

NATIONAL Assessment Centre Services

Date In: 29/12/2021	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CA/MSG 21013277/r3	E-mail (within state AP: 2hrs)		
Veh No: G8B 4811R	i-Motor Claim Form		
DOA: 28/12/2021 16:50	i-Motor W/O (within 01: 2hrs, TP: 4hrs)		
QID TP: Reporting Only	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: SMQ 2861A	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	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: 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		
at 1:	For claiming against INC Only (wef 10 Jan 2005)		
at 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*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 \$10		
	Invoice dated	Fee Charged	
	Issued 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	29/12/2021 14:33 (SGT)
Date of Accident	28/12/2021 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SWANAGE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4811R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JAVINI PTE. LTD.
Company Reg No	1XXXXX937R
Email Address	nyangkoonchuan@gmail.com
Mobile Phone No	(Phone) +65-63441141
Alternative Phone No	(Office) +65-63441141

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Starex
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2497

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	A 300433577 MKC
Cover Note Number	-

DRIVER

Name of Driver	NYANG KOON CHUAN
NRIC No	SXXXX070B

Date Of Birth	28/02/1958
Occupation	Indoor
Date Of Driving Pass	12/06/1978
Driving experience	43 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91071141
Alt. Phone Number	-
Email Address	nyangkoonchuan@gmail.com
Address	20 BEDOK NORTH DRIVE
Address complement	#04-14
Postcode	465496
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BOSS
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	STAFF
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

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	SMQ2861A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	(Phone) +65-81630061
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

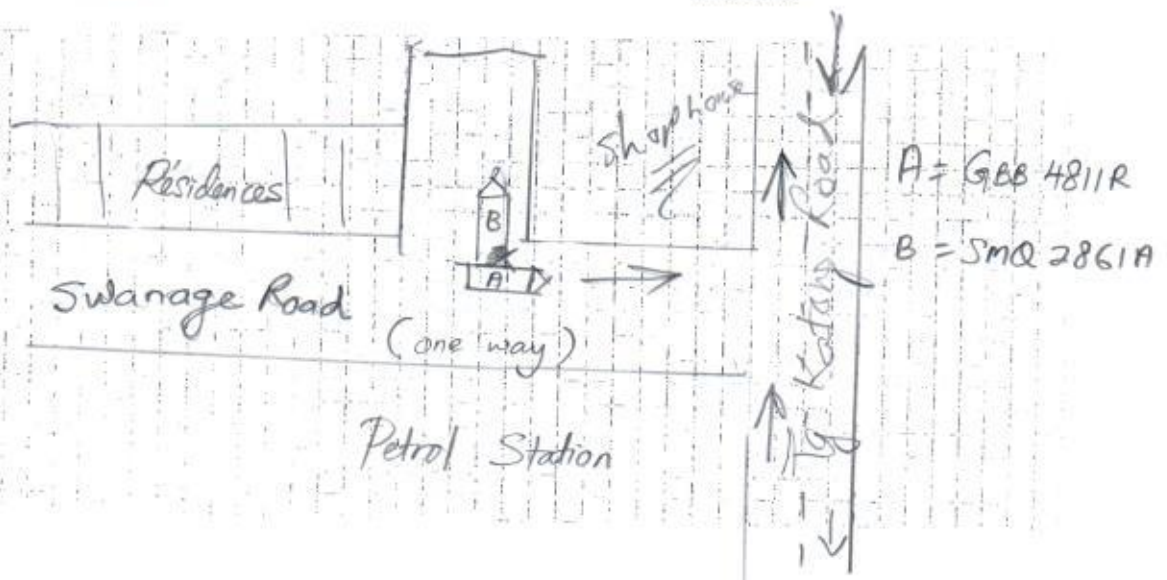
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was travelling at Swanage Road twds Tg Katong Road and accidentally sideswipe vehicle B which parked at empty space.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

my 28/12/21

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

R 29/12/21

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

(4:50pm)

ACCIDENT DATE: 28 / 12 / 2021 (DD/MM/YYYY), TIME: 16 : 50 (HH:MM)

LOCATION: Swanage Road

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBB 4811R

b) INSURANCE COMPANY: MSIG

c) POLICY NUMBER: A 300433577 MKC

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Hyundai H1 Starex

(Auto/manual)

(2497cc)

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: working purpose

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: Javini Pte. Ltd.

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 198900937R

CONTACT: 6344 1141

c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: Nyang Koon Chuan

(MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S2205070B

CONTACT: 9107 1141

c) ADDRESS: 20 Bedok North Drive #04-14 (S) 465496

*d) DATE OF BIRTH: 28 / 02 / 1958 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12/6/1978

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: boss

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: Sma 2861A

MODEL:

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT:

CONTACT: 8163 0061

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER:

MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT:

CONTACT:

* No of passenger
(including driver)

(2)

1) Staff (m)

* No of passenger
(including driver)

()

* No of passenger
(including driver)

()

Email = nyangkoonchuan@gmail.com

fax =

VIDEO = NO



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

COMMERCIAL VEHICLE RENEWAL CERTIFICATE

Insured	: Javini Pte. Ltd.	Date of Issue	: 12/04/2021
Address	: 188-7 Tanjong Katong Road Singapore 436990	Policy No.	: A 300433577 MKC
		Account No.	: 3425
		Period of Insurance	: 27/04/2021 to 26/04/2022
		Premium	: SGD1,574.27
		(inclusive of GST)	

Business
Tailor/Dressmaker

RISK NUMBER 1

Registration No.	: GBB4811R	Year of Registration	: 2009
Make/Model	: Hyundai H1 Starex Van 2.5 CRDI	Capacity	: 1.2 TON
Engine No.	: D4CB9487998	Seating Capacity	: 05 (Incl. Driver)
Chassis No.	: KMFVBH7JR9U150016		
Type of Cover	: Third Party Fire and Theft	Sum Insured	: Market Value at the Time of Loss
No Claim Discount	: NIL	NCD Protector	: Not Covered
Annual Premium	: SGD1,471.28		
Excess	: NIL		
Authorized Driver(s)	: Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		
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.		

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Third Party Fire & Theft

It is agreed that the indemnity granted under Section I of this Policy is limited to loss or damage arising out of fire, external explosion, self-ignition, lightning, burglary, housebreaking or theft.

It is further understood and agreed that Section I-2 of this Policy is deemed to be cancelled.

This Policy is renewed for the period shown above.
Subject to the terms, exceptions and conditions of the Policy.

Replacing Policy No. : 10292439

SIGNED FOR AND ON BEHALF OF THE COMPANY

A handwritten signature in black ink, appearing to read 'Craig Ellis', is written over a horizontal line.

Craig Ellis
Chief Executive Officer
MSIG Insurance (Singapore) Pte. Ltd.