

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 31/05/2023	Job description	Date & Time Completed	Done by
Ref No: CA/MSG 230055/4/d4	SAS e-filing		
Yeh No: SFV 8656T	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 30/05/2023 13:35	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. SJZ 9319S	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

	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
Cat. 1:	*N5: Courtesy Car / Tpt Allowance \$5		
Cat. 2 / 3:	*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 \$30		
	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	31/05/2023 10:11 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/05/2023 13:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AIRPORT ROAD FILTER TOWARD EUNOS LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFV8656T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN LEE LING (CHEN LILING)
NRIC No	SXXXX802J
Email Address	elletan_80@yahoo.com
Mobile Phone No	(Phone) +65-96968556
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300600148 QMX

DRIVER

Name of Driver	TAN LEE LING (CHEN LILING)
NRIC No	SXXXX802J
Date Of Birth	07/02/1980
Occupation	Indoor

Date Of Driving Pass	06/03/2002
Driving experience	21 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96968556
Alt. Phone Number	-
Email Address	elletan_80@yahoo.com
Address	APT BLK 269C PUNGGOL FIELD
Address complement	# 08-211
Postcode	823269
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)	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	Male

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	SJZ9319S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DANIAL ADAM TEO
NRIC No	SXXXX810B
Contact Number	(Phone) +65-90045117
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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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 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.

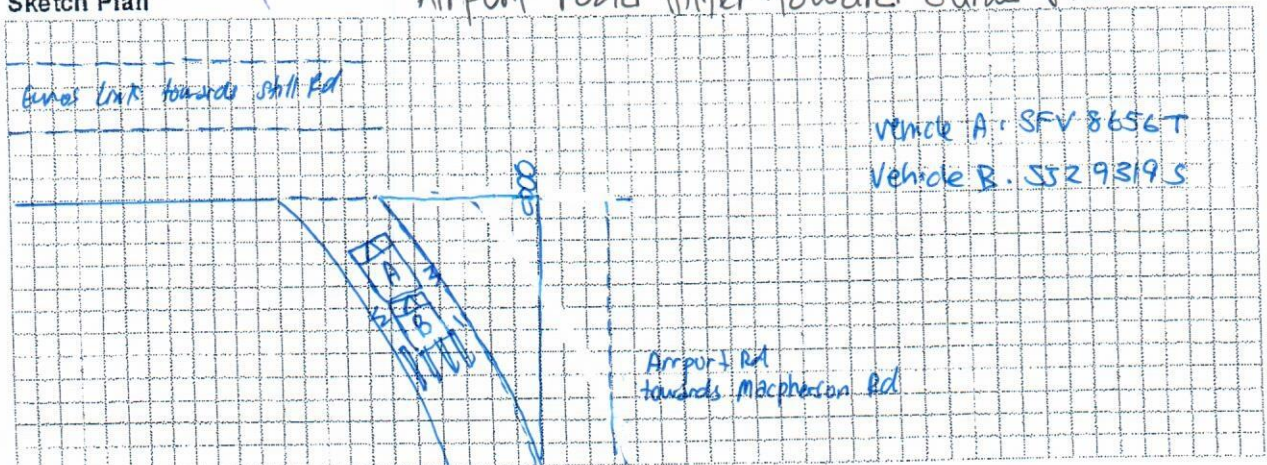
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Airport Road filter toward Guner Link




Describe Circumstance of the Accident

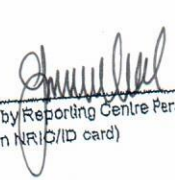
As of above date and time, I was driving my vehicle (SFV 8656T) along Airport Rd towards Macpherson Rd Slip Rd into Euro Link towards Hill Rd. The vehicle in front of my vehicle slowed down & stopped. I followed accordingly, but of a sudden, vehicle B (SJZ 9319S) collided into the rear portion of my 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

 31/05/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

VEHICLE NO:	SFV 8656T	MAKE & MODEL:	TOYOTA Axio	(AUTO) / MANUAL
DATE OF ACCIDENT:	30/05/2023	CC:	1.5	
TIME OF ACCIDENT:	1335	HRS		
LOCATION OF ACCIDENT:	Airport Rd Filter toward Eunos Link.			
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT (PRIVATE USE) / PRIVATE HIRE			
NAME OF OWNER:	TAN LEE LING			
TEL NO:	H/P: 96968556 OFFICE: HOME:			
NRIC:	S8005802J			
ADDRESS:	BLK 269C Punggol Field # 08-211 S'823269			
EMAIL:	elleetan-80@yahoo.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:	A 80459367 QMX			
NAME OF DRIVER:	(AS ABOVE) / IF NO:			
NRIC:	S8005802J			
DATE OF BIRTH:	07/02/1980			
OCCUPATION:	OUTDOOR (INDOOR)			
GENDER:	MALE (FEMALE)			
CONTACT NO:	H/P: 96968556 OFFICE: HOME:			
ADDRESS:	BLK 269C Punggol Field # 08-211 S'823269			
EMAIL:	elleetan-80@yahoo.com			
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO: NIL			
RELATIONSHIP:	NIL			
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?			
NOTICE OF INTENDED PROSECUTION GIVEN?	(NO) IF YES, WHO?			
VEHICLE B REG NO:	802 9319S			
NAME OF DRIVER:	Daniel Adam Teo			
VEHICLE C REG NO:	(S99 38810B)			
VEHICLE D REG NO:				
VEHICLE E REG NO:				
VEHICLE F REG NO:				
VEHICLE G REG NO:				
ANY WITNESS? IF YES, NAME:	NIL			
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:	Wincar Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Irene / Steve : 88215151			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			

**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 300600148 QMX**Excess :** SGD500**Windscreen Excess :** SGD100

1. Index Mark and Registration Number of Vehicle
SFV8656T

2. Name of Policyholder
Tan Lee Ling

3. Effective Date of the Commencement of Insurance for the purposes of the Act
03/07/2022

4. Date of Expiry of Insurance
02/07/2023

5. Persons or Classes of Persons entitled to drive*
Tan Lee Ling

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

SGSGFCYZ202206061511