

# NATIONAL Assessment Centre Services

Date In: 27/04/22	Job description	Date & Time Completed	Done by
Ref No: CA/MSG 22003927/13	SAS e-filing		
Veh No: 4N8454B	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/04/22 1430	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: SMS4205X	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	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
Contact No:	4) FT: Follow-Through Survey \$120		
Damaged Portion:	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:-		
	OD:		
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		
<b>Auditors' Comments :-</b>	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	27/04/2022 15:47 (SGT)
Date of Accident	05/04/2022 14:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 310 UBI AVE 1 CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8454B
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNI-TAT ICE & MARKETING PTE LTD
Company Reg No	1XXXXX736C
Email Address	chiakc@iceman.com.sg
Mobile Phone No	(Phone) +65-84840196
Alternative Phone No	+65-84840196

#### VEHICLE PARTICULARS

Manufacturer	Hino
Model	HINO XZU710R-HKFMS3
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	Manual
CC	4009

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 400000964 MKF
Cover Note Number	-

#### DRIVER

Name of Driver	MYINT THEIN
Passport No/FIN	GXXXX966L

Date Of Birth	07/01/1982
Occupation	Outdoor
Date Of Driving Pass	06/12/2021
Driving experience	4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97366238
Alt. Phone Number	-
Email Address	chiakc@iceman.com.sg
Address	51 UBI AVE 1
Address complement	#01-26
Postcode	408933
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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

PLS REFER TO THE ATTACHE 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	SMS4205X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-97366238
Address	-
Address complement	-

Postcode		
Insurance Company Name		
Nature Of Damage		
Details of property damaged in accident		
No. Of Passenger (Including Driver)		

**IMPORTANT NOTICE**

- (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.



Witnessed by Reporting Centre  
Personnel

Plan

IN

Hump

A

B

Hump

Carpark

Entrance Gantry

Ubi Ave 1

School

**Describe Circumstances of the Accident**

my Name is Myint Thien. I am the Driver of vehicle YN8454R. On 5/4/2022 at 2.30 pm I was driving for my daily delivery to 4A1 Ave. I enter into the car park at B/K 310 4B1 Ave. There was a very heavy traffic jam at that time due to the after school hours. There was a hump after the entry gantry point. As my vehicle was going over the hump, due to the traffic jam, my vehicle move backward and the driver of SMS 4205X says that my vehicle has knocked against his vehicle front bumper.

We moved to the side and I checked his vehicle that there was no damages to his car. The other party driver did not give me his driving licence details and told me to move on.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 27/04/22

Witnessed by Reporting Centre Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: 5 / 4 / 2022 (DD/MM/YYYY), TIME: 2 : 30 (HH:MM) pm

LOCATION: Blk 310 Ubi Ave 1 Carpark

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 8454B  
 b) INSURANCE COMPANY: MSLC  
 c) POLICY NUMBER: B 40000964 MKF  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: HINO-300 AUTO / MANUAL  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery  
 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: MYINT THEIN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G 2947966L CONTACT: 84840196  
 c) ADDRESS: 51 UBI AVE 1 #01-26  
PASA UBI INDUSTRIAL PARK S408933

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: UNITAT ICE & MARKETING PTE LTD (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT:  CONTACT: 97366238  
 c) ADDRESS:

\* d) DATE OF BIRTH: 7 / 01 / 1982 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 6/12/2021

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SMS 4205X MODEL: HONDA  
 b) DRIVER'S NAME:   
 c) NRIC/FIN/PASSPORT:  CONTACT: 97366238

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER:  MODEL:   
 b) DRIVER'S NAME:   
 c) NRIC/FIN/PASSPORT:  CONTACT:

\* No of passengers  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

\* No of passenger  
 (including driver)  
( )

Email = chiakc@iceman.com.sg

fax =

VIDEO =



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.

#### COMMERCIAL VEHICLE Comprehensive

Certificate No. B 400000964 MKF

Excess : SGD1,200

Windscreen Excess : SGD100

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

YN84548

2. **Name of Policyholder**

Uni-Tat Ice & Marketing Pte Ltd

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

10/05/2021

4. **Date of Expiry of Insurance**

09/05/2022

5. **Persons or Classes of Persons entitled to drive\***

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 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 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.

\* 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.

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



**MSIG Insurance (Singapore) Pte. Ltd.** (Co. Reg. No. 200412212G)  
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
msig.com.sg

Your Ref: YN8454B  
Our Ref: 273003 (Please quote our reference when replying)

25 Apr 2022 **URGENT**

UNI-TAT ICE & MARKETING PTE LTD  
51 UBI AVENUE 1  
#01-26 PAYA UBI INDUSTRIAL PARK  
SINGAPORE 408933

Dear Sir/Madam

**Accident involving YN8454B and SMS4205X along BLK 310 UBI AVE 1 CARPARK**  
**Policy No : B 400000964 MKF**  
**Date of Accident : 05 Apr 2022**

We have received a property damage claim from Workshop acting on behalf of the owner of SMS4205X. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops. Our current listing can be found at our corporate website: <https://www.msig.com.sg/claims/personal-insurance/motor>

Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Douglas Ong  
Executive  
Claims Services  
Tel : +65 6594 241  
Fax : +65 6827 7800  
Email : douglas\_ong@sg.msig-asia.com

cc : TAN INSURANCE BROKERS PTE LTD

This is a system generated letter, hence no signature is required.

*Dover  
Myint Thein*