

# NATIONAL Assessment Centre Services

|                                     |  |                       |         |
|-------------------------------------|--|-----------------------|---------|
| Date In: <b>21/12/2021</b>          | Job description                          | Date & Time Completed | Done by |
| Ref No: <b>CA / MSG 21012948/r3</b> | SAS e-filing                             |                       |         |
| Veh No: <b>G8G 4833B</b>            | E-mail (within 8hrs, Aft. 2hrs)          |                       |         |
| D.O.A: <b>21/12/2021 13:40</b>      | i-Motor Claim Form                       |                       |         |
| OD: <b>TP Reporting Only</b>        | 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: <b>SLJ 7241E</b>                                 | 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 (\$)<br>1st Bill | Amt (\$)<br>Add Bill |
|--|---|----------------------|----------------------|
| <b>Claimant's Particulars :-</b>       | 1) AR : Accident Reporting (\$30);              |                      |                      |
|  | 2) DA : Damage Assessment (\$100); INC (\$80)   |                      |                      |
| <b>Driver/Owner:</b>                   | 3) TF : Towing Fee \$40/\$45                    |                      |                      |
|  | 4) FT : Follow-Through Survey \$120             |                      |                      |
| <b>Contact No:</b>                     | 5) RT : Follow-Through Survey (Resurvey) \$30   |                      |                      |
|  | For claiming against INC Only (wef 10 Jan 2005) |                      |                      |
| <b>Damaged Portion:</b>                | 6) TR : Re-inspection \$75                      |                      |                      |
|  | 7) N1 : Idac DA + SMRT Survey \$160             |                      |                      |
|  | 8) NTUC Additional Services:-                   |                      |                      |
|  | Q1*   |                      |                      |
| <b>QC Checked by (Engr-In-Charge):</b> | *N5: Courtesy Car / Tpt Allowance \$5           |                      |                      |
|  | *N6: Repair Co-ordination \$10                  |                      |                      |
|  | *N7: Post Repair Inspection \$25                |                      |                      |
| <b>Auditors' Comments :-</b>           | *N8: DV / Collect Excess Coordination \$5       |                      |                      |
| <b>Cat. 1:</b>                         | TP (N11) : TP (Non INC) against INC \$20        |                      |                      |
| <b>Cat. 2 / 3:</b>                     | 9) N12: Idac Mobile \$0                         |                      |                      |
|  | 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 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              | 21/12/2021 16:27 (SGT)              |
| Date of Accident                | 21/12/2021 13:40 (SGT)              |
| Exact Location of Accident      | Singapore                           |
| Additional Location Information | BETWEEN CHANGI ROAD AND STEVEN ROAD |
| Country/State of Loss           | Singapore                           |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | GBG4833B |
|-----------------------------|----------|

#### INSURED/POLICYHOLDER

|                          |                              |
|--------------------------|------------------------------|
| Is company?              | Yes                          |
| Name Of Registered Owner | OSIM INTERNATIONAL PTE. LTD. |
| Company Reg No           | 1XXXXX191N                   |
| Email Address            | ng_saiho@yahoo.com.sg        |
| Mobile Phone No          | (Phone) +65-67476866         |
| Alternative Phone No     | (Office) +65-67476866        |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Nissan                    |
| Model  | Nv200                     |
| 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   | 1461                      |

#### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | B 29151910 ACX                       |
| Cover Note Number         | -                                    |

#### DRIVER

|                |           |
|----------------|-----------|
| Name of Driver | NG SAI HO |
| NRIC No        | SXXXX689G |

|  |                         |
|--|-------------------------|
| Date Of Birth  | 25/11/1976              |
| Occupation   | Outdoor                 |
| Date Of Driving Pass   | 28/10/1997              |
| Driving experience   | 24 YEARS AND 2 MONTHS   |
| Gender   | Male                    |
| Mobile Number  | (Phone) +65-91817638    |
| Alt. Phone Number  | -                       |
| Email Address  | ng_saiho@yahoo.com.sg   |
| Address  | BLK 99 OLD AIRPORT ROAD |
| Address complement   | #09-209                 |
| Postcode   | 390099                  |
| Is the driver the policyholder?                              | No                      |
| If No, Relationship of the Driver with the Insured           | Employee                |
| 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

#### REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

|   |     |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera?   | Yes |
| Was there any audio recorded?                 | No  |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLJ7241E             |
| Vehicle Manufacturer        | Toyota               |
| Vehicle Model               | -                    |
| Vehicle Variant             | -                    |
| Vehicle Colour              | -                    |
| Vehicle Category            | Private car          |
| Name of Driver              | LIM YONGDA, DOMINIC  |
| NRIC No                     | SXXXX247G            |
| Contact Number              | (Phone) +65-97700895 |
| Address                     | -                    |

## 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 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 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

A = GBG 4833B  
B = SLJ 7241E  
Between Changi Road & Steven Road.



**Describe Circumstances of the Accident**

I was travelling along Changi PIE near Steven Road then suddenly vehicle B ~~overtake me~~ from the 3rd lane overtake to the 2nd lane and ~~was~~ jam brake. I was unable to stop on-time because the vehicle B <sup>was</sup> too close to mine <sup>hand</sup> ~~my~~ vehicle ~~and~~ hit onto the rear portion of vehicle B.

**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

R 21/12/21

Witnessed by Reporting Centre Personnel



## ACCIDENT STATEMENT

ACCIDENT DATE: 21 / 12 / 2021 (DD/MM/YYYY), TIME: 13 : 40 (HH:MM)

LOCATION: Between Changi Road & Steven Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G8G 48338  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: B 29151910 ACX  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Nissan ~~Almera~~ (M) NV200 (1461cc)  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
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: OSIM International Pte. Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 198304191N CONTACT: 6747 6866 (o)  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Ng Sai Ho (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 7638689G CONTACT: 9181 7638  
c) ADDRESS: Blk 99 Old Airport Road #09-209 (S) 390099

\* d) DATE OF BIRTH: 25 / 11 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 28 / 10 / 1997

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

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: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ 7241 E MODEL: Toyota  
b) DRIVER'S NAME: Lim Yongda, Dominic  
c) NRIC/FIN/PASSPORT: S 8302247 G CONTACT: 9770 0895

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = ng\_saiho@yahoo.com.sg

fax = \_\_\_\_\_

VIDEO = Yes

**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

Your Broker:



Aon Singapore Pte. Ltd.

2 Shenton Way #26-01

SGX Centre 1

Singapore 068804

T +65 6221 8222 / F +65 6224 1700

Co. Reg. No. 198301525W

## 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.

Form M.Z.300  
 Goods Carrying Vehicle - Sch 1

Aon Commercial Vehicle - Fleet  
 Comprehensive

Certificate No. B 29151910 ACX

Excess : SGD750

1. Index Mark and Registration Number of Vehicle  
 GBG4833B

2. Name of Policyholder  
 OSIM International Pte. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 01/07/2021

4. Date of Expiry of Insurance  
 30/06/2022

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 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 Risks and Compensation) Act (Chapter 189) and Section 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 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.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer