

NATIONAL Assessment Centre Services

Date In 26/05/2023	Job description	Date & Time Completed	Done by
RefNo CA/MSG23005403/04	SAS e-filing		
VehNo SKW 4731X	E-mail (within 2hrs, Aft 2hrs)		
DOA 25/05/2023 16:35	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: XE 4704R	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Title:
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: 6288 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 for repairation, Gledis	Amcgsj	A
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: Idag 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 (Non INC) against INC \$20		
	9) N12: Idag Mobile 30		
	Invoice dated	Fax Charged	
	Invoice dated	Fax Charged	

SNE96675

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	26/05/2023 18:24 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/05/2023 16:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PUNGGOL ROAD TOWARDS PUNGGOL CANAL BEFORE PUNGGOL CENTRAL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4731X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN MING HUAT
NRIC No	SXXXX552Z
Email Address	MIN8HUAT@GMAIL.COM
Mobile Phone No	(Phone) +65-97462820
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300683892 QMX

DRIVER

Name of Driver	TAN MING HUAT
NRIC No	SXXXX552Z
Date Of Birth	21/10/1961

Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

Indoor
 20/07/1979
 43 YEARS AND 10 MONTHS
 Male
 (Phone) +65-97462820
 -
 MIN8HUAT@GMAIL.COM
 APT BLK 463 ANG MO KIO AVENUE 10
 # 13-1100
 560463
 Yes
 -
 No
 -
 -

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) 2
 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 -

PASSENGER 1

Name UNKNOWN
 Gender Female

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 XE4704R
 Vehicle Manufacturer -
 Vehicle Model -


Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ANPALAGAN S/O KUPPUSAMY
Contact Number	(Phone) +65-86542182
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

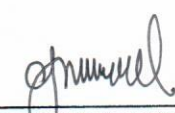
SKETCH PLAN

IMPORTANT NOTICE

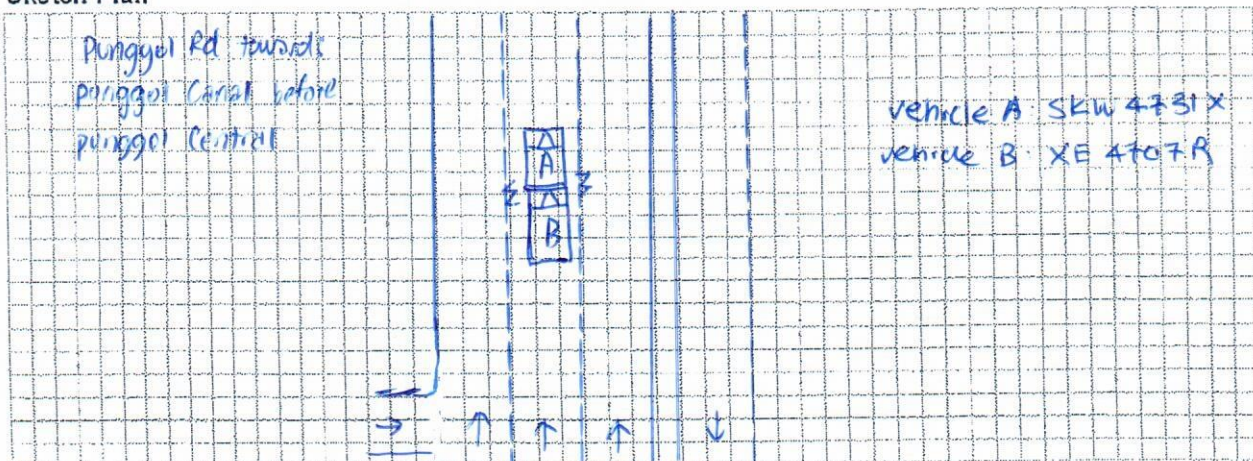
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies 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. 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

 26/5/2023
Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstance of the Accident

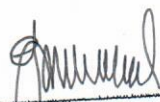
As of above date & time, I was driving my vehicle
(SKW 4731X) along Punggal Rd towards Punggal Canal
on the middle lane of a 3 lane Rd. Somewhere before
Punggal Canal. The vehicle ahead of my vehicle slowed
down & stopped due to traffic light turning Red.
I followed accordingly, but at a sudden, vehicle BLX 4707R
collided into the rear portion of my 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

 28/5/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO: <u>SKW 4731 X</u>	MAKE & MODEL <u>Toyota Corolla Altis</u> <u>AUTO</u> / MANUAL	
DATE OF ACCIDENT: <u>25 / 05 / 2023</u>	CC: <u>1.6</u>	
TIME OF ACCIDENT: <u>1635</u> HRS		
LOCATION OF ACCIDENT: <u>Punggol Rd towards Punggol Canal before Angkor Central</u>		
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</u>		
NAME OF OWNER: <u>Tan Ailing Huat</u>		
TEL NO:	H/P: <u>9746 2820</u>	OFFICE: HOME:
NRIC:	<u>S14815522</u>	
ADDRESS:	<u>Apt B1K 463 Ang Mo Kio Avenue 10 #13-1100 S560463</u>	
EMAIL:	<u>MIN8HUAT@gmail.com</u>	
CLAIM TYPE:	<u>OD / THIRD PARTY / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES / NO?</u>	
INSURANCE COMPANY:	<u>MSIG</u>	
TYPE OF COVERAGE:	<u>Comprehensive / Third Party / Third Party Fire & Theft</u>	
POLICY NO:	<u>A 300683892 QMX</u>	
NAME OF DRIVER:	<u>AS ABOVE / IF NO:</u>	
NRIC:	<u>as above</u>	
DATE OF BIRTH:	<u>21 / 10 / 1961</u>	ANY PASSENGER: <u>1 (1F)</u>
OCCUPATION:	<u>OUTDOOR / INDOOR</u>	LICENCE PASSED DATE: <u>20 / 07 / 1979</u>
GENDER:	<u>MALE / FEMALE</u>	
CONTACT NO:	H/P: <u>as above</u>	OFFICE: HOME:
ADDRESS:	<u>as above</u>	
EMAIL:	<u>as above</u>	
DOES DRIVER OWNED ANY VEHICLE:	<u>NO / IF YES, REG NO:</u>	
RELATIONSHIP:	<u>Owner</u>	INSURER:
WEATHER CONDITION:	<u>CLEAR / RAINING / OTHERS:</u>	
ROAD SURFACE:	<u>DRY / WET / OTHER:</u>	
ANY INJURIES:	<u>NO / IF YES, WHO?</u>	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	<u>NO / IF YES, WHERE?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO / IF YES, WHO?</u>	
VEHICLE B REG NO:	<u>XE 4704 R</u>	
NAME OF DRIVER:	<u>Anpalagan S/o Kuppusamy</u>	ANY PASSENGERS: <u>NIA</u>
VEHICLE C REG NO:		CONTACT NO: <u>8654 2182</u>
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:		ANY PASSENGERS:
WAS THERE ANY VIDEO CAPTURE?	<u>YES / NO</u>	WITNESS CONTACT:
WAS THERE ANY AUDIO RECORDED?	<u>YES / NO</u>	
ACCIDENT SCENE PHOTOS TAKEN?	<u>YES / NO</u>	
ACCIDENT PORTION:	<u>Rear Portion</u>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <u>YES / NO</u>		
WORKSHOP PARTICULAR:	<u>Twiner Automotive Pte Ltd</u>	
CONTACT NO:	<u>58420051 / 67440510</u>	
CONTACT PERSON:	<u>Steve</u>	
FAX NO:	<u>67410510</u>	
WORKSHOP EMAIL:	<u>sales@n51.com.sg</u>	

**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 300683892 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKW4731X

2. Name of Policyholder
Tan Ming Huat

3. Effective Date of the Commencement of Insurance for the purposes of the Act
30/10/2022

4. Date of Expiry of Insurance
29/10/2023

5. Persons or Classes of Persons entitled to drive*
Tan Ming Huat

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