

NATIONAL Assessment Centre Services (Int'l & Local) **SLOV23190001**

Date In: 16/01/2022 14:56	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CBA/M842300049114	E-mail (within 3hrs, AIC this)		
Veh No: 8120 8680J	I-Motor Claim Form		
D.O.A: 13/01/2023 14:37	I-Motor W/O (White: OD this, TP this)		
OD: (TP) Reporting Only	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: SMG 98317 INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est Status (WO): 1: 0-30%, P: 31-70%, 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 repater.

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

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

Remarks: (INC 1001007830019) Done 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: ()

Date / Time: ()

Actions: ()

Invoice Preparation Checklist	Yes	No	Remarks
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)			
3) TP: Towing Fee (\$10/\$40)			
4) PT: Follow-Through Survey (\$15)			
5) PT: Follow-Through Survey (Resurvey) (\$30)			
6) TR: Redirection (\$10)			
7) NI: Issue DA & SMRT Survey (\$140)			
8) NTUC Additional Fee (\$10)			
9) NTUC Additional Fee (\$10)			
10) NTUC Additional Fee (\$10)			
11) NTUC Additional Fee (\$10)			
12) NTUC Additional Fee (\$10)			
13) NTUC Additional Fee (\$10)			
14) NTUC Additional Fee (\$10)			
15) NTUC Additional Fee (\$10)			
16) NTUC Additional Fee (\$10)			
17) NTUC Additional Fee (\$10)			
18) NTUC Additional Fee (\$10)			
19) NTUC Additional Fee (\$10)			
20) NTUC Additional Fee (\$10)			

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

Signature: ()

Date: ()

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	16/01/2023 14:56 (SGT)
Reported by	Both
Date of Accident	13/01/2023 13:37 (SGT)
Exact Location of Accident	Punggol Rd End, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD8680J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NG BEE HOON (HUANG MEIYUN)
NRIC No	SXXXX535D
Email Address	hcrmyself@gmail.com
Mobile Phone No	(Phone) +65-98300179
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Sylphy
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	D 300664781 QMY

DRIVER

Name of Driver	EDWARD TEO JUN HUI
NRIC No	SXXXX248G
Date Of Birth	05/07/1994
Occupation	Indoor

Date Of Driving Pass	14/05/2016
Driving experience	6 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98300179
Alt. Phone Number	-
Email Address	hcrmyself@gmail.com
Address	BLK 414 ANG MO KIO AVENUE 10 #12-933
Address complement	-
Postcode	560414
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
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)	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	SMG9831T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HUANG BORONG
NRIC No	SXXXX919H

Contact Number	(Phone) +65-90014852
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:
DATE OF ACCIDENT:

IMPORTANT NOTICE

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5. **Any false reporting may be referred to the Police for investigation.**
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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

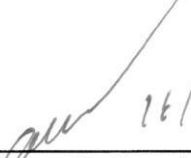
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &
Time

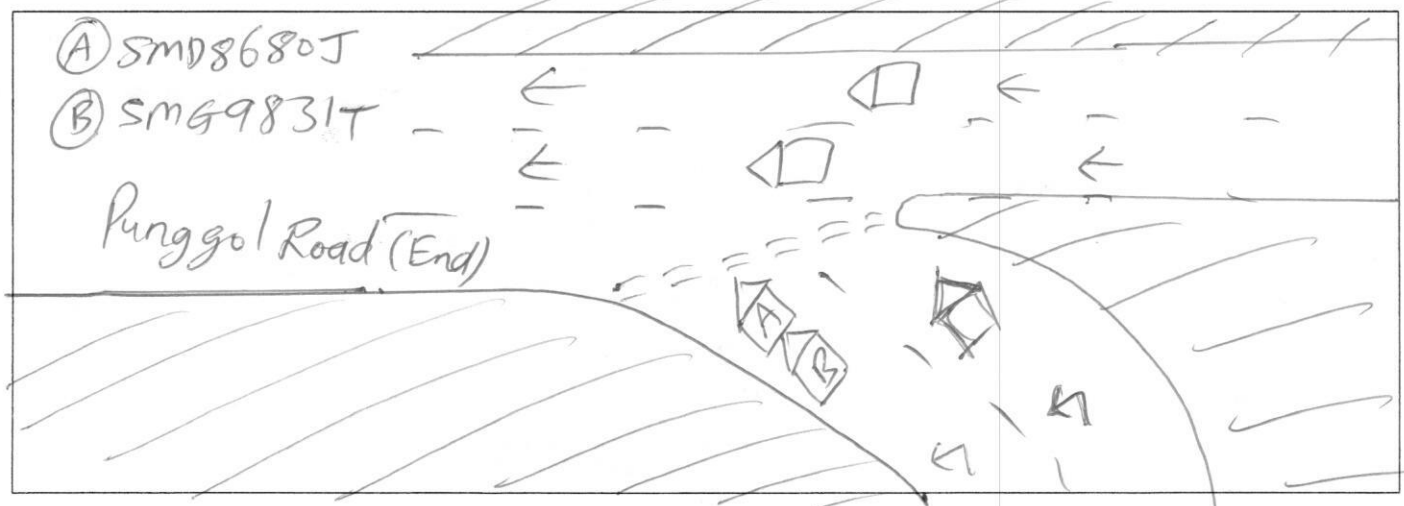


Driver's Signature (If driver is not the policyholder) / Date
& Time


16/01/2023

Witnessed by Reporting Centre
Personnel

Sketch Plan



VEHICLE NO:

DATE OF ACCIDENT:

I was travelling along slip road, towards Ringgol Road (End)

I slowed down and came to a complete stop to give way to oncoming traffic.

However, vehicle (B) could not stop in time and hit onto my car (A).

We exchanged particulars thereafter.

The rear portion of the car was badly damaged.

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY (✓)

OWN WORKSHOP ()

Declaration NOTE: DO NOT 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

ACCIDENT REPORTING FORM

Date of Accident: 13/01/2023 Time of Accident: 13:37 (24Hrs)
Vehicle No: SMD8680J Vehicle Make/Model: Nissan Sylphy
Exact Location of Accident: Slip road towards Punggol road (end)
Owner's Name/NRIC: Ng Bee Hoon (Huang mei yun) / S7221535D
Driver's Name/NRIC: Edward Teo Jun Hui / S94242486
Driver's Contact: 98300179 Insurance Co & Policy No: MSIG
Driver's Email Address: hcrmyself@gmail.com
Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: Mother/ Son
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: Huang Borong / S88769194 Vehicle No: SMG 9831T
Insurance Company: _____ Driver's Contact: 90014852
(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: 1 driver, 0 passenger
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. D 300664781 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMD8680J

2. Name of Policyholder
Ng Bee Hoon (Huang Meiyun)

3. Effective Date of the Commencement of Insurance for the purposes of the Act
08/09/2022

4. Date of Expiry of Insurance
07/09/2023

5. Persons or Classes of Persons entitled to drive*
Ng Bee Hoon (Huang Meiyun)

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