

# NATIONAL Assessment Centre Services

SL0/22A P0001

Due for 25/10/2022 15:14

Ref No: EBA/MS/22010519/Y

Val No: SLB 1102P

D.O.A: 24/10/2022 16:30

OD: TP - Reporting Only

Job description

SAS e-Billing

E-mail (whole time, A/C time)

E-Motor Claim Form

E-Motor W/O (whole 00:00, 00:00)

E-Phone Uploaded

Assessment/Survey Report

Ass't Report by Fax - Hand to Owner When

TP Particulars

Preferred Vins / INC Assgn Wksp / GWs:

TP Particulars: Veli No: SLB 87204

Owner / Driver:

Policy No:

Period:

Confirmed by:

Int. Ver Driver Liability:

1) (Note-Br. Status (INC) 11-2-2011 P-21-799% P-20-11-01)

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 Cost: to e-mail Insurer URGENTLY.

Driver-In:

Towed-In:

Invoice: YES ( ) / NO ( )

Towing Cost:

Remarks: (INC Bill No: 07886615)

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

2) E-Check / Post Repair Inspection ( )

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

Invoice:

Date Turn:

Amount:

Amount:

Amount:

Amount:

Amount:

Amount:

Amount:

Amount:

Amount:

Amount:

Amount:

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Amount:

## Invoice Preparation Checklist

1) A/C - Accident Assessment (150)	
2) D/A - Damage Assessment (150)	INC (150)
3) T/F - Towing Fee	\$150
4) T/F - Towing Fee - Survey	\$150
5) T/F - Towing Fee - Survey (Repairer)	\$150
6) T/F - Towing Fee - Survey (Repairer)	\$150
7) T/F - Towing Fee - Survey (Repairer)	\$150
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99) T/F - Towing Fee - Survey (Repairer)	\$150
100) T/F - Towing Fee - Survey (Repairer)	\$150

Invoice Particulars:

Owner / Driver:

Contact No:

Address / Postcode:

Checked by (Sign-In-Charge):

Signature:

Signature:

Signature:

Signature:

Signature:

Signature:

Signature:

Signature:

Free Charge

Free Charge

Free Charge

Free Charge

Free Charge

Free Charge



## 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	25/10/2022 15:14 (SGT)
Reported by	Both
Date of Accident	24/10/2022 16:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	SLIP ROAD TOWARDS JURONG TOWN HALL ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1402P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SHING KIN HONG
NRIC No	SXXXX705D
Email Address	hcrmyself@gmail.com
Mobile Phone No	(Phone) +65-81122389
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300536709 AT2

### DRIVER

Name of Driver	SHING KIN HONG
NRIC No	SXXXX705D
Date Of Birth	05/05/1956
Occupation	Indoor

Date Of Driving Pass	13/11/2008
Driving experience	13 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81122389
Alt. Phone Number	-
Email Address	hcrmyself@gmail.com
Address	BLK 32 TEBAN GARDENS ROAD #09-354
Address complement	-
Postcode	600032
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)	3
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	WIFE
Gender	Female

#### PASSENGER 2

Name	MAID
Gender	Female

#### 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	SLJ8720H
Vehicle Manufacturer	Suzuki
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	EFFENDY BIN JAMBARI
NRIC No	SXXXX909G
Contact Number	(Phone) +65-90889450
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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

*Shing Kin Hong.*

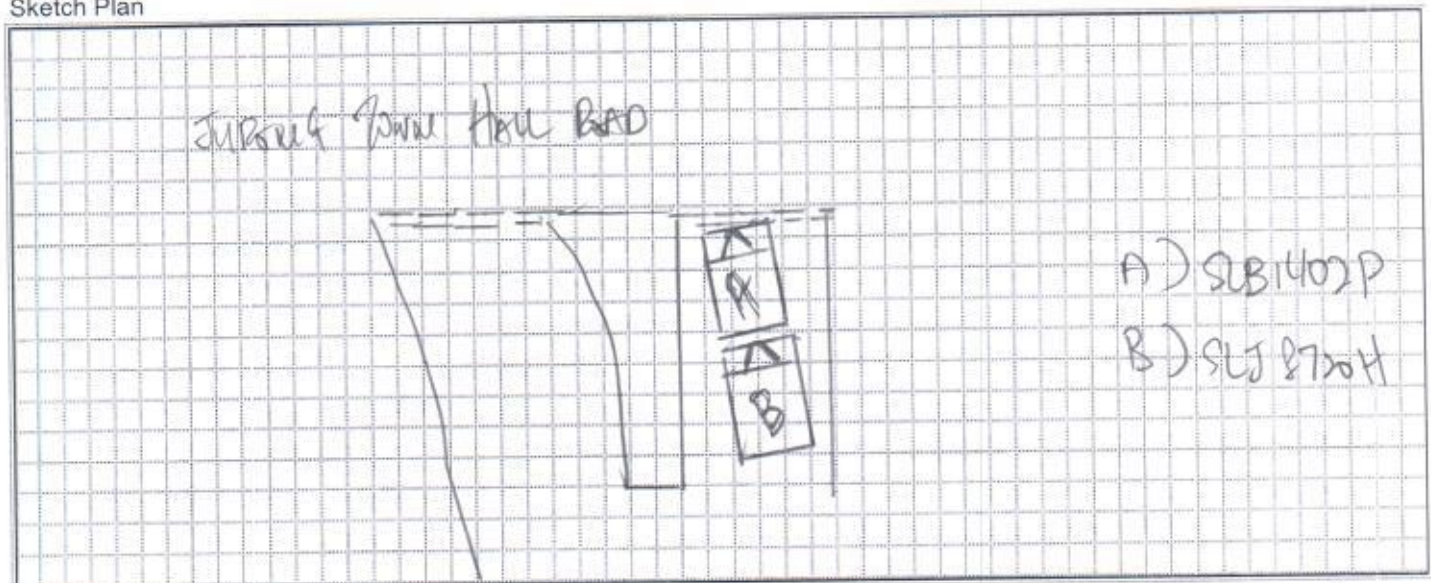
Policyholder's Signature / Date & Time

OCT-25 2022

Sketch Plan

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



From A/E

Describe Circumstance of the Accident

I was driving my car, SLB 1402P with my wife and my mate along AYE towards Teban Garden. When I facing Jurong Town Hall Road and took a filter lane on the left towards Teban Garden. I check the traffic at my right hand side and stop at the junction of Jurong Town Hall Road. Then a double decker bus pass and a blue color taxi pass. I check again the right hand side traffic, no oncoming vehicles. Then I almost to go. But suddenly, a car SLJ 8720H hit my car (back truck)

Declaration

I/We declare the foregoing particulars are true in every respect.

Shing, Ken Hong  
Policyholder's Signature / Date & Time

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

25/10/2022  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



# ACCIDENT STATEMENT

ACCIDENT DATE: (24/10/2022) (DD/MM/YYYY), TIME: (16:30) (HH:MM)

LOCATION: SLIP ROAD FROM AYE TOWNSHIP JUNCTION TOWN HALL ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 1402P  
 b) INSURANCE COMPANY: MSL  
 c) POLICY NUMBER: A20053601 012  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL:  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME:  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: SHUNT KIN HONG (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S27037056 CONTACT: 81122389  
 c) ADDRESS: BLK 32, TERESA GARDENS ROAD  
 401-354 600032

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER  
 a) NAME: DR. ARJUN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: CONTACT:  
 c) ADDRESS:

- \* d) DATE OF BIRTH: (05/05/1986) (DD/MM/YYYY)  
 e) OCCUPATION: (INDOOR / OUTDOOR)  
 f) DATE OF DRIVING PASS: 12/11/2008  
 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:  
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)  
 6. WAS ANYBODY INJURED (YES/NO)  
 7. a) REPORTED TO POLICE (YES/NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION:

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ 8720H MODEL:  
 b) DRIVER'S NAME: EFFENDY BIN JAMBAU  
 c) NRIC/FIN/PASSPORT: S20229094 CONTACT: 90889450

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT:

Email: hkyammysoupe@gmail.com  
 VIDEO hcrmyself@gmail.com

WIFE  
 MAID

No of passengers  
 (including driver)  
 (3)

No of passengers  
 (including driver)  
 ( )

No of passengers  
 (including driver)  
 ( )

**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.

**TOYOTA DRIVEELITE  
Comprehensive****Certificate No.** A 300536709 AT2**Excess :** SGD500**Windscreen Excess :** SGD100

1. **Index Mark and Registration Number of Vehicle**  
SLB1402P

2. **Name of Policyholder**  
Shing Kin Hong

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
29/03/2022

4. **Date of Expiry of Insurance**  
28/03/2023

5. **Persons or Classes of Persons entitled to drive\***

Shing Kin Hong, Xie Weiying

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 BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS. WINDSCREEN EXCESS IS WAIVED AT BORNEO MOTORS (S) PTE LTD FOR WINDSCREEN RELATED CLAIMS. THIS POLICY INCLUDES COURTESY CAR BENEFIT.

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