

# NATIONAL Assessment Centre Services

|                            |   |                       |         |
|----------------------------|---|-----------------------|---------|
| Date In: 21/03/2022 12:54  | Job description                         | Date & Time Completed | Done by |
| Ref No: CA/MSG 22002563/m4 | SAS e-filing                            |                       |         |
| Veh No: Smk 1772L          | E-mail (within 8hrs, AIC 2hrs)          |                       |         |
| D.O.A: 19/03/2022 16:36    | 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: SLV 1947D  | 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:  | Date & Time Completed | Done by |
|---|-----------------------|---------|
| (INC hotline: 6788 6616)                                |                       |         |
| 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 (\$30)    |             |          |          |
| Damaged Portion:                | 3) TF: Towing Fee \$40/\$45                     |             |          |          |
|                                 | 4) FT: Follow-Through Survey \$120              |             |          |          |
|                                 | 5) FT: Follow-Through Survey (Resurvey) \$30    |             |          |          |
|                                 | For claiming against INC Only (wef 10 Jan 2005) |             |          |          |
|                                 | 6) TR: Re-inspection \$75                       |             |          |          |
|                                 | 7) N1: Idac DA + SMRT Survey \$160              |             |          |          |
|                                 | 8) NTUC Additional Services:-                   |             |          |          |
|                                 | ON*   |             |          |          |
| QC Checked by (Engr-In-Charge): | *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 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              | 21/03/2022 12:54 (SGT)                                 |
| Date of Accident                | 19/03/2022 16:36 (SGT)                                 |
| Exact Location of Accident      | 368 Bukit Batok Street 31, Block 368, Singapore 650368 |
| Additional Location Information | CARPARK  |
| Country/State of Loss           | Singapore  |

## DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SMK1772L |
|-----------------------------|----------|

### INSURED/POLICYHOLDER

|                          |                       |
|--------------------------|-----------------------|
| Is company?              | No                    |
| Name Of Registered Owner | ISMAIL BIN M. SALLEH  |
| NRIC No                  | SXXXX410F             |
| Email Address            | Ismailms103@gmail.com |
| Mobile Phone No          | (Phone) +65-97622500  |
| Alternative Phone No     | (Office) +65-64251320 |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | Honda                     |
| Model  | Fit                       |
| 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   | 1317                      |

### INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | B 300284486 QMX                      |
| Cover Note Number         | -                                    |

### DRIVER

|                |                      |
|----------------|----------------------|
| Name of Driver | ISMAIL BIN M. SALLEH |
| NRIC No        | SXXXX410F            |

|  |                               |
|--|-------------------------------|
| Date Of Birth  | 15/06/1976                    |
| Occupation   | Indoor                        |
| Date Of Driving Pass   | 18/03/1999                    |
| Driving experience   | 23 YEARS                      |
| Gender   | Male                          |
| Mobile Number  | (Phone) +65-97622500          |
| Alt. Phone Number  | (Office) +65-64251320         |
| Email Address  | lsmails103@gmail.com          |
| Address  | BLK 368 BUKIT BATOK STREET 31 |
| Address complement   | #05-485                       |
| Postcode   | 650368                        |
| 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)   | 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

AS PER STATEMENT ATTACHED.

#### 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 | SLV1947D    |
| 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) -

## 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.

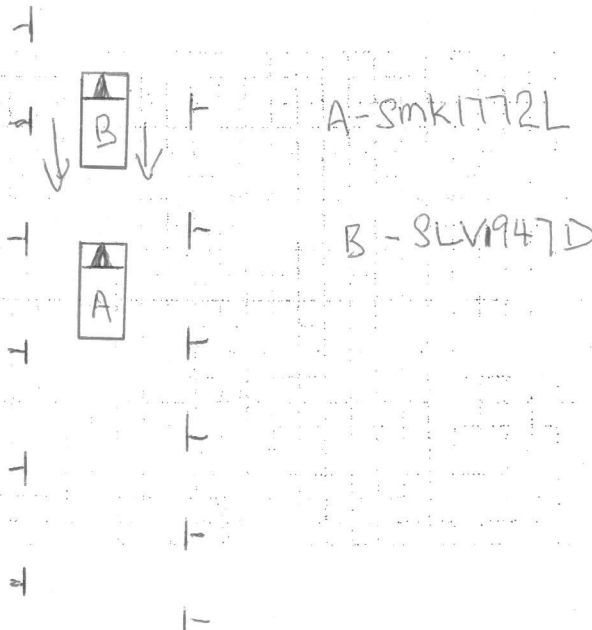
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Carpark between Blk 368 Bukit Batok St 31.

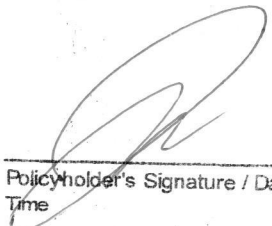


Describe Circumstances of the Accident


On 19/3/22 at about 4.35pm, I entered my lane HDB carpark at B1K 368 Bukit Batok St 31. When entering the open carpark a vehicle SLV 1947D was in front of me. The driver stopped & I was a few metres behind her. She then reverse so fast and I honk at her. As a result the rear of car hit my front portion.

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

 21/3/22  
Witnessed by Reporting Cent Personnel



VEHICLE NO: SMK1772L

MAKE &amp; MODEL : Honda FIT

AUTO / MANUAL

|   |   |                                   |
|---|---|-----------------------------------|
| DATE OF ACCIDENT  | 19.10.2022  | C.C. 1317cc                       |
| TIME OF ACCIDENT (1636)                                     | 4.36pm AM / PM  |                                   |
| LOCATION OF ACCIDENT  | Car park between Blk 368 Bukit Batok St 31                                |                                   |
| EXACT PURPOSE USED AT TIME OF ACCIDENT                      | EMPLOYMENT <input checked="" type="checkbox"/> PRIVATE USE / PRIVATE HIRE |                                   |
| NAME OF OWNER   | Ismail Bin M. Salleh  |                                   |
| EMAIL:  | ismailms103@gmail.com   | Office: 64251320 MOBILE: 97622500 |
| NRIC  | S7619410F   |                                   |
| CLAIM TYPE  | OD / <input checked="" type="checkbox"/> THIRD PARTY / REPORTING ONLY     |                                   |
| FLEET POLICY:   | YES / NO ?  |                                   |
| INSURANCE CO.   | MSI 6   |                                   |
| TYPE OF COVERAGE  | Comprehensive / Third Party / Third Party Fire & Theft                    |                                   |
| POLICY NO.  |   |                                   |
| NAME OF DRIVER  | <input checked="" type="checkbox"/> AS ABOVE / IF NO:                     |                                   |
| NRIC  |   |                                   |
| DATE OF BIRTH   | 15 / 06 / 1976  |                                   |
| ANY PASSENGER   | <input checked="" type="checkbox"/> YES / NO:                             |                                   |
| NAME OF PASSENGER   |   |                                   |
| GENDER OF PASSENGER   | MALE / FEMALE   |                                   |
| OCCUPATION  | Outdoor / <input checked="" type="checkbox"/> Indoor                      |                                   |
| DATE OF DRIVING PASS  | 18 / 03 / 1999  |                                   |
| GENDER  | Male / Female   |                                   |
| CONTACT NO.   | Mobile  | Office: Home:                     |
| MAIL:   |   |                                   |
| ADDRESS   | Blk 368 Bukit Batok Street 31 #05-485 (S) 650368                          |                                   |
| DOES DRIVER OWN OTHER VEHICLES?                             | <input checked="" type="checkbox"/> NO / If yes: Reg No:                  | INSURER:                          |
| RELATIONSHIP  | Employee / If No:   |                                   |
| WEATHER CONDITION   | <input checked="" type="checkbox"/> Clear / Raining / Other:              |                                   |
| ROAD SURFACE  | <input checked="" type="checkbox"/> Dry / Wet / Other:                    |                                   |
| ANY INJURIES  | <input checked="" type="checkbox"/> No / If yes: Who?                     |                                   |
| CONTACT NO.   |   |                                   |
| POLICE REPORT   | <input checked="" type="checkbox"/> No / If yes: Where?                   |                                   |
| NOTICE OF INTENDED PROSECUTION GIVEN?                       | NO/IF YES: WHERE?   |                                   |
| VEHICLE B NO.   | SLV1947D  | Any Passenger: NO                 |
| NAME  |   |                                   |
| CONTACT NO.   |   |                                   |
| VEHICLE C NO.   | Any Passenger:  |                                   |
| VEHICLE D NO.   | Any Passenger:  |                                   |
| VEHICLE E NO.   | Any Passenger:  |                                   |
| VEHICLE F NO.   | Any Passenger:  |                                   |
| ANY WITNESS   |   |                                   |
| WITNESS CONTACT NO.   |   |                                   |
| WAS THERE ANY VIDEO CAPTURE?                                | <input checked="" type="checkbox"/> YES / NO                              |                                   |
| WAS THERE ANY AUDIO RECORDED?                               | <input checked="" type="checkbox"/> YES / NO                              |                                   |
| SCENE ACCIDENT PHOTOS TAKEN?                                | YES / NO  |                                   |
| **WORKSHOP:   | leang2239@gmail.com   |                                   |
| Have you been approached by unknown person soliciting (s) / |   |                                   |
| Offering accident claims assistance?                        | YES / NO  |                                   |

**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.** B 300284486 QMX**Excess : SGD500****Windscreen Excess : SGD100**

1. **Index Mark and Registration Number of Vehicle**  
SMK1772L

2. **Name of Policyholder**  
Ismail Bin M. Salleh

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
29/03/2021

4. **Date of Expiry of Insurance**  
28/03/2022

5. **Persons or Classes of Persons entitled to drive\***  
Ismail Bin M. Salleh

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