

NATIONAL Assessment Centre Services

Date In 17/01/2023	Job description	Date & Time Completed	Done by
Ref No CA/MS423000558/44	SAS e-filing		
Veh No YN6962P	E-mail (within 2hrs. Aft 2hrs)		
DOA 16/01/2023 10:00	i-Motor Claim Form		
OD/ (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs. TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: GBL 7445S INC () / Non-INC ()

Owner / Driver: () Tel: ()

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

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

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. 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 & Strictly NO refer of repairer.

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

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

Remarks:- (INC hotline: 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: ()

Insurant's Particulars	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Owner/Owner:	1) AR: Accident Reporting (\$30);			
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Insured Portion:	3) TP: Towing Fee \$40/\$45			
Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120			
Editors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	N8: L / Collect Excess Coordination \$5			

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	17/01/2023 16:42 (SGT)
Reported by	Driver
Date of Accident	16/01/2023 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SUNGEI KADUT LOOP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN6962P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUN YOU FATT RENOVATION CONSTRUCTION
Company Reg No	3XXXX300K
Email Address	hyfrc@yahoo.com.sg
Mobile Phone No	(Phone) +65-63683837
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
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	Commercial vehicle
Transmission	Manual
CC	29999

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300486934 MKC

DRIVER

Name of Driver	FANG JUNWEI
Passport No/FIN	GXXXX712N

Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver
Insurance Company of Other Vehicle Owned by Driver

27/05/2011
11 YEARS AND 8 MONTHS
Male
(Phone) +65-96997550
-
hyfr@ yahoo.com.sg
BLOK 6 MARSILING IND. EST RD 1
01-16
739275
No
Employee
No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Side Swipe
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) 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 LIU CHEO
Gender Male

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 THE ATTACHED STATEMENT

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 GBH7445S
Vehicle Manufacturer -

Vehicle Colour
Vehicle Category
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)

-
Commercial vehicle
ONG TIAN SIONG
-
-
-
-
-
-
-

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.



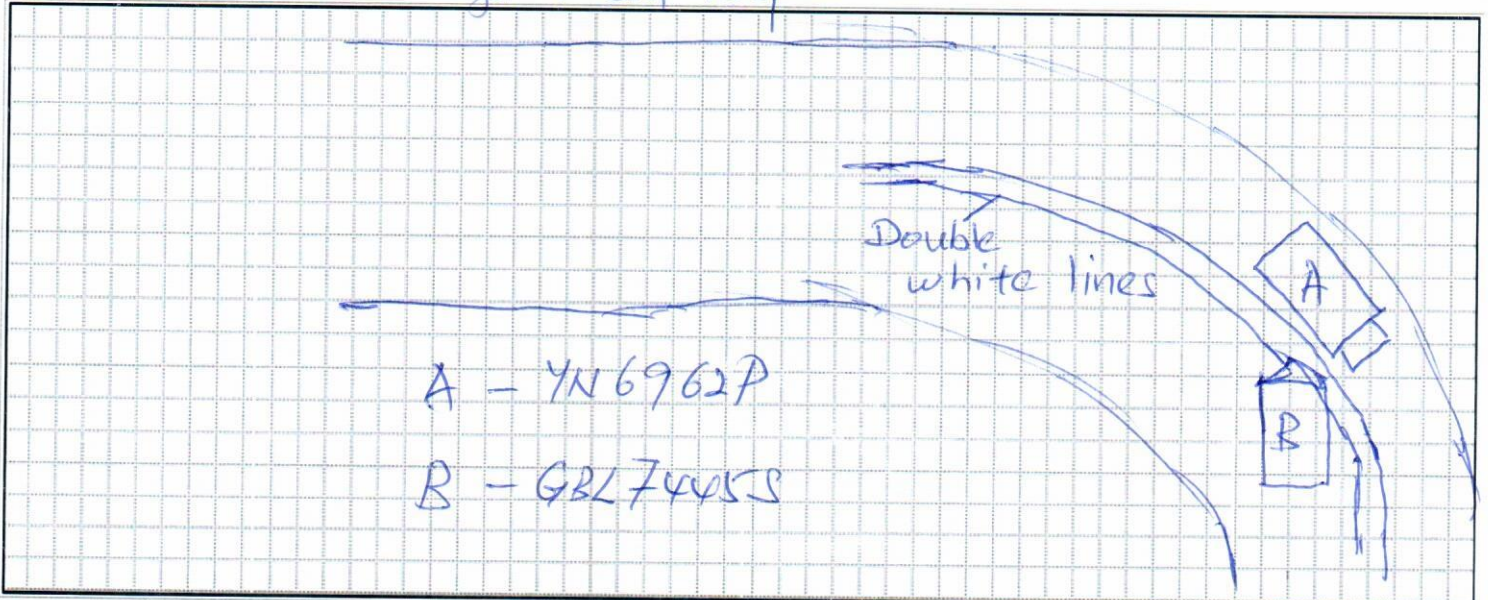
Policyholder's Signature / Date & Time

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

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

Sketch Plan

Sungei Kadut Loop



Describe Circumstance of the Accident


On 16th Jan 2023 at about 1000hrs I was travelling along Sungei Kadut Loop towards Sungei Kadut Cres. at the bend outside unit 64 Sungei Kadut Loop, I was travelling within my lane around the bend. Suddenly vehicle B GBL7445S encroach on to my lane cutting thru double white lines and collided onto the right of my vehicle A YN6962P.

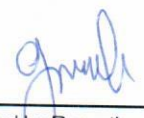
Declaration

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

X  

Policyholder's Signature / Date & Time


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

 17/1/2023
Witnessed by Reporting Centre Personnel
(Name as in-NRIC/ID card)

GIA ACCIDENT REPORT

ACCIDENT DETAILS

Are you claiming under your own insurance policy for repairs to your vehicle?

☐ Yes - Claiming Own Insurance

☐ No - Claiming Third Party

☐ No - Reporting Only

Date: 16/1/2023	Time: 1000 hrs	Location: Sungei Kadut Loop
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Type of Accident: Head to side	In-Car Camera Footage Available: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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VEHICLE DETAILS

Own Vehicle		Third Party Vehicle or Property	
Vehicle Registration No: YN6962P		Vehicle Registration No: GBL7455	
Vehicle Category: <input type="checkbox"/> Private car <input checked="" type="checkbox"/> Commercial vehicle <input type="checkbox"/> Taxi <input type="checkbox"/> Private hire	<input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Motor trade	Vehicle Category: <input type="checkbox"/> Private car <input checked="" type="checkbox"/> Commercial vehicle <input type="checkbox"/> Taxi <input type="checkbox"/> Private hire	<input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Motor trade
Vehicle Manufacturer: SUZUKI	Vehicle Model: HNR25	Vehicle Manufacturer: NISSAN	Vehicle Model: VAN.
Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:	Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:
Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Private Use		Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use	
Number of passengers (including driver): 02		Number of passengers (including driver):	
Passenger name: Liu cheo	Passenger gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Passenger name:	Passenger gender: <input type="checkbox"/> M <input type="checkbox"/> F

INSURANCE DETAILS

Own Vehicle Insurance Policy		Third Party Vehicle Insurance Policy	
Handling Insurer: MSIG		Handling Insurer:	
Coverage Type: <input type="checkbox"/> ACT <input checked="" type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT		Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT	
Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy/Cover Note Number: A300486934 MKC	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy/Cover Note Number:
Registered Owner Name: Hung You Fatt Renovation Construction		Registered Owner Name:	
ID Type: <input checked="" type="checkbox"/> Company Registration No. <input type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.	ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> NRIC No.	<input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.
Registered Owner ID: 37543300K		Registered Owner ID:	
Owner Address: 816 6 Marsiling Ind. Estate Road 1, #01-96 S739275		Owner Address:	
Owner Email: hyfre@yahoo.com.sg		Owner Email:	
Owner Mobile No: 91265885		Owner Mobile No.:	
Alternate Phone No. Type: <input type="checkbox"/> Home <input checked="" type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.: 63683837	Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:

GIA ACCIDENT REPORT

DRIVER DETAILS

Own Vehicle Driver Information

Is the driver the policyholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of driver: <i>Fang Jun Wei</i>	
Driver ID Type: <input type="checkbox"/> NRIC No. <input checked="" type="checkbox"/> Passport No./FIN	<input checked="" type="checkbox"/> Work Permit No.
Driver ID: <i>G8394712N</i>	
Driver Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
Driver Date of Birth: <i>25/12/1988</i>	Driving Pass Date: <i>27 MAY 2011</i>
Driver Address: <i>Block 6 Marving Ind. Est Rd 1, #01-16 S739275</i>	
Driver Email: <i>hyfrc@yahoo.com.sg.</i>	
Driver Mobile No.: <i>96997550</i>	
Driver Occupation: <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	Driver/Owner Relationship: <i>Employee</i>
Does driver own other vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Vehicle Registration No: <i>YN6962P</i>	Handling Insurer: <i>MSIG</i>

Third Party Vehicle Driver Information

Is the driver the policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of driver:	
Driver ID Type: <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN	<input type="checkbox"/> Work Permit No.
Driver ID:	
Driver Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Driver Date of Birth:	Driving Pass Date:
Driver Address:	
Driver Email:	
Driver Mobile No.:	
Driver Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship:
Does driver own other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Registration No:	Handling Insurer:

INJURY DETAILS

Was anybody injured in the accident?

☐ Yes ☒ No

Name, Address, Approximate Age:	Gender:	Vehicle No:	Nature of Injury:	Seatbelt?	Ambulance?
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

WITNESS DETAILS

Was there any witnesses?

☐ Yes ☒ No

Witness name:	Witness phone:	Witness email:
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OTHERS

Number of vehicles involved in the accident (including own vehicle):

Name, Address of Driver	Gender:	Vehicle No:	Contact No:	Driver ID:	Insurer:
<i>ong Tian Jiong.</i>	<input type="checkbox"/> M <input type="checkbox"/> F	<i>GBL745J</i>			
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
Weather Condition: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____		Road Surface: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others: _____			
Was the accident reported to the police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Police Station: _____		Was notice of intended prosecution given? <input type="checkbox"/> Yes <input type="checkbox"/> No Against Whom: _____			
Was any foreign vehicle involved in accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**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.

**COMMERCIAL VEHICLE
Comprehensive****Certificate No.** A 300486934 MKC**Excess :** SGD700**Windscreen Excess :** SGD100

1. **Index Mark and Registration Number of Vehicle**
YN6962P

2. **Name of Policyholder**
Hung You Fatt Renovation Construction

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
27/11/2022

4. **Date of Expiry of Insurance**
26/11/2023

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

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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

* 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