

NATIONAL Assessment Centre Services

Date: 26/04/2023	Job description	Date & Time Completed	Done by
Ref No: CA/MSG23004260/d4	SAS e-filing		
Veh No: SJK 2888 R	E-mail (within 8hrs. Aft 2hrs)		
DOA: 25/04/2023	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: (

Tel:

Fax:

TP Particulars:

Veh No:

YN 8108 B

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 repaler.

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

Drive-In (

)

/ Towed-In (

)

; Invoice: YES (

)

/ NO (

)

; Towing Co. (

)

Remarks:

(INC Hotline: 6788 6610)

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		Am't (\$)	Am't
		1st 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)		
Call 1:	6) TR: Re-inspection \$75		
Call 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	26/04/2023 08:10 (SGT)
Reported by	Actual Driver
Date of Accident	25/04/2023 10:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	45 UBI ROAD 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK2888R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG LAY TIN
NRIC No	SXXXX040I
Email Address	limshini.87@gmail.com
Mobile Phone No	(Phone) +65-90709227
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A200
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	1332

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300514304 QMY

DRIVER

Name of Driver	LIM SHI NI
NRIC No	SXXXX197H

Date Of Driving Pass	23/12/2005
Driving experience	17 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90709227
Alt. Phone Number	-
Email Address	limshini.87@gmail.com
Address	18 JALAN ANGGEREK
Address complement	-
Postcode	369453
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 on collision
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)	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 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	YN8108B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	

Address
Address complement
Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

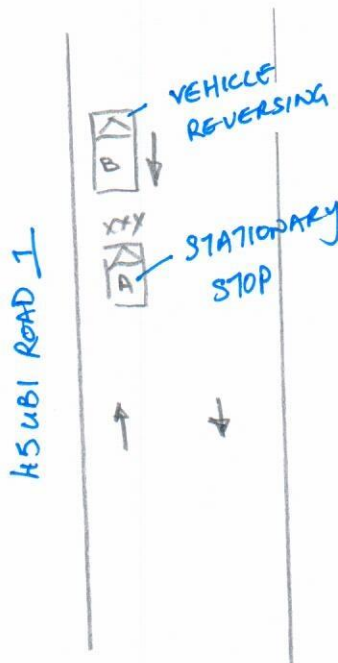
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

26/4/2023

Sketch Plan



A: SJK 2888R

B: YN 8108B

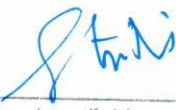
Describe Circumstances of the Accident

MY VEHICLE WAS STATIONARY STOP BEHIND M/LORRY YN810BB
AT NO 45 UBI ROAD 1 WHILE I WAS SEATED IN MY VEHICLE
WHEN SUDDENLY YN810BB REVERSED HIS VEHICLE, I SOUNDED MY
HORN, HOWEVER M/LORRY YN810BB STILL KEEP REVERSING AND
COLLIDED ONTO MY STATIONARY STOP VEHICLE.

Declaration

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

 26/4/2023
Witnessed by Reporting Centre
Personnel

VEHICLE NO: **33K 2888R**MAKE & MODEL: **MERCEDES A200**☒ AUTO ☐ MANUAL

DATE OF ACCIDENT	25 04 2023	REG. NO.	1332
TIME OF ACCIDENT	1035 AM		
LOCATION OF ACCIDENT	45 UBI ROAD 1		
EXACT PURPOSE OR USE OF VEHICLE AT TIME OF ACCIDENT	<input checked="" type="checkbox"/> EMPLOYMENT <input type="checkbox"/> PRIVATE USE <input type="checkbox"/> PRIVATE HIRE		
NAME OF OWNER	ONG LAY TIN		
EMAIL	LIM SHINI.87@gmail.com	Office	MOBILE 90709227
NRIC	S15500401		
CLAIM TYPE	<input type="checkbox"/> CD <input checked="" type="checkbox"/> THIRD PARTY <input type="checkbox"/> REPORTING ONLY		
THIRD PARTY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
INSURANCE CO.	MSIG		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire & Theft		
POLICY NO.	A300514304 QMY		
NAME OF DRIVER	AS ABOVE / IF NO: LIM SHINI		
NRIC	38727197H		
DATE OF BIRTH	03 / 09 / 1987		
ANY PASSENGER	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
NAME OF PASSENGER			
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	Outdoor / <input checked="" type="checkbox"/> Indoor		
DATE OF DRIVING PASS	23 / 12 / 2005		
GENDER	Male / <input checked="" type="checkbox"/> Female		
CONTACT NO.	Mobile: 90709227	Office:	
EMAIL	LIM SHINI.87@gmail.com		
ADDRESS	18 JALAN ANGGEREK S(369453)		
DOES DRIVER OWN OTHER VEHICLES?	<input checked="" type="checkbox"/> NO / If yes, Reg No.	INSURER	
RELATIONSHIP	Employee / If No: DAUGHTER		
WEATHER CONDITION	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Other		
ROAD SURFACE	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Other		
ANY INJURIES	<input checked="" type="checkbox"/> No / If yes, Who?		
CONVEYED BY AMBULANCE	<input checked="" type="checkbox"/> No / If yes, Who?		
POLICE REPORT	<input checked="" type="checkbox"/> No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?		
VEHICLE B NO.	YN8108B	Any Passenger:	NOT SURE
NAME			
CONTACT NO.	94255543	(MANAGER)	
VEHICLE C NO.		Any Passenger:	
VEHICLE D NO.		Any Passenger:	
VEHICLE E NO.		Any Passenger:	
VEHICLE F NO.		Any Passenger:	
ANY WITNESS			
WITNESS CONTACT NO.			
WAS THERE ANY VIDEO CAPTURE?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
WAS THERE ANY AUDIO RECORDING?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
SCENE ACCIDENT PHOTOS TAKEN?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Person Reporting	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Owner / Both		
Original Language Used	<input checked="" type="checkbox"/> English <input type="checkbox"/> Mandarin / Others:		
Have you been approached by unknown person soliciting (s)?			
Of a long accident claims assistance?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		



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. A 300514304 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SJK2888R

2. Name of Policyholder

Ong Lay Tin (Not Driving)

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

17/01/2023

4. Date of Expiry of Insurance

16/01/2024

5. Persons or Classes of Persons entitled to drive*

Lim Shi Ni, Lim Hee Sing

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