

NATIONAL Assessment Centre Services, Inc. SN 09219000B

Date In: 27/9/21 18:42	Job description: ✓ SAS e-illing	Date & Time Completed:	Done by:
Ref No: XBA MSG 21010035/TI	E-mail (e-mail Alt, Alt Alt)		
Veh No: SMM 9267R	1-Motor Claim Form		
D.O.A: 24/9/21 16:00	1-Motor W/O (Within 60 days, TP 4hrs)		
(1) TP Reporting Only	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Assessment Report by Fax/Hand to Owner/Vehicle		

Preferred Wksp / INC Assgn Wksp / OW:		Tel:	Fax:
TP Insurer:	Veh No: SJF 56274	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 Referral 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 > \$3000) ()	

Injury:	

Driver/Owner:	1) All Accident Information (50%)
Contract No:	2) All Survey Information (\$100) INC ()
Damaged Portion:	3) TP Following Up \$120
	4) PT Follow-up with Survey \$120
	5) PT Follow-up with Survey (Resurvey) \$30
	6) PT Follow-up with Survey (Resurvey) \$75
	7) PT Follow-up with Survey (Resurvey) \$160
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QC Checked by (Engin-Charge):	1) All Accident Information (50%)
	2) All Survey Information (\$100) INC ()
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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	27/09/2021 18:42 (SGT)
Date of Accident	24/09/2021 16:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	307A TAMPINES ST 32 MSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9267R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHONG SHIH AN, SHARON
NRIC No	SXXXX955E
Email Address	SHARON_ENEN@YMAIL.COM
Mobile Phone No	(Phone) +65-98503848
Alternative Phone No	(Office) +65-98503848

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1591

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A300472570QMX
Cover Note Number	-

DRIVER

Name of Driver	CHONG SHIH AN, SHARON
NRIC No	SXXXX955E

Date Of Birth	17/04/1988
Occupation	Indoor
Date Of Driving Pass	15/02/2006
Driving experience	15 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98503848
Alt. Phone Number	(Office) +65-98503848
Email Address	SHARON_ENEN@YMAIL.COM
Address	BLK 43 SIMS DRIVE
Address complement	#07-201
Postcode	3800043
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	Tampines Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005871999
Alt. Police Station Phone No	(Fax) +65-65871699
Police Station Address	6 Tampines Ave 4 Singapore 529682
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT POLICE REPORT NO:T/20210925/2000

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	SJF5622Y
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) -

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

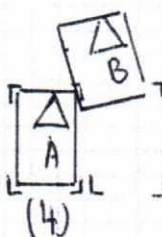
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

Vehicle A: SMM 9267R

Vehicle B: STJ 5622Y



Deck 1A of 307A

Tampines St 32 MSCP

Describe Circumstances of the Accident

— Refer to Police Report —
T/20210925/2000

Declaration

I/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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20210925/2000

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20210925/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2021 00:17		Vide Report No.:		Station Diary No.: 2	
Informant's Particulars					
Name of Informant: CHONG SHIH AN, SHARON			Address: APT BLK 43 SIMS DRIVE #07-201 SINGAPORE 380043		
ID Type / ID No.: NRIC NO / S8812955E			Contact No.: Home/Office: Mobile: 98503848		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 33	Date of Birth: 17/04/1988	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BANKER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/09/2021 16:00	Type of Location: Car Park
Location: TAMPINES STREET 32				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF5622Y	Car	KIA	RIO 1.4L MT 2WD 4DR	Green		0
SMM9267R	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) ELITE	White		0



**SINGAPORE
POLICE FORCE**



T/20210925/2000

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20210925/2000

CONTINUATION OF REPORT

Brief Details.

On 24/09/2021 at about 1650hrs, I was informed by my father in law that my white Hyundai Avante vehicle sustained a dent at front right bumper below the light casing and had a green colour graze mark.

At about 2200hrs, My husband I decided to search the for any green vehicle with white scratches on the left rear bumper. We managed to locate the said vehicle which is KIA Green in colour (Registration No: SJF5622Y) at Deck 3A and lot 136. I suspected that the said vehicle might had hit my vehicle and did not leave any note to inform of the incident.

The vehicle was been used by my father in law for the past two days and did not realized when retrieving the vehicle at the carpark. I believed that the incident might happened between 23/09/2021 at 1000hrs and 24/09/2021 at 0800hrs as the my vehicle remain stationary at Deck 1A (carpark lot 4)of the said multi storey carpark.

I am lodging the report as I believed this is a hit and run case.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20210925/2000

3 of 3

Report No. T/20210925/2000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
G /
Sr Staff Sgt MUHAMMAD
FIRDAUS BIN MISWAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**

Signature Of Informant:

Date/Time:
25/09/2021 00:17

Classification Of Case:

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 09 / 2021 (DD/MM/YYYY), TIME: 16 : 00 (HH:MM)

LOCATION: 307A Tampines St 32 mscp.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: Smm 9267R.
 b) INSURANCE COMPANY: MSIA.
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Hyundai Avante.
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Chong Shin An Sharon (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8812955E CONTACT: 98503848
 c) ADDRESS: 43 Sims Drive #07-201 S(380043)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 17 / 04 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15 / 02 / 2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Tampines NPC.

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: STF 56224 MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(0)

* No of passenger
 (including driver)
(unknown)

* No of passenger
 (including driver)
()

email = sharon-enen@gmail.com

fax =



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 Comprehensive

Certificate No. A 300472570 QMX

Excess : SGD500

Windscreen Excess : SGD100

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

SMM9267R

2. **Name of Policyholder**

Chong Shih An Sharon

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**

03/09/2021

4. **Date of Expiry of Insurance**

02/09/2022

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

Chong Shih An Sharon

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 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 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