

# NATIONAL Assessment Centre Services

Form 13 (Rev. 1)

Date In: 25/05/22	Job description	Date & Time Completed	Done by
Ref No: CA/MSG22004934/3	SAS e-filing		
Veh No: SJN2179M	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 24/05/22 2116	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: SHC8042R	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		
	4) FT: Follow-Through Survey \$120		
	5) RT: 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*		
	*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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	25/05/2022 17:25 (SGT)
Date of Accident	24/05/2022 21:16 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	50 TELOK KURAU LOR M
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN2179M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH YAN HUAH
NRIC No	SXXXX260I
Email Address	sohyh56@gmail.com
Mobile Phone No	(Phone) +65-92397232
Alternative Phone No	+65-92397232

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Crossroad
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	1799

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300262442 QMX
Cover Note Number	-

#### DRIVER

Name of Driver	GOH YAN HUAH
NRIC No	SXXXX260I

Date Of Birth	09/06/1956
Occupation	Indoor
Date Of Driving Pass	10/03/1976
Driving experience	46 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92397232
Alt. Phone Number	+65-92397232
Email Address	sohyh56@gmail.com
Address	52A LOR MARZUKI
Address complement	-
Postcode	417135
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 - Opening Door of Vehicle
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 ATTACHED 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	SHC8042R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG HACK KEE
Contact Number	(Phone) +65-90112809
Address	-
Address complement	-

Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	BRISCINA
Gender	Female

## SKETCH PLAN

VEHICLE NO:  
DATE OF ACCIDENT:

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5. Any false reporting may be referred to the Police for investigation.
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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

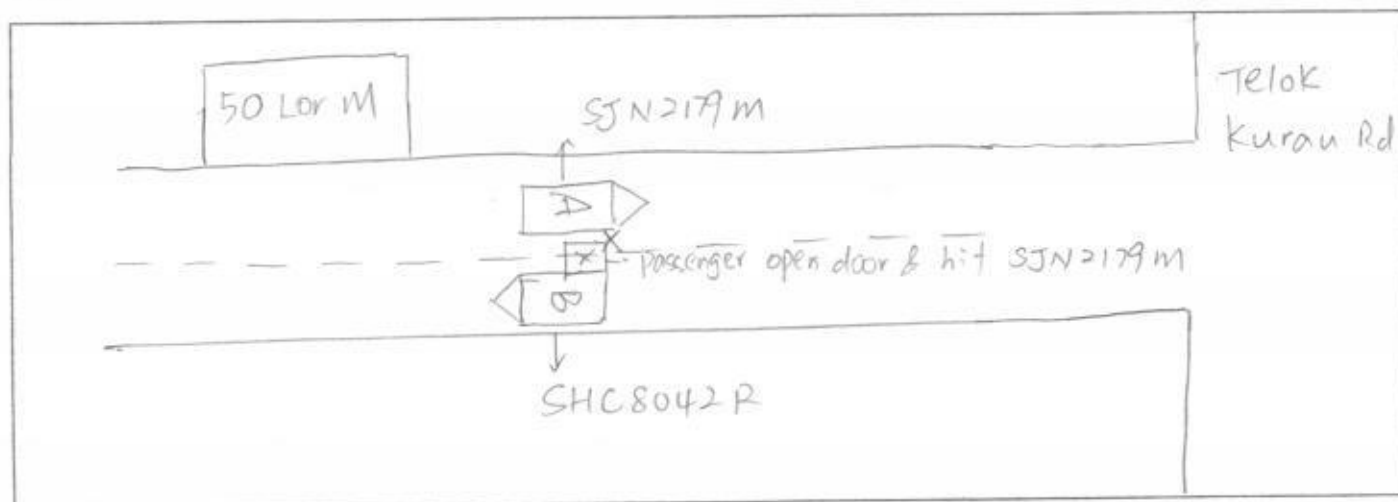
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

VEHICLE NO:

DATE OF ACCIDENT:

On 24/05/2022 At 21:16 PM  
Location at Lor M 50 Telok Kuran

SHC 8042 R passenger Briscina suddenly open door  
from vehicle No SHC8042R on the side adjacent to moving traffic  
& hit my vehicle SJN2179M. Passenger of SHC8042R opened  
rear door from right side & hit SJN2179M.

REPORTING ONLY ( )

OWN DAMAGE ( )

THIRD PARTY ☒

OWN WORKSHOP ( )

**Declaration** NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN  
DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

I/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



Witnessed by Reporting Centre  
Personnel



Date of Accident : 24/05/2022 Accident Time: 21:16pm (24-HR-Format)  
Accident Place : 50 Telok Kurau "Lor M"  
Vehicle Reg. No. (Car Plate No.) : SJN2179M  
Vehicle Make/Model : Honda Crossroad  
Insurance Company : MSIG Policy No. A 500262442 QMX  
Owner or Company Name / IC No. : Goh Yan Huah S11772601  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp 92397232 Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Goh Yan Huah S11772601  
DRIVER'S Date Of Birth : 09 Jun 1956 DRIVER'S License Pass Date 10 March 1976  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : 52A Lorong Warunk Singapore 41736  
DRIVER'S Contact No./ Alt No. : 1) 92397232 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : sohyh56@gmail.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  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

**Other Party Driver's Particular (if any)**

Vehicle Reg. No: SHC 8042R

Vehicle Reg. No: \_\_\_\_\_

Vehicle Make/Model: Hyundai (Grab)

Vehicle Make/Model: \_\_\_\_\_

Name Driver: Ng Hack KEE

Name Driver: \_\_\_\_\_

IC No. Driver: 90112809

IC No. Driver: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

Driver's Contact & Add: \_\_\_\_\_

passenger : Briscina  
mobile : 93804788

**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 300262442 QMX**Excess :** SGD500**Windscreen Excess :** SGD100

1. **Index Mark and Registration Number of Vehicle**  
SJN2179M

2. **Name of Policyholder**  
Goh Yan Huah

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
09/02/2022

4. **Date of Expiry of Insurance**  
08/02/2023

5. **Persons or Classes of Persons entitled to drive\***  
Goh Yan Huah  
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 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

Mack Eng  
Chief Executive Officer