

**NATIONAL Assessment Centre Services:** (wef 1 Jan 08) **SL0W226F0001**

Date In: 15/06/2022 15:24	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CB8/MSG22005671/4	E-mail (within 8hrs, AIC 2hrs)		
Veh No: SMU 18912	i-Motor Claim Form		
D.O.A: 14/06/2022 14:46	i-Motor W/O (Within: OD, 2hrs, TP 4hrs)		
OD: 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: SMU 234P 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: YBS ( ) / 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)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: \_\_\_\_\_

Date/Time	Actions

Particulars	Amount (\$)	Amount (\$)
Driver/Owner:		
Contact No:		
Damaged Portion:		
C Checked by (Engr-In-Charge):		
Auditors' Comments:		
L 1:		
L 2 / 3:		

Invoice Preparation Checklist		Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);			
2) DA: Damage Assessment (\$100);	INC (\$80)		
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) NI: Idac DA + SMRT Survey	\$160		
8) NTUC Additional Services:			
OD*	\$5		
*N5: Courtesy Car / Tpt Allowance	\$10		
*N6: Repair Co-ordination	\$25		
*N7: Post Repair Inspection	\$5		
*N8: DV / Collect Excess Coordination	\$20		
TP (N11): TP (Non-INC) against INC	\$0		
9) N12: Idac Mobile			
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	15/06/2022 15:24 (SGT)
Date of Accident	14/06/2022 14:40 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU1891Z
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO CHEE CHIEW SPENCER
NRIC No	SXXXX919D
Email Address	spencer_khoo@hotmail.com
Mobile Phone No	(Phone) +65-97736237
Alternative Phone No	+65-97736237

#### VEHICLE PARTICULARS

Manufacturer	Volvo
Model	V40
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	1498

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300348792 QMX
Cover Note Number	-

#### DRIVER

Name of Driver	KHOO CHEE CHIEW SPENCER
NRIC No	SXXXX919D

Date Of Birth .....	20/09/1982
Occupation .....	Indoor
Date Of Driving Pass .....	19/12/2002
Driving experience .....	19 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97736237
Alt. Phone Number .....	+65-97736237
Email Address .....	spencer_khoo@hotmail.com
Address .....	BLK 440 JURONG WEST AVENUE 1 #03-476
Address complement .....	-
Postcode .....	640440
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 .....	Side Swipe
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

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SLU234P
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

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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.

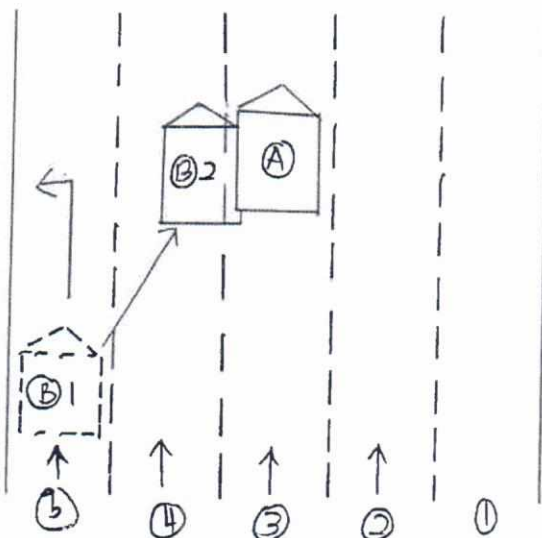
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan

VICTORIA ST JUNCTION.



VEHICLE (A) SMU 1891Z

(B) SLU 234P.

**Describe Circumstances of the Accident**

ON THE STATED DATE & TIME, I'M DRIVING MY VEHICLE (A)  
SMU 1891 Z TRAVELLING ALONG VICTORIA ST JUNCTION. I'M ON LANE 3,  
SUDDENLY A VEHICLE (B) SLU 234 P FROM LANE 6 CHANGE LANE TO LANE 3  
AND HIT ONTO LEFT SIDE OF MY VEHICLE. MY VEHICLE WAS DAMAGED

VEHICLE (A) SMU 1891 Z.

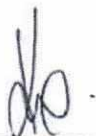
(B) SLU 234 P.

**Declaration**

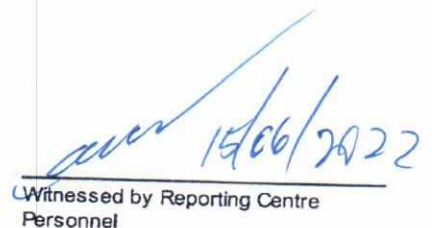
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



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



15/06/2022

Witnessed by Reporting Centre  
Personnel



# ACCIDENT STATEMENT

Date of accident: 14/06/2022 Time: 14 40 HRS.  
 Location of accident: VICTORIA ST. JUNCTION.

Vehicle Number: SMU 1891 Z.

Insurer: MSIG

Policy No: A 300348792 QMX

Name: KHOO CHEE CHIEW, SPENCER.

Email: Spencer\_Khoo@hotmail.com

Name: KHOO CHEE CHIEW, SPENCER.

Email: SPENCER\_KHOO@HOTMAIL.COM

Occupation: Indoor/Outdoor

Address: BLK 440 JURONG WEST AVE 1 #03 - 446 ST 640440.

Driving pass date: 19/12/2002

Relationship with Policyholder: OWNER

Make/Model: VOLVO V40

Eng. cc & Transmission: 1400cc.

Policy Type: TPFT/ TPO

NRIC/FIN no.: S8228919D.

Contact no.: 9773 6237.

NRIC/FIN no.: S8228919D.

Contact no.: 9773 6237.

D.O.B: 20/09/1982.

Weather conditions: Clear/ Raining

Road surface: Dry/ Wet

Police report: Yes/ No

Video Footage: Yes/ No

Prosecution Letter: Yes/ No

If Yes against whom: \_\_\_\_\_

Passenger (incl. Driver): 01 Please provide ALL passengers details:-

Passenger 1

Passenger 2

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

Gender: \_\_\_\_\_

Male / Female

Male / Female

Witness: Yes/ No

If Yes, provide injuries details:-

Witness 1

Witness 2

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

Contact no.: \_\_\_\_\_

Injuries: Yes/ No

If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
_____	_____	Yes/ No	Yes/ No
_____	_____	Yes/ No	Yes/ No

Vehicle B

Vehicle C

Vehicle no.: (B) SLU 234 P.

Driver name: \_\_\_\_\_

NRIC/ FIN no.: \_\_\_\_\_

Contact no: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Remarks: \_\_\_\_\_

(Make/Model, Passenger, property info & etc)

Claim Type: Own Damage/ Third Party/ Reporting Only

Workshop: \_\_\_\_\_

Policyholder/  
driver

Signature: [Signature]



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 300348792 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SMU1891Z

2. Name of Policyholder  
Khoo Chee Chiew Spencer

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
28/11/2021

4. Date of Expiry of Insurance  
27/11/2022

5. Persons or Classes of Persons entitled to drive\*  
Khoo Chee Chiew Spencer

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