

NATIONAL Assessment Centre Services

Date In: 07/02/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CA/MSC22001110/13			
Veh No: SMR407L	E-mail (within 3hrs. AP: 2hrs)		
D.O.A: 22/01/22 2110	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 <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: UNKNOWN	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 (\$)	Amt (\$)
			1st Bill	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) NI : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD:			
	*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 (N-n INC) against INC \$20			
	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	07/02/2022 14:03 (SGT)
Date of Accident	22/01/2022 21:10 (SGT)
Exact Location of Accident	679C Jurong West Central 1, Block 679C, Singapore 643679
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR407L
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EDMUND CHAN GEE SENG
NRIC No	SXXXX781Z
Email Address	edmundchan69@hotmail.com
Mobile Phone No	(Phone) +65-96610873
Alternative Phone No	+65-96610873

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 300385972 QMX
Cover Note Number	-

DRIVER

Name of Driver	THONG FUI LING
NRIC No	SXXXX637E

Date Of Birth	10/12/1976
Occupation	Indoor
Date Of Driving Pass	05/05/1999
Driving experience	22 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96610873
Alt. Phone Number	-
Email Address	edmundchan69@hotmail.com
Address	BLK 679B JURONG WEST CENTRAL 1
Address complement	#10-02
Postcode	642679
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit by fallen tree / Other objects
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	EDMUND CHAN GEE SENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Nanyang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007929999
Alt. Police Station Phone No	(Fax) +65-67912972
Police Station Address	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT J/20220204/2042.

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 DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
-----------------------------	---

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	MS ANG(HOUSE OWNER)
Contact Number	(Phone) +65-97730463
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.

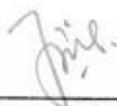
(collectively the "Purposes")

(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

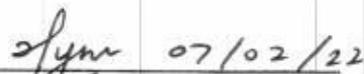
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan

GARIC JURONG WEST CENTRAL 2.	
	
A: SMH407L.	



**SINGAPORE
POLICE FORCE**



J/20220204/2042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220204/2042

landed on my vehicle. My wife and I did not make a check on the vehicle till we drive to a loading/unloading bay about 5 metre away due to safety reason. It was during then I made a check and discover the dents and crack on my vehicle. I went to check and discovered that it was a glass panel that had landed on my vehicle when my car arrive at the gantry. After awhile when some of the residence came down due to the loud noise, I was then advised by the residence to call for a police. Police then came down to the scene and made a check and subsequently narrow down to a unit on the 15 floor unit #15-12. The police then took my statement as I show them the video recording in my car camera that had recorded the incident. I was then issued a case card with the IO contact details. No one was injured during the incident.

Signature Of Officer Recording The Report:
J / SGT 2 ALVIN LIM JIA MING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/02/2022 12:39

Officer In-Charge Of Case:
J / Jurong Police Divisional
Investigation Branch /
SR STAFF SGT MOHAMMAD
ASYRAF BIN OMAR



Classification Of Case:

Authentication Stamp

SIGNATURE

VEHICLE NO: <u>SME 407L</u>	MAKE & MODEL: <u>HONDA SHUTLE</u>	<u>AUTO</u> / MANUAL
DATE OF ACCIDENT	<u>22 / 01 / 22</u>	<u>CC</u>
TIME OF ACCIDENT	<u>2110</u> AM / <u>PM</u>	
LOCATION OF ACCIDENT	<u>679C JURONG WEST CENTRAL 1 CARPARK</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER	<u>EDMUND CHAN GEE SENG</u>	
EMAIL	<u>EDMUNDCHAN69@hotmail.com</u>	Office: MOBILE: <u>96610873</u>
NRIC	<u>S69037812</u>	
CLAIM TYPE	<u>OD / THIRD PARTY / REPORTING ONLY</u>	
FLEET POLICY	<u>YES / NO?</u>	
INSURANCE CO.	<u>MSI6</u>	
TYPE OF COVERAGE	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>A 300385572 DMX</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: <u>THONG PUI LING</u></u>	
NRIC	<u>S76736376</u>	
DATE OF BIRTH	<u>07 / 02 / 65 10 / 12 / 1976</u>	
ANY PASSENGER	<u>YES / NO: 1</u>	
NAME OF PASSENGER	<u>EDMUND CHAN GEE SENG</u>	
GENDER OF PASSENGER	<u>MALE / FEMALE</u>	
OCCUPATION	<u>Outdoor / <u>Indoor</u></u>	
DATE OF DRIVING PASS	<u>05 / 05 / 99</u>	
GENDER	<u>Male / <u>Female</u></u>	
CONTACT NO.	<u>Mobile: 9821687</u>	Office: Home:
EMAIL	<u>FION2876@hotmail.com</u>	
ADDRESS	<u>679C JURONG WEST CENTRAL (#10-02 SC692679)</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO / If yes, Reg No.</u>	INSURER: <u>-</u>
RELATIONSHIP	<u>Employee / If No: <u>Spouse</u></u>	
WEATHER CONDITION	<u>Clear / Raining / Other:</u>	
ROAD SURFACE	<u>Dry / Wet / Other:</u>	
ANY INJURIES	<u>NO / If yes, Who?</u>	
CONTACT NO.		
POLICE REPORT	<u>No / If yes, Where? <u>NANYANG N.P.C.</u></u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO / IF YES, WHO?</u>	
VEHICLE B NO.	<u>Any Passenger:</u>	
NAME	<u>MS Ang</u>	
CONTACT NO.	<u>97730463</u>	
VEHICLE C NO.	<u>Any Passenger:</u>	
VEHICLE D NO.	<u>Any Passenger:</u>	
VEHICLE E NO.	<u>Any Passenger:</u>	
VEHICLE F NO.	<u>Any Passenger:</u>	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	<u>YES / NO</u>	
WAS THERE ANY AUDIO RECORDED?	<u>YES / NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES / NO</u>	
**WORKSHOP:		
Have you been approach by unknown person soliciting (s) /		



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
Comprehensive**

Certificate No. A 300385972 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SMR407L

2. Name of Policyholder

Edmund Chan Gee Seng

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

13/11/2021

4. Date of Expiry of Insurance

12/11/2022

5. Persons or Classes of Persons entitled to drive*

Edmund Chan Gee Seng, Thong Fui Ling

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 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 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