

NATIONAL Assessment Centre Services

Date In: 05/01/2022	Job description:	Date & Time Completed:	Done by:
Ref No: CA/MSG 22000168/m4	SAS e-filing		
Veh No: SLM 8371R	E-mail (within 8hrs. Aft 2hrs)		
D.O.A: 05/01/2022 12:30	i-Motor Claim Form		
OD: (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: SDX 1730X	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 (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments :-	*N8: DV / Collect Excess Coordination \$5		
Cat 1:	TP (N11) : TP (Non INC) against INC \$20		
Cat 2/3:	9) N12: Idac Mobile 30		
	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	05/01/2022 17:04 (SGT)
Date of Accident	05/01/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN BAHAR BESIDE JURONG POLICE HQ
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8371R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	OH BOON KHIM
NRIC No	SXXXX147E
Email Address	evanoh@mensa.org.sg
Mobile Phone No	(Phone) +65-97113229
Alternative Phone No	+65-97113229

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 29149701 ATM
Cover Note Number	-

DRIVER

Name of Driver	OH BOON KHIM
NRIC No	SXXXX147E



Date Of Birth	08/10/1974
Occupation	Indoor
Date Of Driving Pass	30/06/1998
Driving experience	23 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97113229
Alt. Phone Number	+65-97113229
Email Address	evanoh@mensa.org.sg
Address	APT BLK 589D MONTREAL DRIVE
Address complement	#07-118
Postcode	754589
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

PLS REFER TO THE ATTACHED STATEMENT

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	SDX1730X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHF237H
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	GBG24X
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLC7580M
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	OH BOON KHIM
Gender	Male
Phone No	(Phone) +65-97113229
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SLM8371R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

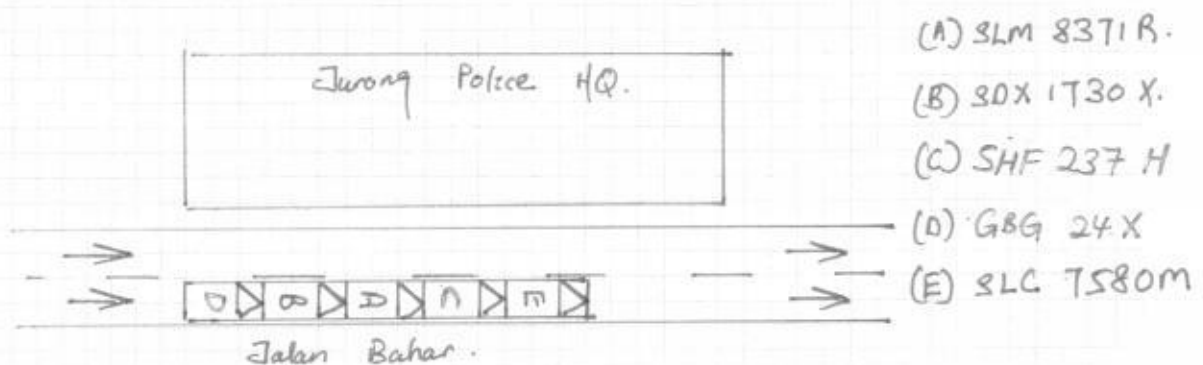
Policyholder's Signature / Date & Time

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

05/01/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Jalan Bahar beside Jurong Police HQ.

Describe Circumstances of the Accident

On 05/01/2022 at @1230 hrs, I was travelling in my vehicle (SLM 8371A) along Jln Bahar beside Jurong Police HQ on the right lane. I slowed down and stopped due to traffic jam ahead. Suddenly, I felt a great impact from the rear. The impact was so strong that pushed my vehicle forward and caused my vehicle to collide onto the vehicle ahead. I got down from my vehicle and found it was a chain collision involving 5 vehicles.

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

Rn 05/01/22

Witnessed by Reporting Centre Personnel

Corolla

VEHICLE NO:	SLM 8371 R	MAKE & MODEL:	Toyota Altis	(AUTO) / MANUAL
DATE OF ACCIDENT:	25/01/2022	CC:	1.6- (1598cc)	
TIME OF ACCIDENT:	1230 HRS			
LOCATION OF ACCIDENT:	Jalan Bahar beside Jurong Police HQ.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE			
NAME OF OWNER:	OH BOON KHIM			
TEL NO:	H/P: 9711 3229	OFFICE:		HOME:
NRIC:	S 7433147E			
ADDRESS:	BLK 589D Montreal Drive # 07-118 (S) 754589			
EMAIL:	evanoh@mensa.org.sg			
CLAIM TYPE:	OD / (THIRD PARTY) REPORTING ONLY			
FLEET POLICY:	YES (NO?)			
INSURANCE COMPANY:	MSIG			
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft			
POLICY NO:	A 29149701 ATM			
NAME OF DRIVER:	(AS ABOVE) / IF NO:			
NRIC:		ANY PASSENGER:	N.A.	
DATE OF BIRTH:	08/10/1974	LICENCE PASSED DATE:	30/06/1998	
OCCUPATION:	OUTDOOR (INDOOR)			
GENDER:	(MALE) FEMALE			
CONTACT NO:	H/P:	OFFICE:		HOME:
ADDRESS:				
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:			INSURER:
RELATIONSHIP:	Owner			
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:			
ROAD SURFACE:	(DRY) / WET / OTHER:			
ANY INJURIES:	NO (IF YES, WHO?)			
NAME & CONTACT:	OH BOON KHIM H/P: 9711 3229			
NAME & CONTACT:				
POLICE REPORT:	(NO) / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) / IF YES, WHO?			
VEHICLE B REG NO:	SDX 1730 X	ANY PASSENGERS:	N.A.	
NAME OF DRIVER:		CONTACT NO:		
VEHICLE C REG NO:	GBG 24 X SHF 237 H	ANY PASSENGERS:	N.A.	
VEHICLE D REG NO:	SHF 237 H GBG 24 X	ANY PASSENGERS:	N.A.	
VEHICLE E REG NO:	SLC 7580 M	ANY PASSENGERS:	01 CM	
VEHICLE F REG NO:		ANY PASSENGERS:		
VEHICLE G REG NO:		ANY PASSENGERS:		
ANY WITNESS? IF YES, NAME:		WITNESS CONTACT:		
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO (workshop)			
WAS THERE ANY AUDIO RECORDED?	YES / (NO)			
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO			
ACCIDENT PORTION:	Front and Rear Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		YES (NO)		
WORKSHOP PARTICULAR:	N-S1 Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	JOSEPH TAN			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

**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

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.X.1
Individual Ownership

Toyota DriveElite2
Comprehensive

Certificate No. A 29149701 ATM

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLM8371R

2. Name of Policyholder

Oh Boon Khim

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

13/04/2021

4. Date of Expiry of Insurance

12/04/2023

5. Persons or Classes of Persons entitled to drive*

Oh Boon Khim

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.

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or our authorised workshops. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

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