

NATIONAL ASSESSMENT CENTER EMPLOYERS

SA108213M0005

Date In: 22/11/2021 16:57
 Ref No: 1681M8210118637
 SMC 9087E
 Date: 22/11/2021 12:15

Job Description	Build & Run Completed	Done by
SAS e-illing		
Employer/Agent/Owner		
Motor Claim Admin		
Motor W/O (Vehicle ID No, Yr, Make)		
Police Uploaded		
Assessment/Repair Report		
Assessment Report by Max/Email to Owner/Agent		

(1) TP Reporting Only

TP Insured

Preferred Warrant No / Affiliates / DWI

TP Insured/Agent	Y/N	Y/N	NO	/NON-NO
Owner/Driver				
Policy No		Period		Cover Type
Continued by		Date		Year
Insured/Driver Liability		% (Non-Use 50% (WO) NI 0-20% PI 21-79% PI 80-100%)		
Year of Registration		Warranty YES	/NO	
License (\$)		Loading \$1,000	/ \$2,000	

Walk-In Customer / Customer Information Policy Complaint & Policy No for o/repulsion	
Total Loss Case / to email insurer URGENTLY	
Drive-In	/Follow-Up
Involves YES	/NO
1) Apply for Treatment Allowance / Courtesy Car	
2) QO Check/Post Repair Inspection	
3) Upload Repair Photo (Repair Costs > \$3,000)	

Injury	

Driver/Owner	1) Addendum/Endorsement (50)	
Continued No	2) Addendum/Endorsement (500)	
Continued Portion	3) Addendum/Endorsement (500)	
	4) Addendum/Endorsement (500)	
	5) Addendum/Endorsement (500)	
	6) Addendum/Endorsement (500)	
	7) Addendum/Endorsement (500)	
	8) Addendum/Endorsement (500)	
	9) Addendum/Endorsement (500)	
	10) Addendum/Endorsement (500)	
	11) Addendum/Endorsement (500)	
	12) Addendum/Endorsement (500)	
	13) Addendum/Endorsement (500)	
	14) Addendum/Endorsement (500)	
	15) Addendum/Endorsement (500)	
	16) Addendum/Endorsement (500)	
	17) Addendum/Endorsement (500)	
	18) Addendum/Endorsement (500)	
	19) Addendum/Endorsement (500)	
	20) Addendum/Endorsement (500)	

QC Checked by (Bing-Li-Chen)

TP Insured

TP Insured

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	22/11/2021 16:55 (SGT)
Date of Accident	22/11/2021 12:15 (SGT)
Exact Location of Accident	Bishan Rd, Singapore
Additional Location Information	TOWARDS BISHAN MRT BEFORE LAMP POST 88
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS9687E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TAN HIAP SENG
NRIC No	SXXXX741Z
Email Address	aden.1111@yahoo.com
Mobile Phone No	(Phone) +65-81811332
Alternative Phone No	+65-81811332

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 80479079 QMX
Cover Note Number	-

DRIVER

Name of Driver	TAN HIAP SENG
NRIC No	SXXXX741Z

Date Of Birth	28/06/1963
Occupation	Indoor
Date Of Driving Pass	07/08/1989
Driving experience	32 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81811332
Alt. Phone Number	+65-81811332
Email Address	aden.1111@yahoo.com
Address	BLK 273 PASIR RIS STREET 21 #07-509
Address complement	-
Postcode	510273
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	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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MIN AUNG NEINGWIN
Gender	Male

PASSENGER 2

Name	NG TIN KEONG
Gender	Male

PASSENGER 3

Name	YEP YISHEN
Gender	Male

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	YN9887D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial 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)	-

SKETCH PLAN

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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.

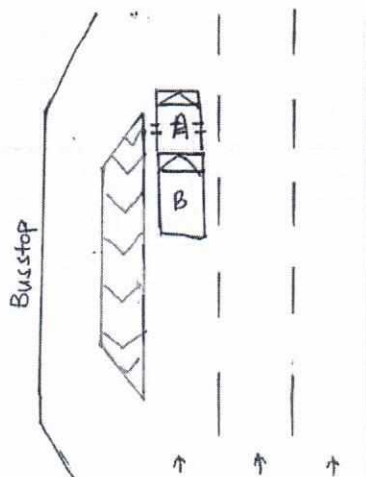
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Bishan Road towards
Bishan MRT before Lamp
Post 88



vehicle A: SMS9687E


vehicle B: YN9887D


Describe Circumstances of the Accident

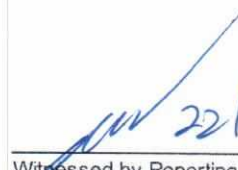
On the stated date & time, I, vehicle A (smc9687E) was travelling straight at the stated location on the 3rd lane. As there was a bus coming out from the busstop, I slowed down and came to a stop to give way for the bus. Out of sudden, I felt an impact from the rear portion of my vehicle. I alighted & realised vehicle B (YN9887D) collided onto the rear portion of my vehicle causing damages. The impact causing my rear windscreen shattered and fall all over to the baby car sit that I put on the rear boot.

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

 22/11/2021
Witnessed by Reporting Centre Personnel

Date of Accident : 22/11/2021 Accident Time: 1215 hrs (24-HR-FORMAT)

Accident Place : Bichan Road towards Bichan MRT before Lamp Post 88

Vehicle Reg. No (Car plate No.) : SMS9687E Vehicle Make/Model: Honda Shuttle

Insurance Company : MSIG Policy No. A80479079 QMX

Name of Registered Owner : Company / Individual Tan Hap Seng

ID of Registered Owner : Co Reg No: - Owner's NRIC No: S1590741Z

: Co Contact No: - Owner's Contact No: 81811332

DRIVER'S Name : Tan Hap Seng DRIVER'S NRIC No: S1590741Z

DRIVER'S Date of Birth : 28 Jun 1963 DRIVER'S License Pass Date 07 Aug 1989

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Other: owner

DRIVER'S Address : APT Blk 273 Pasir Ris Street 21 #07-506 S (510273)

DRIVER'S Contact No / Alt No. : 1) 81811332 2) -

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : aden.1111@yahoo.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
min Aung Neing Win (m)

Number of Passengers (including Driver): 04 Passenger Name: Ng Tin Keong Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: Yep Nishen 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: <u>YN9887D</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No DRIVER: <u>-</u>	IC No DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>-</u>	Vehicle Reg No: <u>-</u>
Vehicle Make/Model: <u>-</u>	Vehicle Make/Model: <u>-</u>
Name DRIVER: <u>-</u>	Name DRIVER: <u>-</u>
IC No DRIVER: <u>-</u>	IC No DRIVER: <u>-</u>
DRIVER'S Contact & add: <u>-</u>	DRIVER'S Contact & add: <u>-</u>



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

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 80479079 QMX

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMS9687E

2. Name of Policyholder
TAN HIAP SENG

3. Effective Date of the Commencement of Insurance for the purposes of the Act
24/03/2021

4. Date of Expiry of Insurance
23/03/2022

5. Persons or Classes of Persons entitled to drive*

TAN HIAP SENG

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

Counter-Signatory:
S & M Alliance 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.

XSNMMSQ2021030810059340