

NATIONAL Assessment Centre Services

Date In 03/05/2023	Job description	Date & Time Completed	Done by
Ref No CA MSG 23004520/d4	SAS e-filing		
Veh No SFV 26094	E-mail (within 2hrs, A/C 2hrs)		
DOA 02/05/2023 07:00	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: Veh No: SNJ 9032E, 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: 67886616)

Remarks	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

Claimant's Particulars	Invoice Preparation Checklist	Amc (\$)	Amc (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
Cont. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cont. 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idan 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: Idan Mobile \$0		
	Invoice dated	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	03/05/2023 17:10 (SGT)
Reported by	Actual Driver
Date of Accident	02/05/2023 07:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 787E WOODLANDS CRESCENT CARPARK
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV2609U
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG WEI LIANG
NRIC No	SXXXX146F
Email Address	jeffewong@gmail.com
Mobile Phone No	(Phone) +65-97273995
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
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	1797

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300586730 QMX

### DRIVER

Name of Driver	WONG WEI JIE
NRIC No	SXXXX518J

Date Of Driving Pass .....	21/05/2011
Driving experience .....	12 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97273995
Alt. Phone Number .....	-
Email Address .....	jeffewong@gmail.com
Address .....	APT BLK 787C WOODLANDS CRESCENT
Address complement .....	# 04-48
Postcode .....	733787
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	FAMILY
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 .....	Collided into Parked Vehicle
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) .....	0
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

\*Report was unable to submit on 02.05.2023 as Gear system was down."

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 .....	SNJ9032E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

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) ..... -

**SKETCH PLAN**

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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' 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

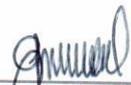
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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

 3/5/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

BLK 787E WOODLANDS CRESCENT CARPARK

A: SFV2609U  
B: SNJ9032E

NO SKETCH PLAN AVAILABLE

**Describe Circumstances of the Accident**

MY VEHICLE (SFV2609U) WAS PARKED ALONG BLK 787E WOODLANDS CRESCENT CARPARK. I WAS NOT IN THE VEHICLE DURING THE TIME OF THE ACCIDENT. I RETURNED TO MY VEHICLE AND FOUND THE DRIVER OF VEHICLE B (SNJ9032E) WAITING FOR ME. HE INFORMED ME THAT HE HAD LOST CONTROL OF HIS VEHICLE AND COLLIDED WITH THE RIGHT SIDE OF MY VEHICLE.

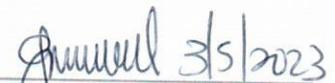
**Declaration**

We declare the foregoing particulars are true in every respect.

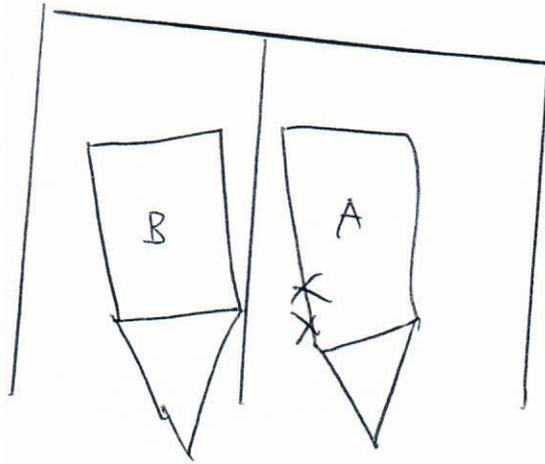
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

  
Policyholder's Signature / Date & Time

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

 3/5/2023  
Witnessed by Reporting Centre Personnel

BIK 787E Woodlands Crescent Carpark



A - SFV 2609 U

B - SNJ 9032 E

# Accident Reporting Draft

VEHICLE NO: SFV2609U

MODEL: TOYOTA NOAH

AUTO/MANUAL

DATE OF ACCIDENT	2/5/2023	C.C: 1,797
TIME OF ACCIDENT	0700	HRS <u>AM</u> /PM
LOCATION OF ACCIDENT	BLK 787E WOODLANDS CRESCENT CARPARK	
EXACT PURPOSE USE DURING ACCIDENT	EMPLOYMENT/ <u>PRIVATE USE</u> / PRIVATE HIRE	
NAME OF OWNER	WONG WEI LIANG	
CONTACT NO.	97273995 (D), 90058211 (O) EMAIL: jeffewong@gmail.com	
NRIC	S7773146F	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY 3P	
INSURANCE CO.	MSIG	
TYPE OF COVERAGE	<u>COMPREHENSIVE</u> / THIRD PARTY/ THIRD PARTY FIRE & THEFT	
POLICY NO.		
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> : WONG WEI JIE	
NRIC	S8581518J	ANY PASSENGER: 0
DATE OF BIRTH	24/6/1985	
OCCUPATION	OUTDOOR / <u>INDOOR</u>	
DATE OF DRIVING PASS	21/5/2011	
GENDER	<u>MALE</u> / FEMALE	
CONTACT NO.	97273995 (D), 90058211 (O) EMAIL: jeffewong@gmail.com	
ADDRESS	APT BLK 787C WOODLANDS CRESCENT #04-48 S(733787)	
DOES DRIVER OWN OTHER VEHICLES	<u>NO</u> / IF YES: REG NO.	
RELATIONSHIP	EMPLOYEE/ IF <u>NO</u> : FAMILY	
WEATHER CONDITION	<u>CLEAR</u> / RAINY/ OTHER: CLEAR	
ROAD SURFACE	<u>DRY</u> / WET/ OTHER: DRY	
ANY INJURIES	<u>NO</u> / IF YES: NO	
CONTACT NO.		
POLICE REPORT	<u>NO</u> / IF YES: NOTICE OF INTENDED PROSECUTION GIVEN?	
VIDEO RECORDING	<u>NO</u> / YES	<u>NO</u> / IF YES: WHO?
AUDIO RECORDING	<u>NO</u> / YES	SCENE PHOTO(S) <u>NO</u> / YES
VEHICLE B NO.	SNJ9032E	ANY PASSENGER:
NAME		
CONTACT NO.		
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.		
PARTICULAR WORKSHOP	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">Ryder</div> Auto Pte Ltd 2 Kaki Bukit Ave 2, #02-19/22 @ Kaki Bukit Auto Hub, Singapore 417921 Email: ryderautoworkshop@gmail.com Tel: 67418277	
MOBILE NO.		
CONTACT PERSON		
FAX NO.		
HAVE YOU BEEN APPROACHED BY UNKNOWN PERSON SOLICITING(S)/ OFFERING ACCIDENT CLAIMS ASSISTANCE? <span style="float: right;">NO / YES</span>		



SGSGSBHAH202205171720

QMX101909



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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 Comprehensive

Certificate No. A 300586730 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SFV2609U
2. Name of Policyholder  
Wong Wei Liang
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
07/06/2022
4. Date of Expiry of Insurance  
06/06/2023
5. Persons or Classes of Persons entitled to drive\*  
Wong Wei Liang  
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 MUST BE CARRIED OUT 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

SGSGSBHAH202205171720



MSIG Insurance (Singapore) Pte. Ltd.



Comment



Highlight



Draw



Text



Fill & Sign



More tools

