

# NATIONAL Assessment Centre Services

(part 1 of 2)

560/2176001

Date In: 17/11/2022 12:57

Ref No: CBA/m86220/154414

Veh No: SDS 5996X

D.O.A: 16/11/2022 - 19/11

OD: TP / Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (with: 3hrs, A/C 2hrs)

I-Motor Claim Form

I-Motor W/O (with: 3hrs, A/C 2hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

70 2176C

INC ( ) / Non-INC ( )

Tel:

Owner / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

(Note: Bst Status (WO): N: 0-2014, P: 21-79%, F: 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 repair.

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

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

Remarks:

(INC hotline: 6788-6616)

Date & Time Completed

Done by

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

On: Tuna

Action:

Informant's Particulars:

Owner/Owner:

Contact No:

Damaged Portion:

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

Comments:

## Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$50)
3) TP: Towing Fee	\$40/\$45
4) FT: Follow-Through Survey	\$150
5) FT: Follow-Through Survey (Resurvey)	\$30
Resurveying system INC Daily Cover 10 Jan 2023	
6) TR: Re-inspection	\$70
7) NI: Idea DA + SMRT Survey	\$140
8) NTUC Additional Services:	
OD:	
*NI: Courtesy Car / Tpt Allowance	\$5
*NI: Repair Coordination	\$10
*NI: Post Repair Inspection	\$20
*NI: DV / Collect Excess Coordination	\$1
*NI: TP (Non-INC) against INC	\$10
9) NI: 24hrs Mobile	

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 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	17/11/2022 12:57 (SGT)
Reported by	Both
Date of Accident	16/11/2022 19:14 (SGT)
Exact Location of Accident	Depot Rd, Singapore
Additional Location Information	TOWARDS HENDERSON ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS5996X
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SIM LIONG SENG
NRIC No	SXXXX650I
Email Address	hcrmyself@gmail.com
Mobile Phone No	(Phone) +65-98277132
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	J 300474332 QMY

#### DRIVER

Name of Driver	SIM LIONG SENG
NRIC No	SXXXX650I
Date Of Birth	08/10/1958
Occupation	Indoor

Date Of Driving Pass	06/10/1979
Driving experience	43 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-98277132
Alt. Phone Number	-
Email Address	hcrmyself@gmail.com
Address	BLK 114 BUKIT PURMEI ROAD #05-229
Address complement	-
Postcode	090114
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	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	YQ2176C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SHANMUGAM CHANDRAN
Passport No/FIN	GXXXX204K

Contact Number	(Phone) +65-83745068
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	SIM LIONG SENG
Gender	Male
Phone No	(Phone) +65-98277132
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SDS5996X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

**IMPORTANT NOTICE**

VEHICLE NO:  
DATE OF ACCIDENT:

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 17/11/22  
Policyholder's Signature / Date & Time

[Signature] 17/11/22  
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 17/11/2022  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident VEHICLE NO:

DATE OF ACCIDENT:

I was travelling along Depot Road Towards Henderson.  
As I was approaching the traffic junction, I slowed down due to  
red traffic light and as I was coming to a stop, vehicle (B) hit my  
car (A) from behind as the driver could ~~not~~ not stop in time.  
I was not feeling well the next day, and went to see a doctor.

REPORTING ONLY ( )

OWN DAMAGE ( )

THIRD PARTY (X)

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.

(Signature) 17/11/22  
Policyholder's Signature / Date &  
Time

(Signature) 17/11/22  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

(Signature) 17/11/2022  
Witnessed by Reporting Centre  
Personnel



**ACCIDENT REPORTING FORM**

Date of Accident: 16/11/2022 Time of Accident: 19:14 (24Hrs)  
Vehicle No: ~~SD~~ SDS5996X Vehicle Make/Model: Toyota Camry  
Exact Location of Accident: Depot Road towards Henderson Road  
Owner's Name/NRIC: Sim Liong Seng / S12846501  
Driver's Name/NRIC: Sim Liong Seng / S12846501  
Driver's Contact: 98271132 Insurance Co & Policy No: MSIA / J300474332 Qmy  
Driver's Email Address: hermyself@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: -

Reporting Party: 1) ☒ Owner 2) ☐ Driver 3) ☐ Owner & Driver

What do you wish to claim (Please circle one only)

1) Own Insurance 2) ☒ Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

☒ Private Use / ☐ Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / ☒ Drizzling & Wet

Occupation

☒ Indoor / ☐ Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

☒ Yes / ☐ No If Yes, which police station? \_\_\_\_\_

The Other Party (Vehicle B) Details

Driver's Name/IC: Shanmugam Chandran  
(G2131204K)

Vehicle No: YQ2176C

Insurance Company: \_\_\_\_\_

Driver's Contact: 83745068

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): \_\_\_\_\_

Passengers

Vehicle A: 1 driver, 0 passenger  
Vehicle B: Unknown

Language Used

☒ Mandarin / English / ☐ Malay / ☐ Tamil / OTHERS: \_\_\_\_\_



**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.** J 300474332 QMY

**Excess :** SGD300

**Windscreen Excess :** SGD100

**1. Index Mark and Registration Number of Vehicle**  
SDS5996X

**2. Name of Policyholder**  
Sim Liong Seng

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**  
22/09/2022

**4. Date of Expiry of Insurance**  
21/09/2023

**5. Persons or Classes of Persons entitled to drive\***  
Sim Liong Seng

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 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