

**NATIONAL Assessment Centre Services** (wef 1 Jan'05)

Date In: 29/05/2023	Job description	Date & Time Completed	Done by
Ref No: CA/MSG23005505/d4	SAS e-filing		
Veh No: SKQ 9922K	E-mail (within 3hrs. AIC 2hrs)		
D.O.A : 27/05/2023 19:00	i-Motor Claim Form		
OD / (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: SMF 2166G 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: ( )

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 Preparation Checklist		Amt (\$)	Amt (\$)
			1st Bill	Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);			
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TF : 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			
	For claiming against INC Only (wef 10 Jan 2005)			
Cat. 1:	6) TR : Re-inspection \$75			
Cat. 2 / 3:	7) N1 : Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	OD*			
	*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: Idac 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	29/05/2023 18:07 (SGT)
Reported by	Actual Driver
Date of Accident	27/05/2023 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE ( MCE ) NICOLL HIGHWAY EXIT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ9922K
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAN HAN SIWEN
NRIC No	SXXXX331F
Email Address	EDWINHANYM@GMAIL.COM
Mobile Phone No	(Phone) +65-92950022
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL 3 RWD
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	0

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300601219 QMY

### DRIVER

Name of Driver	EDWIN HAN YUMING
NRIC No	SXXXX347D
Date Of Birth	06/08/1996
Occupation	Indoor

Date Of Driving Pass .....	21/07/2015
Driving experience .....	7 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96484820
Alt. Phone Number .....	-
Email Address .....	EDWINHANYM@GMAIL.COM
Address .....	24 SUNSHINE TERRACE
Address complement .....	-
Postcode .....	535700
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	BROTHERS
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	DANDY LIEW ZHENG YANG
Gender .....	Male

PASSENGER 2

Name .....	FRANCES LO WAN TING
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? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF2166G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ALOYSIUS KOW YUAN HENG
Contact Number	(Phone) +65-81123395
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	EDWIN HAN YUMING
Gender	Male
Phone No	(Phone) +65-96484820
Address	24 SUNSHINE TERRACE
Address Complement	-
Post Code	535700
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SKQ9922K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 2

Name of injured person	DANDY LIEW ZHENG YANG
Gender	Male
Phone No	(Phone) +65-97372276
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SKQ9922K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

#### INJURED 3

Name of injured person	FRANCES LO WAN TING
Gender	Female
Phone No	(Phone) +65-86122145
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND BACK PAIN
Injured person in which vehicle?	SKQ9922K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. Any false reporting may be referred to the Police for investigation.
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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.

\* Sean

Policyholder's Signature / Date & Time

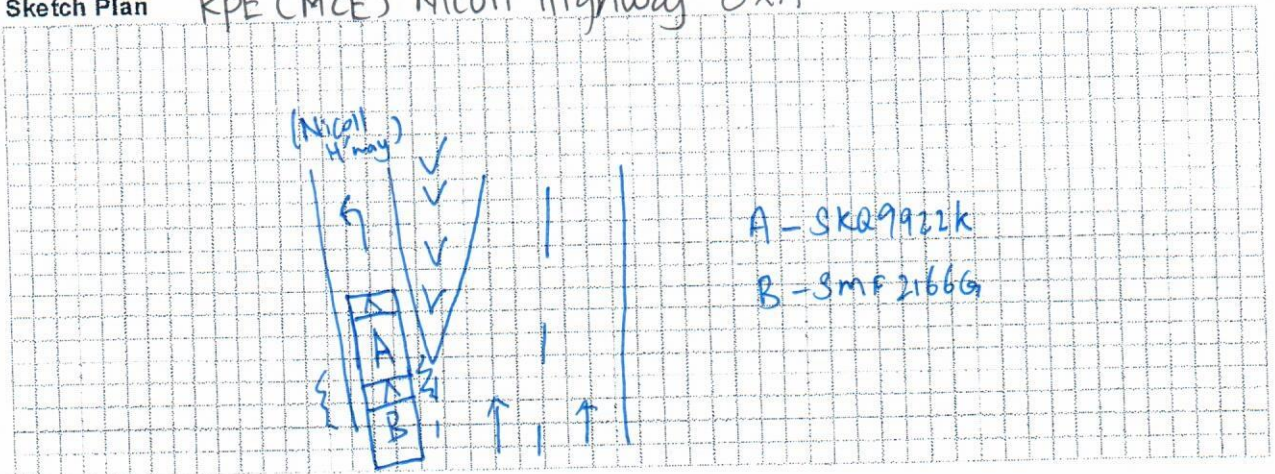
\*

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

*[Signature]* 29/5/2023  
Witnessed by Reporting Centre Personnel

Sketch Plan

KPE (MCE) NICOLL Highway Exit




Describe Circumstance of the Accident

As per above date and time, I was driving SKA9422K along KPE (MCE) on the extreme left lane. Somewhere near Nicoll H'way exit, vehicles in front of me slowed down and stopped. As such, I applied brakes and stopped accordingly. Out of sudden, I felt an impact from the rear. I alighted and discovered Veh (B) SMF21666 front portion collided onto my vehicle rear portion.

Declaration

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

x Sean  
Policyholder's Signature / Date & Time

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

 29/5/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

VEHICLE NO:	SKR 9922K	MAKE & MODEL:	Model 3 Tesla	AUTO / MANUAL
DATE OF ACCIDENT:	27/05/23			CC: 239.0 KW
TIME OF ACCIDENT:	1900	HRS		
LOCATION OF ACCIDENT:	KPE (MCE) Nicoll Hwy Exit			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE			
NAME OF OWNER:	Sean Han Siwon			
TEL NO:	H/P: 9795 0022	OFFICE:	HOME:	
NRIC:	S9407331F			
ADDRESS:	24 Sunshine Terrace (S) 535700			
EMAIL:	EDWINHANYM@gmail.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:	A300601219 QMY			
NAME OF DRIVER:	AS ABOVE / IF NO: Edwin Han Yuming			
NRIC:	S9628347D	ANY PASSENGER:	1(M) 1(F)	
DATE OF BIRTH:	06/08/1996	LICENCE PASSED DATE:	21/07/2015	
OCCUPATION:	OUTDOOR / INDOOR			
GENDER:	MALE / FEMALE			
CONTACT NO:	H/P: 9648 4820	OFFICE:	HOME:	
ADDRESS:	As above			
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:	INSURER:		
RELATIONSHIP:	Brothers			
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:			
ROAD SURFACE:	DRY / WET / OTHER:			
ANY INJURIES:	NO / IF YES, WHO?			
NAME & CONTACT:	Edwin Han Yuming, 9648 4820			
NAME & CONTACT:	Dandy Liew Zheng Yang, 9737 2276			
POLICE REPORT:	NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	Frances Lo Wan Ting, 8612 2145		
VEHICLE B REG NO:	SMP 2166G	ANY PASSENGERS:	N.A	
NAME OF DRIVER:	Aloysius Kow Yuan Heng	CONTACT NO:	4112 3395	
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			
WAS THERE ANY AUDIO RECORDED?	YES / NO			
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO			
ACCIDENT PORTION:	Rear portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO			
WORKSHOP PARTICULAR:	Twin Car Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Jun Ming			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



MSIG Insurance (Singapore) Pte. Ltd.  
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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 PLUS Comprehensive

Certificate No. A 300601219 QMY

Excess : SGD1,500

Windscreen Excess : SGD100

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

SKQ9922K

**2. Name of Policyholder**

Sean Han Siwen

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

06/06/2022

**4. Date of Expiry of Insurance**

05/06/2023

**5. Persons or Classes of Persons entitled to drive\***

Sean Han Siwen

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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