

NATIONAL Assessment Centre Services

(Ref: 1-2-022)

500422AB5001

Date In: 11/10/2022 11:38	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CBA/m8622099991	E-mail (write this, A/C this)		
Veh No: SKW 4789E	I-Motor Claim Form		
D.O.A: 10/10/2022 14:30	I-Motor W/O (write on this, if any)		
CO: (T) Reporting Only	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax - Hand to Owner/Whom		

Preferred Wksp / INC Assign Wksp / GW: (	Tel:	Fax:
TP Particulars: Veh No: YP6850T	INC () / Non-INC ()	
Owner / Driver: (	Tel:	
Policy No: () Period: ()	Cover Type: ()	
Confirmed by: (	Date:	Time:
Insured Driver Liability: () % (Note: Ltd Status (WO): 10-0-2011, 1-21-79%, 1-30-100%)		
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 repair.

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

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

Remarks: () UN(S) (Ref: 0788, 0010)

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

2) CO Check / Post Repair Inspection ()

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

Injury: ()

Date / Time / Action:

Important Particulars:	Invoice Preparation Checklist	Amount	Remarks
Owner/Owner:	1) AR: Accident Reporting (\$20)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$55)	
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)		
Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey (\$120)		
	5) PT: Follow-Through Survey (Repairway) (\$20)		
	6) TR: Re-Survey (\$70)		
	7) NI: NI: DA + SMIT Survey (\$140)		
	8) NTUC Additional Term ()		
	9) NI: NI: DA + SMIT Survey (\$140)		
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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	11/10/2022 11:39 (SGT)
Reported by	Both
Date of Accident	10/10/2022 14:30 (SGT)
Exact Location of Accident	Flower Rd, Singapore
Additional Location Information	OUTSIDE HOUSE 4F
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4789E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YONG CHUK CHUEN
NRIC No	SXXXX155Z
Email Address	stevenyong929@yahoo.com
Mobile Phone No	(Phone) +65-96200388
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2493

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	D 300572169 QMY

DRIVER

Name of Driver	YONG CHUK CHUEN
NRIC No	SXXXX155Z
Date Of Birth	29/09/1972
Occupation	Indoor

Date Of Driving Pass	17/09/2007
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96200388
Alt. Phone Number	-
Email Address	stevenyong929@yahoo.com
Address	20 BALMORAL CRESCENT #10-01
Address complement	-
Postcode	259917
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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	YP6850T
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	KIM HAN
Contact Number	(Phone) +65-88338026

* 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 wilful misrepresentation or withholding of material facts may allow insurance companies to reudiate 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 insurers 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/are 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.

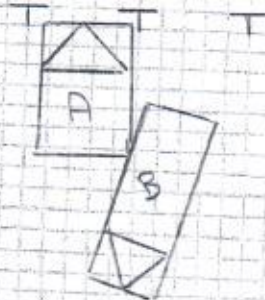
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

FLOWER ROAD OUTSIDE HOUSE 4F



Vehicle A - SKW4789E
Vehicle B - YP6850T

Describe Circumstances of the Accident

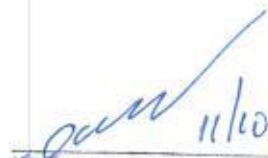
My vehicle was stationary. Someone call and told me my vehicle was damage. I come down and see and my rear portion was damage by vehicle B.

Declaration

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

 11/10/2022
Witnessed by Reporting Centre Personnel

Date of Accident : 10/10/2022 Accident Time: 1430HRS (24-HR-Format)
Accident Place : FLOWER ROAD OUTSIDE HOUSE 4F
Vehicle. No. (Car Plate No.) : SKW 4789E Make/Model: TOYOTA ALPHARD
Insurance Company : MSIG Policy No: D300572169QMY
Owner or Company Name /IC No. : YONG CHUK CHUEN S7235155Z
Owner or Company Contact No. : 96200388 Owner's Hp - Company Tel
DRIVER'S Name / IC No. : -
DRIVER'S Date Of Birth : 24/09/1972 DRIVER'S License Pass Date 17/09/2007
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : 20 BALMORAL CRESCENT #10-01S(2599(7))
DRIVER'S Contact No./ Alt No. : 1) - 2) -
DRIVER'S Occupation : ~~INDOOR~~ OUTDOOR (e.g. working inside or outside office)
Email Address : stevenyong929@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): 0
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
Any Injury (If YES, Pls state): -

Other Party Driver's Particular (if any)

Vehicle. No: YP 6850T	Vehicle. No: _____
Vehicle Make/Model: SUZUKI	Vehicle Make/Model: _____
Name Driver: KIM HAN	Name Driver: _____
IC No. Driver/Contact: 88338026	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

17:45

5G

Done D_30057216...



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 PLUS
Comprehensive

Certificate No. D 300572169 QMY

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKW4789E
2. Name of Policyholder
YONG CHUK CHUEN
3. Effective Date of the Commencement of Insurance for the purposes of the Act
30/04/2022
4. Date of Expiry of Insurance
29/04/2023
5. Persons or Classes of Persons entitled to drive*
YONG CHUK CHUEN
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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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 offence 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 an Amendment, Act or Acts passed in substitution thereof.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Mack Eng
Chief Executive Officer

PQMFSPM202204241249

