

NATIONAL Assessment Centre Services

Date In 17/04/2023	Job description	Date & Time Completed	Done by
Ref No CA/MSQ 23003922/04	SAS e-filing		
Veh No SLA 64932	E-mail (within 8hrs, A/C 2hrs)		
DOA 15/04/2023 00:10	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: XD8850E, 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%. 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 repairer.

() Total Loss Case : 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: _____

Date/Time	Actions

	Invoice Preparation Checklist	Amnt (\$)	Amnt
		Est Bill	Add
Claimant's Particulars	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cont. 1:	6) TR: Re-inspection \$75		
Cont. 2/3:	7) N1: Idau 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: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice date / Fee Charged		
	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 17/04/2023 17:42 (SGT)
Reported by Actual Driver
Date of Accident 15/04/2023 00:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information ESPLANADE DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA6493Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEH YI JUN
NRIC No SXXXX796I
Email Address jmartauto@gmail.com
Mobile Phone No (Phone) +65-93364557
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
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 1498

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300539234 QMY

DRIVER

Name of Driver TEH SOON HON
NRIC No SXXXX462C
Date Of Birth 22/09/1954
Occupation Indoor

Date Of Driving Pass	08/09/1978
Driving experience	44 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93364557
Alt. Phone Number	-
Email Address	jmartauto@gmail.com
Address	APT BLK 249 KIM KEAT LINK
Address complement	# 09-87
Postcode	310249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	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?	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?	Yes
Police Station Name	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230415/2027

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD8850E
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEH SOON HON
Gender	Male
Phone No	(Phone) +65-93364557
Address	APT BLK 249 KIM KEAT LINK
Address Complement	# 09-87
Post Code	310249
Approximate Age Years Old	-
Injuries Sustained	PAIN ON WHOLE BACK AREA - GIVEN 4 DAYS OF MC
Injured person in which vehicle?	SLA6493Z
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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

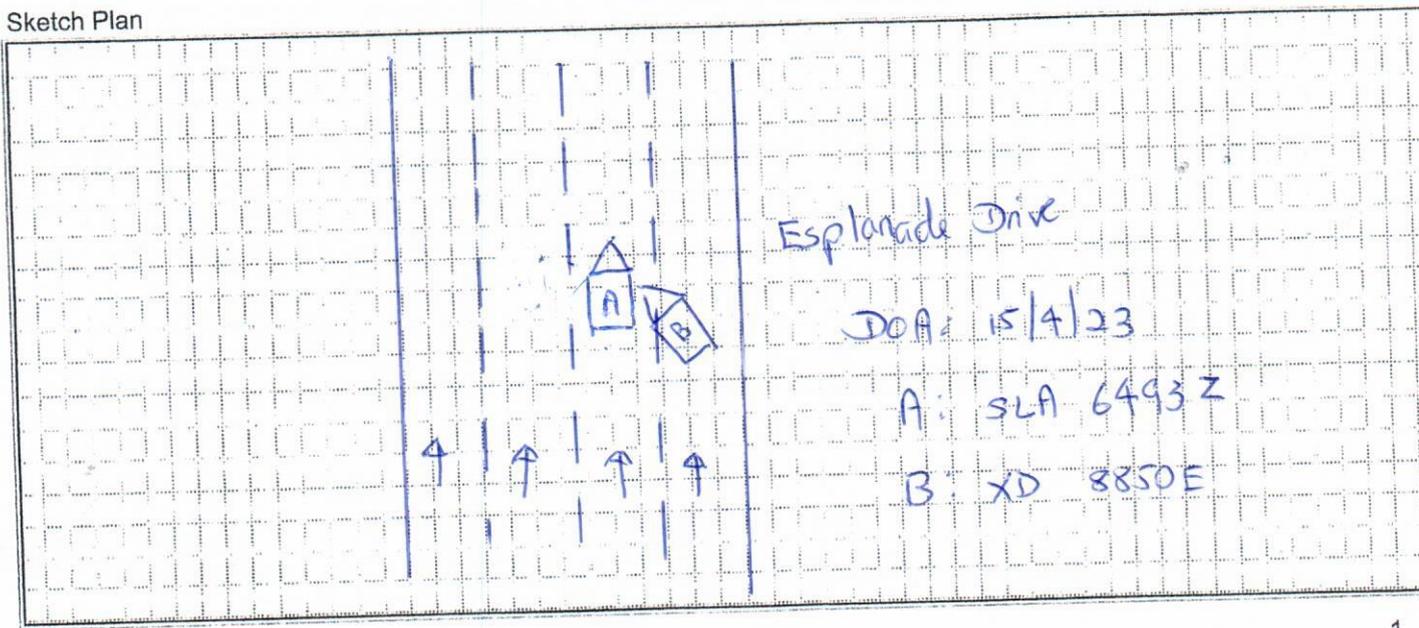
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 17/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to Police Report

— T/20230415/2027 —

Declaration

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

 x
Policyholder's Signature / Date & Time

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

 17/04/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230415/2027

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20230415/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2023 11:00	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: TEH SOON HON		Address: APT BLK 249 KIM KEAT LINK #09-87 SINGAPORE 310249	
ID Type / ID No.: NRIC NO / S2506462C		Contact No.: Home/Office: Mobile: 93364557	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 22/09/1954	Type of Informant: Driver
Race: Chinese		Language:	
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 15/04/2023 00:10	Type of Location: X-Junction
Location: ESPLANADE DRIVE			
Weather: Clear		Road Surface: Dry	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA6493Z	Car	HONDA	Jazz	White	Slightly Damaged	0
XD8850E	Prime mover	OTHERS		White	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	TEH SOON HON	ID No.	S2506462C
Related Vehicle	SLA6493Z (Car)	Contact No.	93364557
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	15/04/2023	Date Discharge	15/04/2023
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 15/04/2023 at about 0010hrs, I was driving my personal vehicle which belongs to my daughter along Esplanade Dr towards Shenton Way. The weather was clear and traffic flow was smooth.

As I was travelling along the road, a prime mover bearing XD8850E who was travelling on my right side swiped my vehicle. My vehicle skidded, turned around and ended up facing the prime mover vehicle. Both the driver and I went out of our vehicles and made a check. Nobody was injured at that point of time. No Traffic police or ambulance was activated. There was also no government property damaged.

As I do not want to prolong the situation, we decided to drive off. When I returned home, I felt some pains on my whole back area. I went to see a doctor from Horizon Medical Pte Ltd and was given 4 days of MC by Dr Lim Heng Wei (MC no: #1393).

My vehicle is equipped with camera and the accident was captured in the footage. I have saved the video for investigation purpose.

I am lodging this report for record and claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20230415/2027

3 of 3

Report No. T/20230415/2027

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: E / SGT 3 AHMAD MUHAIMIN AMZAR BIN MOHD YUSOF	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / GIA / SI TAN JEOK LENG LESLIE Contact No.: 65476151	

Signature Of Informant:	
Date/Time: 15/04/2023 11:00	
Classification Of Case:	

NP168

Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 15/4/23		Time of Accident : 0010 hrs	
Exact Location of Accident : Esplanade Drive			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : <input checked="" type="radio"/> Clear / Raining		<input checked="" type="radio"/> Dry / Wet	
Owner's Name : Teh Yi Jun		NRIC : S86377961	HP :
Driver's Name : Teh Soon Hon		NRIC : S2506462C	HP : 93364557
DOB : 22/9/1954	Driving Licence Passing Date : 8/9/1978	Occupation : <input checked="" type="radio"/> Indoor / Outdoor	
Address : 249 Kim Keat Link #09-87 (310249)			
Relationship Of Driver with Insured : Father		Email : jmartauto@gmail.com	
Vehicle Number : SLA 6493Z	Make & Model : Honda Jazz		
Insurance Company : MSIG	Policy No : A300539234 QMY	Coverage : Comprehensive	
Any passengers inside vehicle involved (YES / NO) If yes, Vehicle Number & How many pax			
A: 170	B:	C:	D:
Vehicle A Passenger Name :			Male / Female
Anyone Injured :		Convey By Ambulance: Yes / No	
<input type="radio"/> NO	<input checked="" type="radio"/> YES	Name / NRIC / Which Vehicle : Teh Soon Hon	
Was The Accident Reported To The Police ?			
<input type="radio"/> NO	<input checked="" type="radio"/> YES Which Police Station :		
Does The Driver Own Any Other Vehicle ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES	Vehicle Number :	Insurer :
Was Any Foreign Vehicle Involved ?			
<input checked="" type="radio"/> NO	<input type="radio"/> YES Vehicle Number & Category :		
Was There Any Video Captured By Car Camera ? <input type="radio"/> NO <input checked="" type="radio"/> YES			

Third Party's Particular

Vehicle B 's Number : XD 8850E	Make & Model :		
Driver's Name :	NRIC :	HP :	
Vehicle C 's Number :	Make & Model :		
Driver's Name :	NRIC :	HP :	

Witness 's Particular

Name :	NRIC :	HP :
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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 1960
(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.

**MOTORMAX PLUS
Comprehensive**

Certificate No. A 300539234 QMY

Excess : SGD1,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLA6493Z

2. Name of Policyholder

Teh Yi Jun

3. Effective Date of the Commencement of Insurance for the purposes of the Act

10/03/2023

4. Date of Expiry of Insurance

09/03/2024

5. Persons or Classes of Persons entitled to drive*

Teh Yi Jun, Teh Soon Hon

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 1960 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 1960.

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 1960 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