

NATIONAL ASSESSMENT Centre SERVICES **SLOW22450001**

Date In: 05/04/2022 15:00	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CBA/M8622003132/Y	E-mail (within 2hrs. AP, 2hrs):		
Veh No: SMV 5790A	i-Motor Claim Form		
DDA: 02/04/2022 08:31	i-Motor W/O (within 02 hrs. TP 4hrs)		
DD: 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: SMV 4303 X	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 or 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	Ant (\$)	Ant (\$)
		1st Bill	Ad3 Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30);		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$10		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat 1:	6) TR: Re-inspection \$75		
Cat 2 / 3:	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*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 (vs. n. INC) against INC \$20		
	9) N12: Idac Mobile \$0		
	Invoice dated	Fee Charge	
	Invoice dated	Fee Charge	

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	05/04/2022 15:04 (SGT)
Date of Accident	02/04/2022 08:31 (SGT)
Exact Location of Accident	Sims Way, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV5790A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHONG WOON
NRIC No	SXXXX421C
Email Address	97971979@mail.com
Mobile Phone No	(Phone) +65-97971979
Alternative Phone No	+65-97971979

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 300480732 QMY
Cover Note Number	-

DRIVER

Name of Driver	NG CHONG WOON
NRIC No	SXXXX421C

Date Of Birth	20/04/1979
Occupation	Indoor
Date Of Driving Pass	02/04/2004
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-97971979
Alt. Phone Number	+65-97971979
Email Address	97971979@mail.com
Address	BLK 261C PUNGGOL WAY #10-325
Address complement	-
Postcode	823261
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 - Change/cross lane
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GOH PEILIN
Gender	Female

PASSENGER 2

Name	ELIN NG
Gender	Female

PASSENGER 3

Name	EDAN NG
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

PLEASE REFER TO SKETCH PLAN

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	SMS4303X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMMAD SYAH AWALLUDIN
NRIC No	SXXXX204C
Contact Number	(Phone) +65-97844703
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

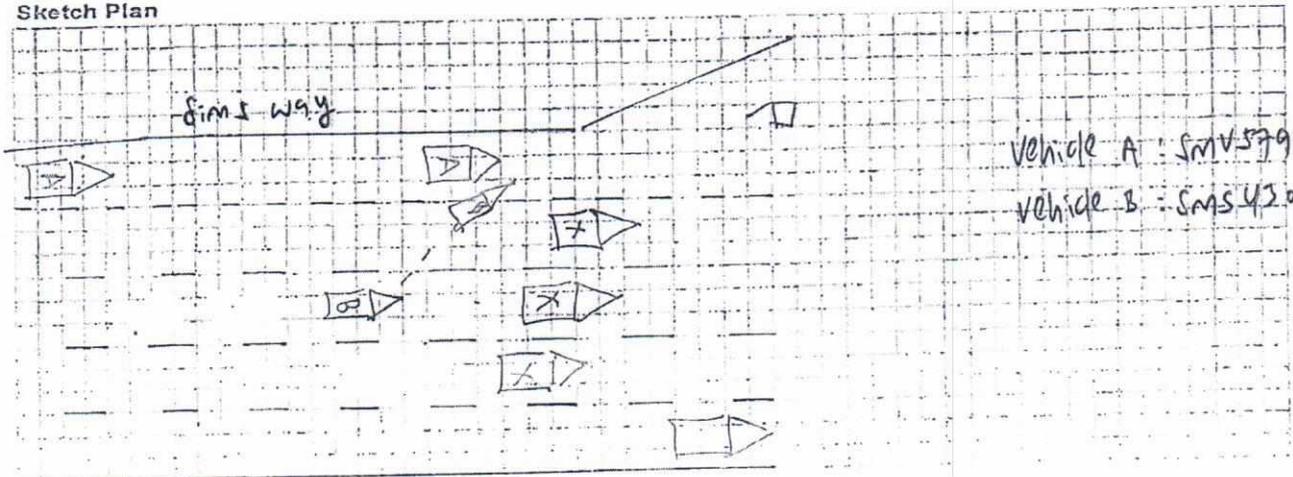
Policyholder's Signature / Date & Time

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

4/4/2022 11:55am

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A : SMV 5790A
Vehicle B : SMS 4303X

Describe Circumstances of the Accident

I was driving along SIM WAY and keep to my left lane as I plan to head toward OSIM AVE (left side).

I was in my lane when the accident happened. A red car suddenly cut into my lane and I am unable to avoid this accident.

The red car being on my right side and we come down to exchange particulars.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



4/11/2022 11:55am

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



Witnessed by Reporting Centre Personnel

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 02 / 04 / 2022 (dd/mm/yy) Time of Accident: 08 : 31 (24-HR-FORMAT)

Vehicle No.: SMV5790A Vehicle Make & Model: HONDA SHUTTLE

*Transmission: Manual Auto *C.c: 1496

Exact location of Accident: SIMS WAY

Policyholder's Name: NG CHONG WOON NRIC/FIN/REG No.: S7910421C

*Policyholder's email address: 97971979@MAIL.COM

Driver's Name: NG CHONG WOON NRIC/FIN/REG No.: S7910421C

*Driver's email address: 97971979@MAIL.COM

Driver's Contact No.: 97971979 Company Contact No (If any): _____

Date of birth: 20/04/1979 Driving Pass Date: 02/04/2004

Driver's Address: BLK 261C PUNGGOL WAY, #10-325, SINGAPORE (823261)

Insurance Company: MSIG

Policy No.: A300480732 QMY Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Relationship between Owner & Driver: (Please CIRCLE one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____

What do you wish to claim? (Please TICK one only)

Own Insurance Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose)

Type of Accident

Chain Collision Head To Rear Side Swipe Other CHANGE LANE

Occupation (nature job) Indoor / Outdoor *No. of Passengers / Including Driver: 4

*Passenger Name: GOH PEILIN ; ELIN NG Gender: Male / Female

*Passenger Name: EDAN NG Gender: Male / Female

Weather condition & Road conditions? (On the day of accident)

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: _____

Was there any video captured by your car Car camera? Yes / No

Any Injuries: Yes / No (If YES) Injured Person' Name: _____

Injuries Sustain: _____ Injured Person in Which Vehicle: _____

Police Report filed: Yes / No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: MOHAMMAD SYAH AWALLUDIN S7629204C Vehicle No: SMS4303X

Driver's Contact No: 97844703 Insurance Company: _____

2. Driver's Name / IC No (If Any): _____ Vehicle No: _____

Driver's Contact No: _____ Insurance Company: _____

*Independent Witness (If Any): _____ Contact No: _____

Preferred Workshop Name: MY CAR CONSULTANT PTE LTD Contact No: 83447681



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 **MSAG** 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 PLUS
Comprehensive**

Certificate No. A 300480732 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMV5790A
2. Name of Policyholder
Ng Chong Woon
3. Effective Date of the Commencement of Insurance for the purposes of the Act
08/10/2021
4. Date of Expiry of Insurance
07/10/2022
5. Persons or Classes of Persons entitled to drive*
Ng Chong Woon

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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 a Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Craig Ellis
Chief Executive Officer