-96171880

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2488

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300221174 MKC
Cover Note Number	-

DRIVER

Name of Driver	LAI BOON HONG (LAI WENFANG)
----------------	-----------------------------

NRIC No	SXXXX926F
Date Of Birth	27/03/1978
Occupation	Outdoor
Date Of Driving Pass	02/12/2002
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96171880
Alt. Phone Number	-
Email Address	sales@spectron.com.sg
Address	BLK 206 CLEMENTI AVENUE 6 #14-99
Address complement	-
Postcode	120206
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Head to Rear
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLEASE REFER TO SKETCH PLAN

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	SME2572Y
Vehicle Manufacturer	Hyundai
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) -

SKETCH PLAN

IMPORTANT NOTICE

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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

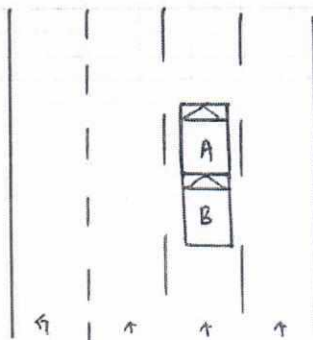
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE (Changi) before Steven Road Exit Lamp
Post 948

Vehicle A: GT1115H

Vehicle B: SME25724



Describe Circumstances of the Accident

On the stated date & time, I, vehicle A (GT1115H) was travelling at the stated location on lane 2. As the front vehicle slowed down & came to a stop, I followed suit. Suddenly, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (SME2572Y) collided onto the rear portion of my vehicle causing damages.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten Signature]

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

[Handwritten Signature]
Witnessed by Reporting Centre Personnel

Date of Accident : 01/09/2021 Accident Time: 1005hrs (24-HR-FORMAT)
 Accident Place : PIE (change) before Steven Road Exit Lamp Post 948
 Vehicle Reg. No (Car plate No.) : GT1115H Vehicle Make/Model: Nissan NV350
 Insurance Company : MSIA Policy No. A 380221174 MKC
 Name of Registered Owner : Company / Individual Spectron Pte Ltd
 ID of Registered Owner : Co Reg No: 200661335m Owner's NRIC No: -
 Co Contact No: - Owner's Contact No: 96171880
 DRIVER'S Name : Lai Boon Hong (Lai Wenfang) DRIVER'S NRIC No: S7807926F
 DRIVER'S Date of Birth : 27 March 1978 DRIVER'S License Pass Date 03 Dec 2002
 Relationship bet. Owner & Driver : Spouse / Parents / Children / Sibling / Employee / Others: owner
 DRIVER'S Address : APT B1K 206 Clementi Avenue 6 #14-99 Singapore 120206
 DRIVER'S Contact No / Alt No. : 1) 96171880 2) -
 DRIVER'S Occupation : INDOOR / OUTDOOR (eg. working inside or outside of an office)
 Email Address : Sales @ spectron . com . sg
 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): 01 Passenger Name: _____ Gender: M/F
 Was the accident reported to the police? YES / NO Passenger Name: _____ Gender: M/F
 Was there any video Captured by car camera: YES / NO Any Injuries: YES / NO Injured Name: _____
 Injured Name: _____
 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: SME 2572Y
 Vehicle Make/Model: Hyundai
 Name DRIVER: _____
 IC No. DRIVER: _____
 DRIVER'S Contact & add: _____

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

Other Party Driver's Particulars (if any)

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

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



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.

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 300221174 MKC

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
GT1115H

2. Name of Policyholder
Spectron Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
18/12/2020

4. Date of Expiry of Insurance
17/12/2021

5. Persons or Classes of Persons entitled to drive*

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 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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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.
Approved Insurers

Craig Ellis
Chief Executive Officer