

NATIONAL Assessment Centre Services		Date & Time Completed	Done by
Date: 11/05/2023	Job description: SAS e-filing		
Ref No: CA/MSG23004839/d4	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SLZ 2940A	I-Motor Claim Form		
DOA: 11/05/2023 08:11	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD/TP/Reporting Only	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:	Veh No: SJS 1129M	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. (
Repairer: (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	Action		
Claimant's Particulars	Invoice/Repairation Checklist		Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)	INC (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)		\$40/\$45
Damaged Portion:	3) TP: Towing Fee		\$120
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey		\$30
Auditors' Comments:	5) FT: Follow-Through Survey (Resurvey)		\$75
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		\$160
Call 2/3:	6) TR: Re-inspection		\$160
	7) NI: Idas DA + SMRT Survey		\$20
	8) NTUC Additional Services:		
	Q11*		\$5
	*N5: Courtesy Car / Tpt Allowance		\$10
	*N6: Repair Co-ordination		\$25
	*N7: Post Repair Inspection		\$5
	*N8: DV / Collect Excess Coordination		\$20
	TP (N11): TP (N11 INC) against INC		\$10
	9) N12: Idas Mobile		
	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	11/05/2023 16:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/05/2023 08:11 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES STREET 31
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ2990A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG CHEE HEE
NRIC No	SXXXX347H
Email Address	ongchenghee@yahoo.com.sg
Mobile Phone No	(Phone) +65-96949389
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300555182 A72

DRIVER

Name of Driver	ONG CHEE HEE
NRIC No	SXXXX347H
Date Of Birth	27/05/1974
Occupation	Indoor

Date Of Driving Pass	28/02/1998
Driving experience	25 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96949389
Alt. Phone Number	-
Email Address	ongchenghee@yahoo.com.sg
Address	APT BLK 137 POTONG PASIR AVENUE 3
Address complement	# 05-148
Postcode	5350137
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 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	SJS1129M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-88209451

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 issuance 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.

B. 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.

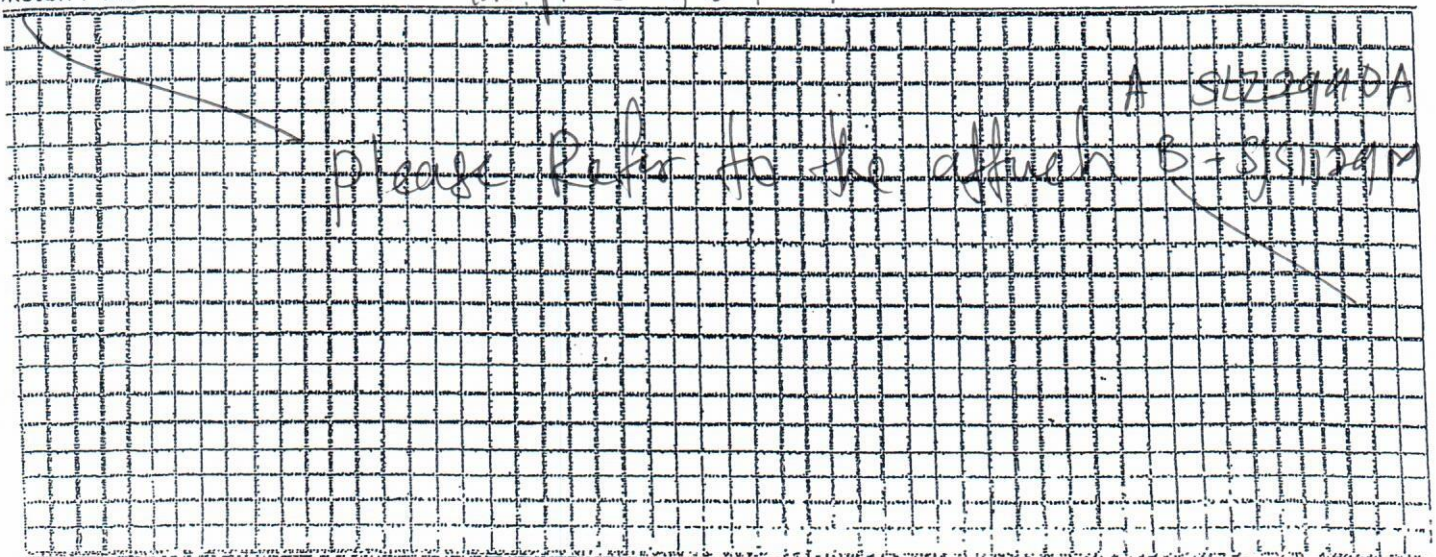
Policyholder's Signature / Date & Time

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

Tampines Street 31



Google Maps Tampines Street 31

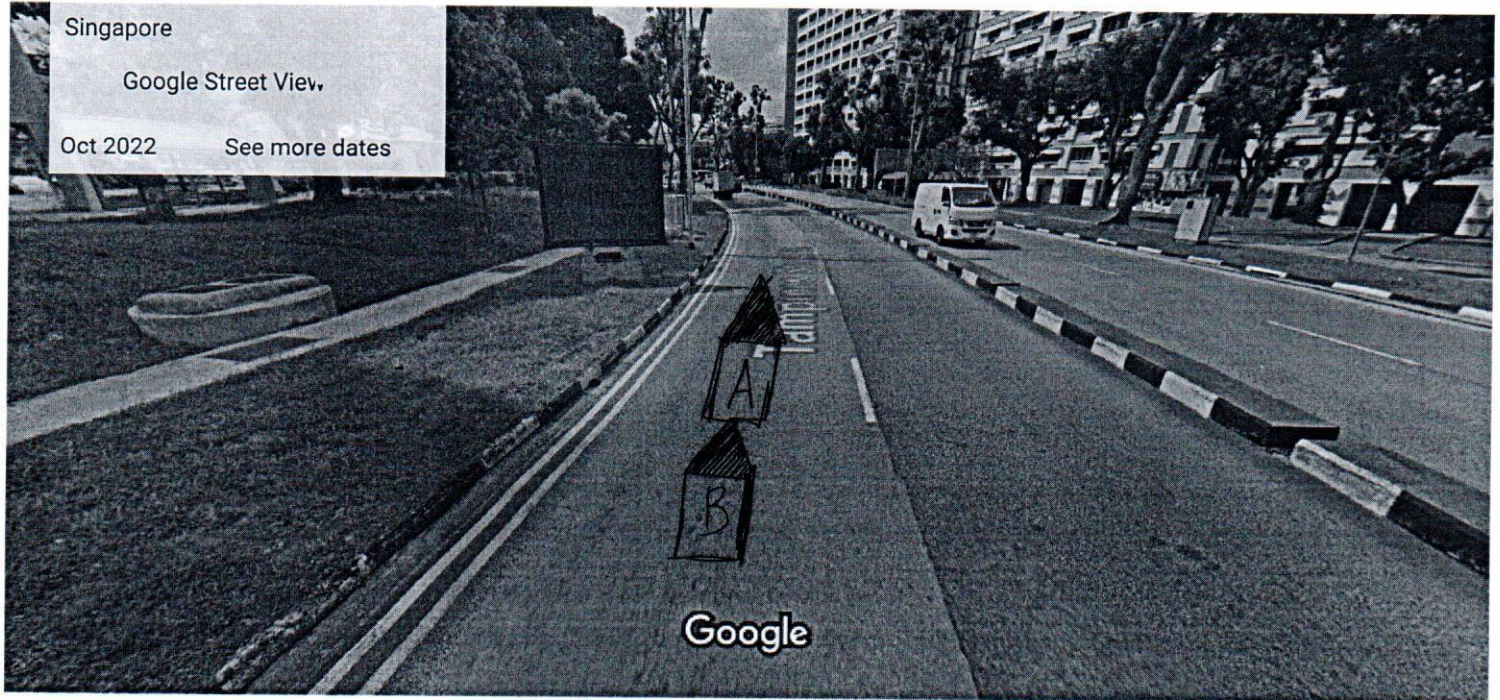
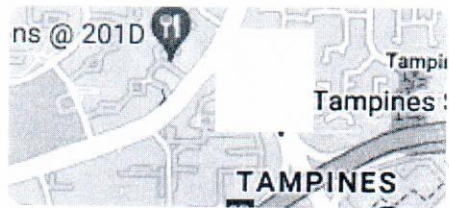
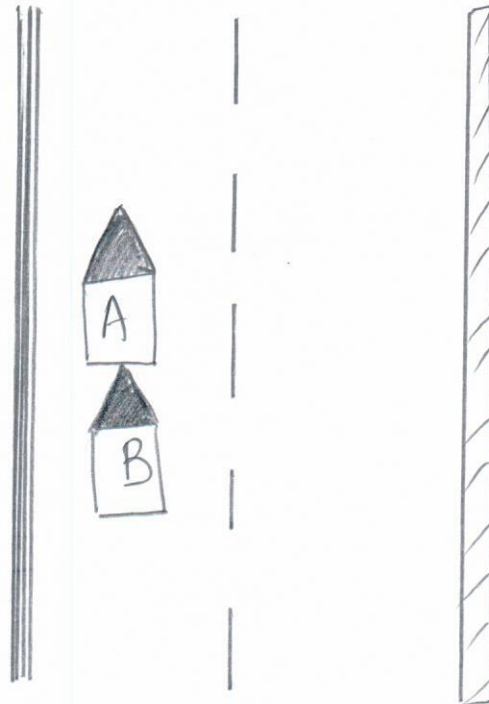


Image capture: Oct 2022 © 2023 Google



A - SLZ 2990A

B - SJS 1129M



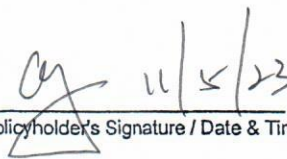
Signature
11/5/23

Describe Circumstance of the Accident

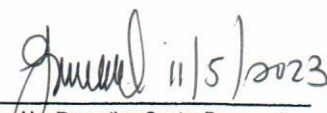
on the above stated date and time, I was driving along Tampines Street 31. Since the traffic was in red signal, my car was stationary waiting for the signal to turn green. Suddenly vehicle B hit the rear portion of my vehicle. No injuries to both parties.

Declaration

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

 11/5/23
Policyholder's Signature / Date & Time

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

 11/5/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: 11/05/2023 (DD/MM/YYYY) TIME: 08:11 (HH:MM)

LOCATION: Tampines Street 31

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SLZ 2990A
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A 300555182 AT2
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Tupac-Vios AUTO / MANUAL
 f) TYPE: SAEDON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)?
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: ong cheng hee (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S74 77347H CONTACT: 9694 9389
 c) ADDRESS: Apt B1k 137 potong pasir Avenue 3
#05-148 5350134

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: As Above (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: As Above
 c) ADDRESS: As Above CONTACT: As Above

* d) DATE OF BIRTH: 27/05/1974 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR
 f) YEARS OF DRIVING EXPERIENCE: 28/02/1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITIONS: CLEAR / RAINING / OTHERS
 b) ROAD SURFACE: DRY / WET / OTHERS
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SJS 1129M MODEL: As Above
 b) DRIVER'S NAME: As Above
 c) NRIC/FIN/PASSPORT: As Above CONTACT: 8820 9451

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: As Above MODEL: As Above
 e) DRIVER'S NAME: As Above
 f) NRIC/FIN/PASSPORT: As Above CONTACT: As Above

email = ongchenghee@yahoo.com.sg

Phone =

ID No = 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 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.

TOYOTA DRIVEELITE Comprehensive

Certificate No. A 300555182 AT2

Excess : SGD500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SLZ2990A

2. **Name of Policyholder**
Ong Cheng Hee

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
27/04/2023

4. **Date of Expiry of Insurance**
26/04/2024

5. **Persons or Classes of Persons entitled to drive***
Ong Cheng Hee, Chan Ying Chin

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 MUST BE CARRIED OUT AT BORNEO MOTORS (S) PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS. WINDSCREEN EXCESS IS WAIVED AT BORNEO MOTORS (S) PTE LTD FOR WINDSCREEN RELATED CLAIMS. THIS POLICY INCLUDES COURTESY CAR BENEFIT.

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