

**NATIONAL Assessment Centre Services** (with branch) **804 235 8000**

Date In: **08/05/2023 15:48** Job description: **SAS e-illing** Done by:

Ref No: **CB8/M85280046494** E-mail (within 24hrs, A/C 2hrs)

Veh No: **SX1E 940PK** 1-Motor Claim Form

D.O.A: **06/05/2023 11:48** 1-Motor W/O (Within 24hrs, A/C 2hrs)

OD: **TP** Reporting Only 1-Photo Uploaded

TP Insured: Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whom

Preferred Wksp / INC Assign Wksp / OW: Tel: Fax:

TP Particulars: Veh No: **PC 65685** INC ( ) / Non-INC ( )

Owner / Driver: Tel: ( )

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

Confirmed by: ( ) Date: Time: ( )

Insured/Driver Liability: ( ) % (Note: Use Status (WO): N: 0-30%, P: 21-70%, 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 info of rep/rep.

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

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

Remarks: (INC/Non-INC) (07/08/0014) 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: ( )

Location: ( )

Witness: ( )

Police: ( )

Insurance: ( )

Other: ( )

Invoice: Preparation Charge: ( )

1) A/R: Accident Report (350)

2) DA: Damage Assessment (\$1000) INC (350)

3) TP: Towing Fee \$100

4) PE: Follow Through Survey \$150

5) PF: Follow Through Survey (Post-Rep) \$50

6) TR: Transport Allowance \$75

7) NI: NI/DA + COURT Survey \$140

8) RTUC: Additional Towing \$10

GR: ( )

\*NI: Courtesy Car / Tel Allowance \$5

\*NI: Repair Coordination \$15

\*NI: Post Repair Inspection \$25

\*NI: DV / Collect Excess Coordination \$5

\*NI: TP (Non-INC) involves INC \$10

\*NI: NI/DA + COURT Survey \$140

\*NI: RTUC Additional Towing \$10

Checked by (Engr-In-Charge):

Customer's Comments:

Signature: ( )

Date: ( )

Invoice filed: ( )

File Charge: ( )



## 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	08/05/2023 15:48 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/05/2023 11:45 (SGT)
Exact Location of Accident	Hougang Ave 3, Singapore
Additional Location Information	TOWARDS KIM SENG ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNF9448K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU KIM YONG(LIU JINRONG)
NRIC No	SXXXX021F
Email Address	franzlau39@gmail.com
Mobile Phone No	(Phone) +65-87879339
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Citroen
Model	C4
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	1560

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300633863 QMX

#### DRIVER

Name of Driver	LAU KIM YONG(LIU JINRONG)
NRIC No	SXXXX021F
Date Of Birth	26/10/1972
Occupation	Indoor

Date Of Driving Pass	23/09/2019
Driving experience	3 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87879339
Alt. Phone Number	-
Email Address	franzlau39@gmail.com
Address	16 JALAN RASOK
Address complement	-
Postcode	739632
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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 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	PC6568J
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)	-



## SKETCH PLAN

### IMPORTANT NOTICE

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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

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

  
08/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan

	<p>HOUGHANG AVE 3</p> <p>① SNF 9448K</p> <p>② PC 6568 J</p>
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Describe Circumstance of the Accident

I WAS TRAVELLING ALONG HOUGHANG AVE 3

TURNING TO KIM CHUAN ROAD. I SLOWED

DOWN AND CAME TO A COMPLETE STOP AS

THE VEHICLE IN FRONT OF MINE STOPPED.

SUDDENLY, I FELT AN IMPACT FROM THE

REAR. MY VEHICLE WAS COLLIDED BY PC65687.

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

  
08/05/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC ID card)

# ACCIDENT STATEMENT

Date of accident: 6/5/2023 Time: 11-45 am

Location of accident: Hongkong Ave 3 Towards Kim Chuan Road.

Vehicle Number: SNF 9448 K

Make/Model: Citron C4

Insurer: msig

Eng. or Transmission:

Policy No: A 300633863 QMX

Policy Type: C/TPAT/TPD

Name: Lau Kim Yong

NRIC/FIN no.: S7240021F

Email: franzlau39@gmail.com

Contact no.: 87879339

Name: Lau Kim Yong

NRIC/FIN no.: S7240021F

Email: franzlau39@gmail.com

Contact no.: 87879339

Occupation: Indoor Outdoor

D.O.B: 26/10/1972

Address: 16 Jalan Rasok S(739632)

Driving pass date: 23/9/2019

Relationship with Policyholder: Owner

Weather conditions: Clear/Raining

Road surface: Dry/Wet

Police report: Yes/No

Video Footage: Yes/No

Prosecution Letter: Yes/No

If Yes against whom:

Passenger (incl. Driver): 1 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:	-	-
Gender:	Male / Female	Male / Female

Witness: Yes/ No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:	-	-
Contact no:	-	-

Injuries: Yes/ No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Converted to bus unit
		Yes/ No	Yes/ No
		Yes/ No	Yes/ No

	Vehicle B	Vehicle C
Vehicle no:	PC 6568 J	
Driver name:		
NRIC/ FIN no.:		
Contact no:		
Insurance Co:		
Remarks:		
Policy/Model, for insurer		
Insurance info to insurer		

Claim Paper: One / Damage / Third Party / Reporting Only

Policyholder/

Witness/Sign:

Signature:



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.

**MOTORMAX  
Comprehensive**

Certificate No. A 300633863 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SNF9448K

2. Name of Policyholder  
~~LAU KIM YONG~~ LAU KIM YONG (LIU JINRONG)



3. Effective Date of the Commencement of Insurance for the purposes of the Act  
26/07/2022

4. Date of Expiry of Insurance  
25/07/2023

5. Persons or Classes of Persons entitled to drive\*  
~~LAU KIM YONG~~ LAU KIM YONG (LIU JINRONG)



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 3 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