

NATIONAL Assessment Centre Services

Date: 18/05/2023	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CA/MSG/23005072/d4	E-mail (within 2hrs, A/C 2hrs)		
Veh No: SMA1883C	I-Motor Claim Form		
DOA: 17/05/2023 16:15	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: SL2 2398K	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: 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

Claimant's Particulars	Invoice & Reproduction Checklist	Am't (\$)	Am't Add
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30		
Call 1:	For claiming against INC Only (wef 10 Jan 2005)		
Call 2/3:	6) TR: Re-inspection \$75		
	7) NI: Idau DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N:n INC) against INC \$20		
	9) N12: Idau Mobile \$0		
	Invoice dated	Fax Charge	
	Invoice dated	Fax 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	18/05/2023 13:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/05/2023 16:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PASIR RIS INDUSTRIAL DRIVE 1 TOWARDS PASIR RIS DRIVE 1 X LORONG HALUS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1883C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SOH WEE YONG
NRIC No	SXXXX179A
Email Address	WEEYONG.SOH@HOTMAIL.COM
Mobile Phone No	(Phone) +65-82011883
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Harrier
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	1998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300767146 AT2

DRIVER

Name of Driver	SOH WEE YONG
NRIC No	SXXXX179A
Date Of Birth	06/09/1988

Occupation	Indoor
Date Of Driving Pass	15/02/2011
Driving experience	12 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82011883
Alt. Phone Number	-
Email Address	WEEYONG.SOH@HOTMAIL.COM
Address	APT BLK 645 PUNGGOL CENTRAL
Address complement	# 07-338
Postcode	820645
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	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?	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230518/7021

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	SLZ2398K
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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

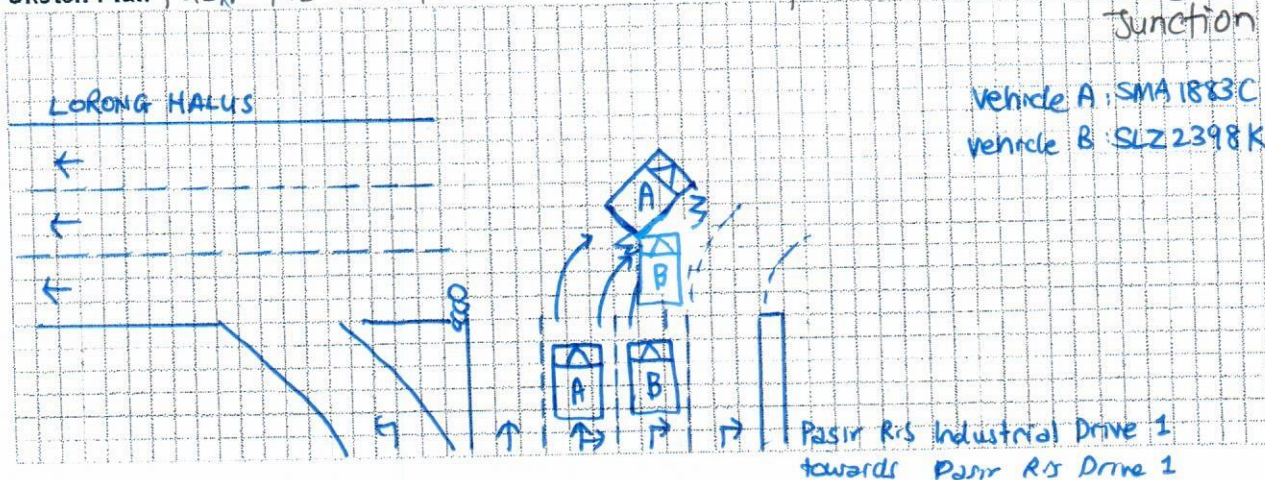
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan Pasir Ris Industrial Drive 1 towards Pasir Ris Drive 1 x Lorong Halus Junction



Describe Circumstance of the Accident

As Per Police Report

Report No : T/20230518/7021

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

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



SINGAPORE POLICE FORCE



T/20230518/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20230518/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2023 11:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SOH WEE YONG			Address: 645 PUNGGOL CENTRAL #07-338 SINGAPORE 820645		
ID Type / ID No.: NRIC NO / S8834179A			Contact No.: Home/Office: Mobile: 82011883		
Nationality: SINGAPORE CITIZEN			Email: WEEYONG.SOH@HOTMAIL.COM		
Sex: Male	Age: 34	Date of Birth: 06/09/1988	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/05/2023 16:15	Type of Location: X-Junction
Location: LORONG HALUS				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLZ2398K	Car	MAZDA	6	Blue		0
SMA1883C	Car	TOYOTA	HARRIER M GRADE	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE POLICE FORCE



T/20230518/7021

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230518/7021

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA1883C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300767146	17/01/2023	16/01/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH WEE YONG		ID No. S8834179A
Related Vehicle	SMA1883C (Car)		Contact No. 82011883
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave		NIL	Degree of NIL

Brief Details.

On 17/05/2023 at around 1615hrs , i was driving my vehicle along pasir ris industrial drive 1 towards pasir ris drive 1 on lane 3 of a 4 lane road. At the Junction of Lorong Halus , i was on lane 3 making a right turn into lorong halus and a vehicle (SLZ 2398 K) was driving straight from lane 2 (my right) . i wish to stated my lane can go straight and turn right, as for vehicle (SLZ 2398 K) can only turn right. while i was turning right , vehicle (SLZ 2398 K) drove straight and collided into my vehicle right rear portion. I have video footage of the accident with his car plate number. after the accident i honked at vehicle (SLZ 2398 K) and i went to lorong halus and waited for him for about 15 mins but the vehicle didnt appear.



**SINGAPORE
POLICE FORCE**



T/20230518/7021

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20230518/7021

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
RASHIDAH BINTE AZMAN
Contact No.: 65476902

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
18/05/2023 11:48

Classification Of Case:

VEHICLE NO: SMA 1883 C	MAKE & MODEL: Toyota Harrier	AUTO / MANUAL
DATE OF ACCIDENT: 17 / 05 / 2023	CC: 2-0	
TIME OF ACCIDENT: 1615 HRS		
LOCATION OF ACCIDENT: Pasir Ris Industrial Drive 1 towards Pasir Ris Drive 2 x Lorong HJ1w Junction		
EXACT PURPOSE USE DURING ACCIDENT: EMPLOYMENT / PRIVATE USE / PRIVATE HIRE		
NAME OF OWNER: Soh Wee Yong		
TEL NO:	H/P: 82011883	OFFICE: HOME:
NRIC: S8834179A		
ADDRESS: Apt BIK 645 Punggol Central #07-338 Singapore 820645		
EMAIL: WEE YONG. SDH@HOTMAIL.COM		
CLAIM TYPE: OD / THIRD PARTY / REPORTING ONLY		
FLEET POLICY: YES / NO?		
INSURANCE COMPANY: MSIG		
TYPE OF COVERAGE: Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO: 300767146		
NAME OF DRIVER: AS ABOVE / IF NO:		
NRIC: 25 above	ANY PASSENGER: NIA	
DATE OF BIRTH: 06 / 09 / 1988	LICENCE PASSED DATE: 15 / 02 / 2011	
OCCUPATION: OUTDOOR / INDOOR		
GENDER: MALE / FEMALE		
CONTACT NO:	H/P: 25 above	OFFICE: HOME:
ADDRESS: 25 above		
EMAIL: 25 above		
DOES DRIVER OWNED ANY VEHICLE: NO / IF YES, REG NO:	INSURER:	
RELATIONSHIP: Owner		
WEATHER CONDITION: CLEAR / RAINING / OTHERS:		
ROAD SURFACE: DRY / WET / OTHER:		
ANY INJURIES: NO / IF YES, WHO?		
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT: NO / IF YES, WHERE? Traffic Police		
NOTICE OF INTENDED PROSECUTION GIVEN? NO / IF YES, WHO?		
VEHICLE B REG NO: SLZ 2398K	ANY PASSENGERS: unknown	
NAME OF DRIVER: Unknown	CONTACT NO: unknown	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE? YES / NO With wksp		
WAS THERE ANY AUDIO RECORDED? YES / NO		
ACCIDENT SCENE PHOTOS TAKEN? YES / NO		
ACCIDENT PORTION: Right Rear Portion		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO		
WORKSHOP PARTICULAR: Tarmac Automotive Pte Ltd		
CONTACT NO: 68420051 / 67440510		
CONTACT PERSON: Steve 88215151		
FAX NO: 67410510		
WORKSHOP EMAIL: sales@n51.com.sg		



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.

TOYOTA DRIVEELITE Comprehensive

Certificate No. A 300767146 AT2

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMA1883C

2. Name of Policyholder
Soh Wee Yong

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*
Soh Wee Yong, Ong Suat Meng

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 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 (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

SGSGNXT202212301631