

NATIONAL Assessment Centre Services

REF: 133 / 1

Date In: 06/09/21	Job description	Date & Time Completed	Done by
Ref No: NA/MS621009347/13	SAS e-filing		
Veh No: SC A5914H	E-mail (within 2hrs. AP 2hrs)		
D.O.A: 04/09/21 1530	i-Motor Claim Form		
OD: (TP) Reporting Only	i-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: FBM57754	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	Amt (\$) 1st Bill	Amt (\$) 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		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	*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 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. 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	06/09/2021 16:29 (SGT)
Date of Accident	04/09/2021 15:30 (SGT)
Exact Location of Accident	Kaki Bukit Ave 1, Singapore
Additional Location Information	JUNCTION OF JALAN DAMAI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA5914H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIM SENG CHOON @ LAI KIM CHANG
NRIC No	SXXXX121G
Email Address	ronsim93@gmail.com
Mobile Phone No	(Phone) +65-96871732
Alternative Phone No	+65-96871732

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezei
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	1498

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 29072549 QMX
Cover Note Number	-

DRIVER

Name of Driver	RON SIM ZHAO RONG
NRIC No	SXXXX576H



Date Of Birth	10/07/1993
Occupation	Indoor
Date Of Driving Pass	18/02/2013
Driving experience	8 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82880139
Alt. Phone Number	-
Email Address	ronsim93@gmail.com
Address	2 JALAN SINGA
Address complement	-
Postcode	418081
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	Side Swipe
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

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	FBM5775Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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.

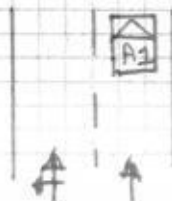
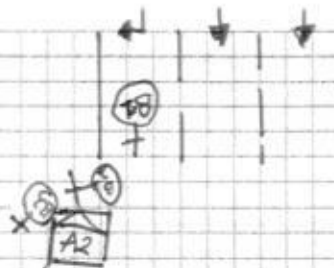
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle: SLA5914H
Vehicle: FBH5775Y



Describe Circumstances of the Accident

Handwritten notes in the accident description area:

- At the junction
- XD
- Peter

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

 06/09/21

Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I , VEHICLE A (SLA5914H)
WAS TRAVELLING STRAIGHT ON THE STATED VENUE.
SUDDENLY , VEHICLE B (FBM5775Y) MAKE A RIGHT TURN
FROM THE OPPOSITE DIRECTION WITHOUT CHECKING FOR
THE TRAFFIC CLEARANCE AND COLLIDED ONTO MY VEHICLE
FRONT AND FRONT LEFT PORTION.

VEHICLE A : SLA5914H

VEHICLE B : FBM5775Y

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0931960009 Vehicle Registration No: SLA5914H
Name (as shown in NRIC): RUN SIM ZHAO RONG NRIC/FIN/Passport No: SXXXXXS 76H
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate 418081
Address: 2 JALAN SINGA 21808 Singapore ()
Contact (Tel): _____ Mobile No.: 82880139
Email Address: _____
Date of Accident: 04/09/21 Time of Accident: 15:30
Place of Accident: JUNC OF KAKI BUKIT AVE 1 & JALAN AMMAI
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND OWNER IC NO: 506781214

Policyholder / Driver's Signature
Date:

2/ym 07/09/21

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

Date of Accident : 4/9/2021 Accident Time: 15:30hrs (24-HR-Format)
Accident Place : Junction of Kaki Bukit Ave 2 & Jln Damai
Vehicle No. (Car Plate No.) : SLA5914H Make/Model: Honda Vezel
Insurance Company : mslg Policy No: A 29072549 Qmx
Owner or Company Name /IC No. : Sim Seng Choon (506781216)
Owner or Company Contact No. : 9687 1732 Owner's Hp : — Company Tel : —
DRIVER'S Name / IC No. : Ron Sim Zhao Rong (593245764)
DRIVER'S Date Of Birth : 10/7/1993 DRIVER'S License Pass Date : 18 Feb 2013
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
DRIVER'S Address : 2 Jahan Singa (S) 418081
DRIVER'S Contact No./ Alt No. : 1) 8288 0139 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : ronsim93@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): 01
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): N.I

Other Party Driver's Particular (if any)

Vehicle No: <u>FBM 5775Y (B)</u>	Vehicle No: <u>—</u>
Vehicle Make/Model: <u>—</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>—</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>—</u>	IC No. Driver/Contact: <u>—</u>

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

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.1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 29072549 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLA5914H

2. Name of Policyholder
Sim Seng Choon @ Lai Kim Chang

3. Effective Date of the Commencement of Insurance for the purposes of the Act
07/03/2021

4. Date of Expiry of Insurance
06/03/2022

5. Persons or Classes of Persons entitled to drive*

Sim Seng Choon @ Lai Kim Chang

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.

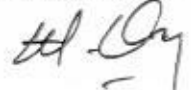
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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 08/02/2021

Counter-Signatory:
OLH Agency Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


Amy Ler
Senior Vice President, Agencies

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.

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