

NATIONAL Assessment Centre Services

(Unit 1-24-2021)

SL01/22A00001

Date In: 10/10/2022 12:28	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CBM/M86 220099547			
Veh No: SMZ 295A	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 09/10/2022 19:25	I-Motor Claim Form		
QC (TR) Reporting Only	I-Motor W/O (within 30 mins, 15 mins)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / CW: (Tel:	Fax:
TP Particulars: Vch No: FBQ 9636 T	INC () / Non-INC ()	
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured Driver Liability: ()	(1) (Note-List Status (WO): 10-9-2011, P-01-79%, 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 & Subject to NO refer of repater.

() Total Loss Case : to e-mail Insurer URGENTLY.

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

Remarks: (INS Notifier: 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:

NA2202814	Invoice Preparation Checklist
1) AR: Accident Reporting (\$300)	
2) DA: Damage Assessment (\$1000)	INC (\$50)
3) TF: Towing Fee	\$40/\$40
4) PF: Follow-Through Survey	\$100
5) PF: Follow-Through Survey (Excess)	\$20
6) TR: Repression	\$70
7) NI: NI: DA - DMPT Survey	\$140
8) NIUC: Additional Test (NIUC)	
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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	10/10/2022 12:29 (SGT)
Reported by	Both
Date of Accident	07/10/2022 19:25 (SGT)
Exact Location of Accident	Vanda Rd, Singapore
Additional Location Information	TOWARDS DUNEARN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ295A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUA YANG CREDIT PTE LTD
Company Reg No	1XXXXX112G
Email Address	deantan30@gmail.com
Mobile Phone No	(Phone) +65-81386364
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300290798 MTR

DRIVER

Name of Driver	TAN YOU SHENG DEAN
NRIC No	TXXXX576G
Date Of Birth	29/08/2000
Occupation	Indoor

Date Of Driving Pass	24/10/2019
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-81386364
Alt. Phone Number	-
Email Address	deantan30@gmail.com
Address	BLK 152 BUKIT BATOK STREET 11 #02-276
Address complement	-
Postcode	650152
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 - Major/Minor Rd
Weather Conditions	AFTER RAIN
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

PASSENGER 1

Name	NG CHUN KIAT
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221008/7047

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	FBQ9636T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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 willful 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

Sketch Plan

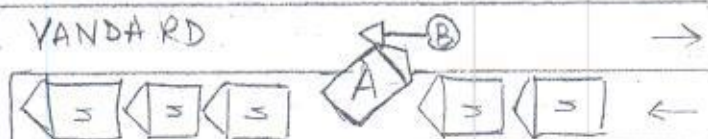
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

VEH(A) SMZ 295A

ETON SCHOOL HOUSE

VEH(B) FBQ 9636T. YANDA RD

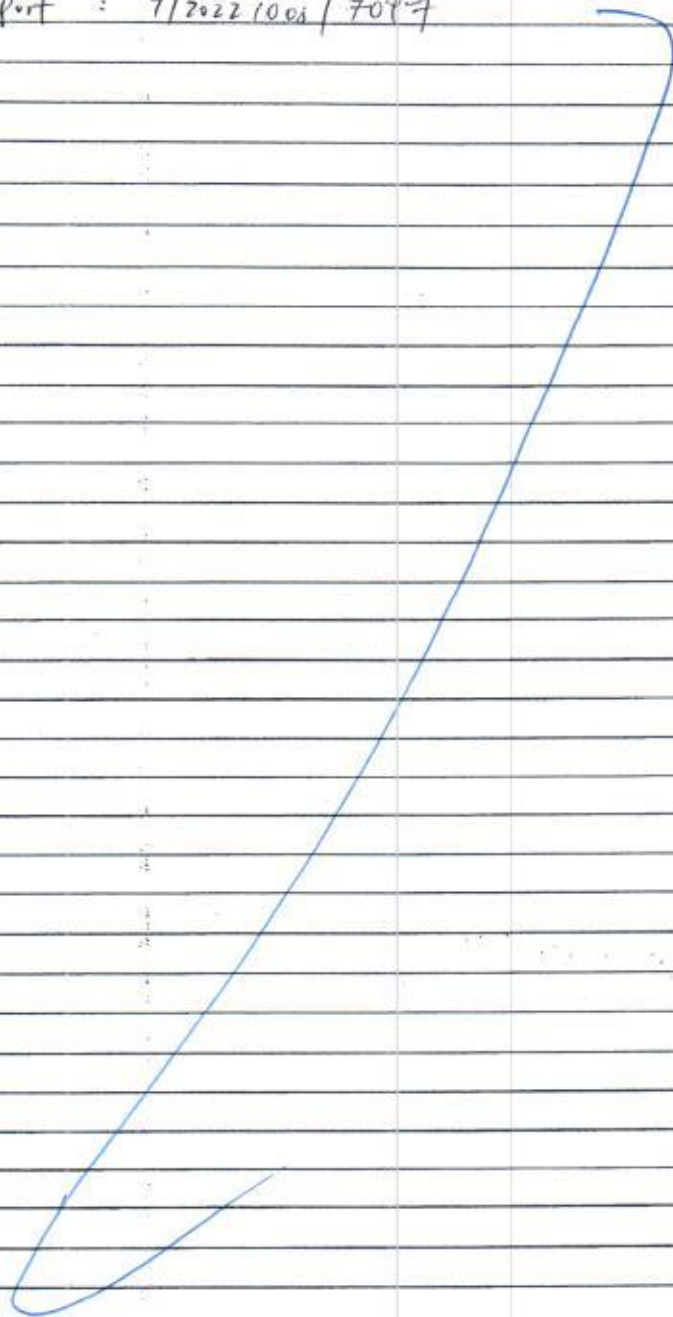


U Unknown Vehicles.

ESSO
DUNEARN

Describe Circumstances of the Accident


Refer to Police Report : 7/2022 1003 / 7077



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


Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20221008/7047

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20221008/7047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2022 17:39		Vide Report No.: E/20221007/0132		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN YOU SHENG DEAN			Address: 152 BUKIT BATOK STREET 11 #02-276 SINGAPORE 650152		
ID Type / ID No.: NRIC NO / T0029576G			Contact No.: Home/Office: Mobile: 81386364		
Nationality: SINGAPORE CITIZEN			Email: deantan30@gmail.com		
Sex: Male	Age: 22	Date of Birth: 29/08/2000	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/10/2022 19:25	Type of Location:
Location: DUNEARN ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMZ295A	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20221008/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20221008/7047

CONTINUATION OF REPORT

Driver				
Name	TAN YOU SHENG DEAN		ID No.	T0029576G
Related Vehicle	SMZ295A (Car)		Contact No.	81386364
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Rider				
Name	AMIRUL		ID No.	S9732440I
Related Vehicle	NIL		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight

Brief Details.

On the stated date and time, I was driving SMZ295A exiting Esso Dunearn Petrol Station via the exit towards Vanda Road.

There was a long queue of vehicles stationary along Vanda Road towards Dunearn Road due to the peak hour jam along Dunearn Road.

I was stationary at the hump at the exit waiting for the opportunity to turn right onto Vanda Road when a vehicle on my right came to a stop before the exit to give way to me.

As such, I slowly moved off and wanted to make a right turn onto Vanda Road towards Vanda Ave direction.

As I was slowly inching out, I also noticed that the lane of Vanda Road towards Dunearn Road was only wide enough for 1 vehicle to pass through, leaving absolutely no space even for a bike to squeeze through without travelling against the flow.

Nonetheless, I still moved very cautiously, executing my right turn onto Vanda Road towards Vanda Ave.

The front portion of my vehicle had passed the single continuous white line separating both directions of Vanda Road, when a motorbike FBQ9636T, which was travelling against the flow of traffic, suddenly appeared at high speed and collided into the front left portion of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20221008/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 4

Report No. T/20221008/7047

CONTINUATION OF REPORT

The rider lost his balance and fell only after making contact with my vehicle.

I was in a state of shock as I would never have expected said rider to travel against the flow of traffic, furthermore, at fast speed. There was no way I could have reacted in time to avoid the collision.

Ambulance and traffic police arrived and the rider was conveyed by ambulance.



**SINGAPORE
POLICE FORCE**



T/20221008/7047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20221008/7047

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
LEE GUANG HUI
Contact No.: 65476423

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

Date/Time:
08/10/2022 17:39

Classification Of Case:

Date of Accident : 07/10/2022 Accident Time: 1920 (24-HR-FORMAT)
 Accident Place : Vanda Road towards Punearn Road
 Vehicle Reg. No (Car plate No.) : SMZ295A Vehicle Make/Model: Honda Jazz
 Insurance Company : MSIG Policy No. A300290798 MTR
 Name of Registered Owner : Company/ Individual Hua Yang Credit Pte Ltd
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: _____
 : Co Contact No: _____ Owner's Contact No: _____
 DRIVER'S Name : Tan You Sheng ^{Dean} DRIVER'S NRIC No: T00295766
 DRIVER'S Date of Birth : 29/08/00 DRIVER'S License Pass Date 29/10/2019
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : Blk 152 Bukit Batok St 11 # 02-276 S650152
 DRIVER'S Contact No./ Alt No. : 1) 8138 6364 2) _____
 DRIVER'S Occupation : INDOOR/OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : deantan30@gmail.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WBT
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (including Driver): 02 Passenger Name Ng Chun Kiat 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: _____
 Injured Name: _____
 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: <u>FBQ 9636 T</u>	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

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, 1995 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

MOTOR TRADE (ROAD RISK)

MotorTrade Road Risk Third Party Only Contract

Certificate No. A 300290798 MTR

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.

2. Name of Policyholder

Hua Yang Credit Pte Ltd

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

01/04/2022

4. Date of Expiry of Insurance

31/03/2023

5. Persons or Classes of Persons entitled to drive*

*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 Motor Trade purposes. The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.

N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

* 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

Mack Eng
Chief Executive Officer

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0922 Vehicle Registration No: SMZ295A
 Name (as shown in NRIC): TAN YU SHENG DEMY NRIC/FIN/Passport No: XXXX576G
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 8138 6364
 Email Address: _____
 Date of Accident: 07/10/2022 Time of Accident: 19:25
 Place of Accident: VALENTIA ROAD TOWARDS DUNKIN ROAD
 Insurance Company: M814

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

INSURED XIANMA TO HUA YONG CREDIT PTE LTD

Policyholder / Actual Driver's Signature
Date:

gum 10/10/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: