

NATIONAL Assessment Centre Services: (wef 1 Jan 08) **SLW2251000**

Date In: 17/08/2022	Job description	Date & Time Completed	Done by
Ref No: CBM/m8422004580/y	SAS e-filing		
Veh No: SMRT 7017 Y	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 13/05/2022 18:22	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: **Y0 3119L** 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
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		Am't (\$)	Am't (\$)
			In Bill	Out 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		
Checked by (Engr-In-Charge):	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: Idao 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 (Non INC) against INC	\$20		
	9) N12: Idao Mobile	\$0		
	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	17/05/2022 17:10 (SGT)
Date of Accident	13/05/2022 18:22 (SGT)
Exact Location of Accident	Woodlands Ave 10, Singapore
Additional Location Information	TOWARDS GAMBAS AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT7017Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN BOON HUAT
NRIC No	SXXXX528Z
Email Address	jedkim2000@yahoo.com
Mobile Phone No	(Phone) +65-98329787
Alternative Phone No	+65-98329787

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 300335806 QMX
Cover Note Number	-

DRIVER

Name of Driver	TAN BOON HUAT
NRIC No	SXXXX528Z

Date Of Birth	06/11/1967
Occupation	Indoor
Date Of Driving Pass	28/07/1988
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98329787
Alt. Phone Number	+65-98329787
Email Address	jedkim2000@yahoo.com
Address	BLK 615 WOODLANDS AVENUE 4 #11-517
Address complement	-
Postcode	730615
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	Raining
Road Surface	Wet

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?	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?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT L/20220512/7028

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 OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3119L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

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 TAN BOON HUAT
 Gender Male
 Phone No (Phone) +65-98329787
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained SLIGHT INJURY
 Injured person in which vehicle? SMT7017Y
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

陈发

Policyholder's Signature / Date & Time

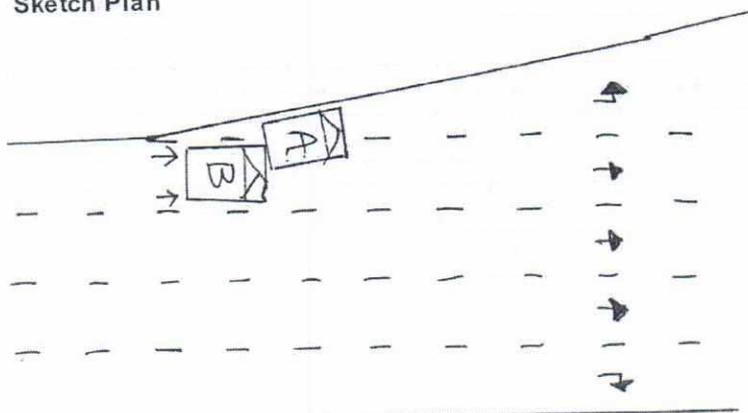
陈发

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

aw 17/05/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Vehicle A: SMT7C17Y

Vehicle B: YQ319L

Woodlands Ave 10 TWDS Gambas Ave

Describe Circumstances of the Accident

Refer to the police report no. L/20220514/7028

A large rectangular area with horizontal lines, intended for describing the accident circumstances. A large blue scribble is present across the middle of this area.

Declaration

We declare the foregoing particulars are true in every respect.

陈发

Policyholder's Signature / Date & Time

陈发

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

17/05/2022
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



L/20220514/7028

1 of 2

Report No. L/20220514/7028

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 14/05/2022 15:26	Vide Report No.	Station Diary No.
Name Of Informant TAN BOON HUAT	Address 615 WOODLANDS AVENUE 4 #11-517 SINGAPORE 730615	
ID Type / ID No. NRIC NO / S1822528Z	Contact No. Home/Office:	Mobile: 98329787
Nationality SINGAPORE CITIZEN	Email Address ashley9567@yahoo.com	
Occupation Cook	Sex Male	Age 54
	Date of Birth 06/11/1967	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 13/05/2022 18:20	Location Of Incident WOODLANDS AVENUE 10	

Brief details.

On the stated date and time, I was driving my vehicle SMT7017Y along Woodlands Ave 10, travelling straight along the extreme left lane, when I had gradually come to a stop due to traffic conditions.

Suddenly, a massive impact slammed into the rear of my vehicle causing my vehicle to surge forward.

As the impact was huge and caught me completely off guard, my body lurched forward only to be restrained by the seat belt.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/05/2022 15:26
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20220514/7028

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20220514/7028

I alighted to realise YQ3119L had smashed the the rear of my vehicle, leaving it badly damaged.

Shortly after the accident, I started feeling aches and stiffness in my neck, shoulders and lower back areas.

The pain over these areas got worse the following morning and I decided to seek treatment at Intemedical Kovan near my place of worship.

I was given 3 days MC for injuries caused by the accident.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
14/05/2022 15:26

Classification Of Case:

JwG

Date of Accident : 13/05/2022 Accident Time: 1822 (24-HR-FORMAT)

Accident Place : Woodlands Ave 10 TWDS Grambas Ave

Vehicle Reg. No (Car plate No.) : SMT 7017 Y Vehicle Make/Model: Honda Shuttle

Insurance Company : MSIG Policy No. _____

Name of Registered Owner : Company / Individual Tan Boon Huat

ID of Registered Owner : Co Reg No: - Owner's NRIC No: 518225287

: Co Contact No: - Owner's Contact No: 9832 9787

DRIVER'S Name : Tan Boon Huat DRIVER'S NRIC No: 518225287

DRIVER'S Date of Birth : 06/11/1967 DRIVER'S License Pass Date 28 Jul 1988

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others owner

DRIVER'S Address : APT B1K 615 Woodlands Avenue 4 #11-517 Singapore 730615

DRIVER'S Contact No./ Alt No. : 1) 9832 9787 2) -

DRIVER'S Occupation : ~~INDOOR~~ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : jedkim2000@yahoo.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 1 Passenger Name: - Gender: M/F

Was the accident reported to the police? YES \ NO Passenger Name: - Gender: M/F

Was there any video Captured by car camera: YES \ NO Any Injuries: YES \ NO Injured Name: Driver

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: YQ 3119L Vehicle Reg No: _____

Vehicle Make/Model: _____ Vehicle Make/Model: _____

Name DRIVER: _____ Name DRIVER: _____

IC No. DRIVER: _____ IC No. DRIVER: _____

DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____ Vehicle Reg No: _____

Vehicle Make/Model: _____ Vehicle Make/Model: _____

Name DRIVER: _____ Name DRIVER: _____

IC No. DRIVER: _____ IC No. DRIVER: _____

DRIVER'S Contact & add: _____ DRIVER'S Contact & add: _____



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 300335806 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMT7017Y

2. Name of Policyholder
Tan Boon Huat

3. Effective Date of the Commencement of Insurance for the purposes of the Act
15/07/2021

4. Date of Expiry of Insurance
14/07/2022

5. Persons or Classes of Persons entitled to drive *
Tan Boon Huat

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