

NATIONAL Assessment Centre Services

(Unit 1 Job No)

3104229.00001

Ref No: 31/09/2022 12:04

Job No: NRAM/22092914

Job No: SMK 72880

QW: 20/09/2022 15:30

TP / Reporting Only

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (with 1st, 2nd, 3rd)		
1-Motor Claim Form		
1-Motor W/O (with 1st, 2nd, 3rd, 4th)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/WKSP		

referred WKSP / INC Ass'n WKSP / QW: ()

P Particulars: Yeh No: SHB 6383A INC () / Non-INC ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: () Date: () Thing: ()

Confirmed by: () Insured/Driver Liability: () % (Note: Est. Status (WO): NI 0-20% P: 21-79% P: 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: 1 to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () Invoice: YES () / NO () Towing Co: ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

3) Upload Survey Photo (Repair Cost > \$3000) ()

Injury: ()

Action: ()

Driver/Owner: ()

Contact No: ()

Damaged Portion: ()

C Checked by (Engr-In-Charge): ()

Director: ()

Unit: ()

2/3

Invoice Description	Amount
1) AR: Accident Report Log (\$30)	
2) DA: Damage Assessment (\$100)	
3) TP: Towing Fee (\$40/245)	
4) FT: Follow-Through Survey (\$120)	
5) PT: Follow-Through Survey (Post-survey) (\$30)	
For claimant against INC Only (over 10 Jan 2023)	
6) TR: Re-inspection (\$75)	
7) NI: 1st DA + SMART Survey (\$160)	
8) NTUO: Additional Services	
ON:	
IN: 1st Courtesy Car / Tpl Allowance	\$5
IN: 1st Repair Coordination	\$15
IN: 1st Post Repair Inspection	\$25
IN: 1st DY / Collect Excess Coordination	\$5
TP (NI) / TP (Post INC) against INC	\$10
9) NI: 1st Mobile	\$10
Invoice dated	
Invoice dated	

Not Charged
Per Charged

10/25

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 Actual 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	21/09/2022 13:04 (SGT)
Reported by	Both
Date of Accident	20/09/2022 15:30 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7288D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ENG PANG HOW MARK
NRIC No	SXXXX403Z
Email Address	markadinho@hotmail.com
Mobile Phone No	(Phone) +65-96550420
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 300479140 QMY

DRIVER

Name of Driver	ENG PANG HOW MARK
NRIC No	SXXXX403Z
Date Of Birth	20/09/1986
Occupation	Indoor

Date Of Driving Pass	18/07/2006
Driving experience	16 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96550420
Alt. Phone Number	-
Email Address	markadinho@hotmail.com
Address	BLK 93A TELOK BLANGAH STREET 31 #04-157
Address complement	-
Postcode	101093
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	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6383A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHAMED EUSOFF S/O SEENI MOHAMAD
NRIC No	SXXX698B

Contact Number	(Phone) +65-92299574
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO: SMK7288D
DATE OF ACCIDENT: 20/9/22

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. 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.

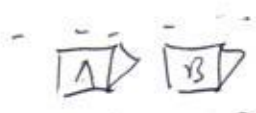
Policyholder's Signature / Date & Time

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

20/9/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Along Victoria Street

A - SMK7288D

B - SHB 6383A

Describe Circumstances of the Accident VEHICLE NO: SMK7288D

DATE OF ACCIDENT: 20/9/22

I was driving along Victoria Street when B vehicle (SMB6383 A) stopped and I hit his rear.

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

20/09/2022

NOTE IF ACCIDENT REPORT SUBMITTED AFTER 24 HOURS NCD WILL BE AFFECTED

ACCIDENT DETAILS

DATE OF REPORT: 21/9/22 ACCIDENT DATE & TIME: 20/9/22, 330pm
ACCIDENT LOCATION: Along Victoria Street
COUNTRY: SINGAPORE OR MALAYSIA

VEHICLE DETAILS/OWNER'S DETAILS

VEHICLE NO: SMK7288D POLICY NUMBER: B300479140 GMY
OWNER'S NAME: Eng Pang How Mark HP/OFFICE: 96550420
NRIC NO: S86264032 COVERAGE: COM/TPFT/TP
EMAIL: markadinho@hotmail.com

(msic) INSURANCE: NTUC DIRECT ASIA AXA HL FWD BUDGET ECICS

VEHICLE PARTICULARS

MAKE & MODEL: Honda Vezel
VEHICLE CATEGORY: PRIVATE OR PRIVATE HIRE OR COMMERCIAL
PURPOSE DURING ACCIDENT:

CLAIM: OWN DAMAGE REPORTING ONLY THIRD PARTY

DRIVER DETAILS

OTHER PARTY'S DETAILS

NAME: Eng Pang How Mark
NRIC NO: S86264032
DATE OF BIRTH: 20/9/86
OCCUPATION: INDOOR OR OUTDOOR
PASSED DATE: 18/7/06
GENDER: FEMALE OR MALE
HP NUMBER: 96550420
ADDRESS: 93A Telok Blangah 4 31 #04-157
POSTCODE 101093
EMAIL: markadinho@hotmail.com
R/S WITH POLICYHOLDER: Self
WEATHER CONDITION: DRY / CLEAR / WET / RAIN
INJURY: NIL
DOES DRIVER OWN OTHER VEH? No
IF YES, CAR NO: INSURANCE CO:
POLICE REPORT:
VIDEO FOOTAGE OR VOICE RECORD:
OFFER BY OTHER WORKSHOP:
NO OF VEHICLE INVOLVED:
WITNESS: IF YES - NAME&HP:
NO PPL IN CAR:
PASSENGER NAME (NAME AND GENDER):

VEHICLE NO: SHB6383A
NAME: Mohamed Eusoff s/o Seenii Mohamed
NRIC NO: S7619698B
HP NUMBER: 92229574
INSURANCE:
ADDRESS:
MODEL:
VEH CATEGORY: Taxi
PASSENGER:

- 1)
- 2)
- 3)

**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

MOTORMAX PLUS RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

Name	: Eng Pang How Mark	Date of Issue	: 15/09/2022
Address	: 93A Telok Blangah Street 31 #04-157 Singapore 101093	Policy No.	: B 300479140 QMY
		Account No.	: 4900
		Period of Insurance	: 18/09/2022 to 17/09/2023
		Premium	: SGD899.91 (inclusive of GST)

RISK NUMBER 1

Insured Details

Registration No.	: SMK7288D	Year of Registration	: 2020
Make/Model	: Honda Vezel 1.5X CVT	Capacity	: 1496 C.C.
Engine No.	: L15B5572134	Seating Capacity	: 05 (Incl. Driver)
Chassis No.	: RU11322095	Off-peak Car	: No
Financial Interest	: Maybank Singapore Limited as Hire Purchase Owners		

Coverage Details

Type of Cover	: Comprehensive	Sum Insured	: Market Value at the Time of Loss
Windscreen	: Unlimited	Windscreen Excess	: SGD100
No Claim Discount	: 50%	NCD Protector	: Not Covered
Annual Premium	: SGD841.04		
Excess	: SGD500 (Own Damage Excess)		
Authorized Driver(s)	: Eng Pang How Mark Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile And Medical Assistance Services Endorsement

The Automobile and Emergency Medical Evacuation and Repatriation Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE