

# NATIONAL Assessment Centre Services

Date In: 27/10/21	Job description	Date & Time Completed	Done by
Ref No: CA/MSG21611020/13	SAS e-filing		
Veh No: SKV1624	E-mail (within 8hrs. A/C 2hrs)		
DOA: 26/10/21 1810	i-Motor Claim Form		
<input checked="" type="radio"/> 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: VEN9960 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

Claimant's Particulars :-	Invoice Preparation Checklist	
	Amt (\$) 1st Bill	Amt (\$) 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) FT: Follow-Through Survey (Resurvey) \$30	
Cat. 1:	6) TR: Re-inspection \$75	
Cat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OP*	
	*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 date / 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	27/10/2021 17:53 (SGT)
Date of Accident	26/10/2021 18:10 (SGT)
Exact Location of Accident	Bukit Batok Street 52, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKV162U

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORSIAH BINTE IMAM MRS RUSLY SJAICHUDIN
NRIC No	SXXXX090E
Email Address	norsiah_imam@ats-grp.com
Mobile Phone No	(Phone) +65-98628849
Alternative Phone No	+65-98628849

#### VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C200
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1991

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300352176 QMY
Cover Note Number	-

#### DRIVER

Name of Driver	NORSIAH BINTE IMAM MRS RUSLY SJAICHUDIN
NRIC No	SXXXX090E

Date Of Birth	16/02/1957
Occupation	Indoor
Date Of Driving Pass	08/09/1990
Driving experience	31 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-98628849
Alt. Phone Number	+65-98628849
Email Address	norsiah_imam@ats-grp.com
Address	20 BUKIT BATOK ST 52
Address complement	#13-02
Postcode	659244
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	VEN9960
Vehicle Category	Private car

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hong Kah North Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18005679999
Alt. Police Station Phone No	(Fax) +65-65652508
Police Station Address	Blk 370 Bukit Batok Street 31 #01-201 Singapore 650370
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211026/2109

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	VEN9960
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEONG
Contact Number	(Phone) +65-84184381
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 promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized 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 if needed.

### 3. 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 be 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 the 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 claim;
  - (ii) investigating the accident and/or my claim;
  - (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 the accident and the Insurers' lawyers/law firms, may be 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 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

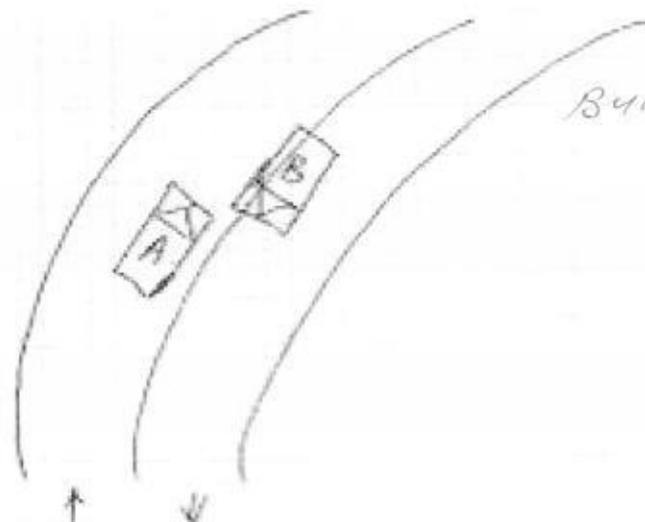
Sketch Plan

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

*Slym 27/10/21*

A - SKV162U  
B - VEN9960



BUKIT BATOK ST 52

Describe Circumstances of the Accident

Refer to police report T/2021/026/2109

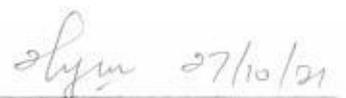
Declaration

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/20211026/2109

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20211026/2109

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKV162U	MSIG INSURANCE (SINGAPORE) PTE. LTD	300352176	14/09/2021	13/09/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	NORSIAH BINTE IMAM		ID No.	S1274090E
Related Vehicle	SKV162U (Car)		Contact No.	98628849
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	LEONG		ID No.	NIL
Related Vehicle	VEN9960 (Car)		Contact No.	84184381
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 26/10/2021 at about 1809hrs, I was driving my vehicle bearing the registration plate SKV162U, going up the slope to deck 4 at the carpark in the condo. I then made a right turn and suddenly felt an impact and realized that I have collided into another vehicle bearing the registration plate VEN9960 on my right. The carpark was dark and has not much lighting. The right portion of my vehicle collided into the right portion of the other vehicle. Nobody was injured. I have an in car camera that is working at the point of time. The bumper on the right side of my vehicle, the bonnet and the lower right portion of the vehicle was damaged. The right headlight was broken as well.



**SINGAPORE  
POLICE FORCE**



T/20211026/2109

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679999

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Report No. T/20211026/2109

**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 J/ Sgt 3 YEO YULIN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable 	Date/Time: 26/10/2021 21:48
Officer In Charge Of Case: TP / AEIT / SSI TAY CHUN KEEN Contact No.: 65476436	Classification Of Case:

Authentication Stamp  
NP168



Callie

VEHICLE NO: <u>8KV162U</u>	MAKE & MODEL: <u>Mercedes C200</u>	<u>ATP</u> / MANUAL
DATE OF ACCIDENT	<u>26 / 10 / 2021</u>	<u>CC 2000</u>
TIME OF ACCIDENT	<u>1810</u>	<u>AM / PM</u>
LOCATION OF ACCIDENT	<u>Bait Bait Street 52</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE</u>	
NAME OF OWNER	<u>NORSIAH BINTE JAMALI</u>	
EMAIL	<u>norsiah_wan@ats-grp.com</u>	Office
MOBILE	<u>812740902</u>	MOBILE <u>98628849</u>
CLAIM TYPE	<u><u>OD</u> / THIRD PARTY / REPORTING ONLY</u>	
FLEET POLICY	<u>YES / <u>NO</u></u>	
INSURANCE CO	<u>MSIG</u>	
TYPE OF COVERAGE	<u><u>Comprehensive</u> / Third Party / Third Party Fire &amp; Theft</u>	
POLICY NO		
NAME OF DRIVER	<u><u>AS ABOVE</u> / IF NO</u>	
DATE OF BIRTH		
ANY PASSENGER	<u>YES / <u>NO</u></u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / <u>Indoor</u></u>	
DATE OF DRIVING PASS		
GENDER	<u>Male / <u>Female</u></u>	
CONTACT NO	<u>Mobile</u>	<u>Office</u> <u>Home</u>
EMAIL		
ADDRESS		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO / If yes, Reg No</u>	<u>INSURER</u>
RELATIONSHIP	<u>Employee / If No</u>	
WEATHER CONDITION	<u><u>Clear</u> / Raining / Other</u>	
ROAD SURFACE	<u><u>Dry</u> / Wet / Other</u>	
ANY INJURIES	<u><u>No</u> / If yes, Who?</u>	
CONVEYED BY AMBULANCE	<u><u>No</u> / If yes, Who?</u>	
POLICE REPORT	<u><u>NO</u> / <u>Yes</u> Where?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO / IF YES, WHO?</u>	
VEHICLE B NO	<u>VEN 9960</u>	Any Passenger: <u>0</u>
NAME		
CONTACT NO		
VEHICLE C NO	Any Passenger: _____	
VEHICLE D NO	Any Passenger: _____	
VEHICLE E NO	Any Passenger: _____	
VEHICLE F NO	Any Passenger: _____	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
<b>**WORKSHOP:</b>		
Have you been approach by unknown person soliciting (s)?	YES / NO	
offering accident claims assistance?	YES / NO	



**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 300352176 QMY

Excess : SGD700

Windscreen Excess : SGD100

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

SKV162U

**2. Name of Policyholder**

Norsiah binte Imam Mrs Rusly Sjaichudin

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

14/09/2021

**4. Date of Expiry of Insurance**

13/09/2022

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

Norsiah binte Imam Mrs Rusly Sjaichudin

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