

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 01/06/2023	Job description	Date & Time Completed	Done by
Ref No: CAMSG23005587/d4	SAS e-filing		
Veh No: 8MW7026E	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 3/05/2023 20:00	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: CB4 772SE	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			
	5) FT : Follow-Through Survey (Resurvey) \$30			
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR : Re-inspection \$75			
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160			
Cat. 2 / 3:	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 \$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	01/06/2023 17:09 (SGT)
Reported by	Actual Driver
Date of Accident	31/05/2023 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UBI AVENUE 1 CARPARK BLK 305 (LOT 500)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW7026E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUTRIAH
NRIC No	SXXXX625A
Email Address	rnsassurance@singnet.com.sg
Mobile Phone No	(Phone) +65-81901022
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	CN7 AVANTE 1.6 DOHC CVT S
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 300722012 AHM

DRIVER

Name of Driver	HEW KOON YONG
NRIC No	SXXXX899J
Date Of Birth	23/02/1968
Occupation	Indoor

Date Of Driving Pass	03/08/1990
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81901022
Alt. Phone Number	-
Email Address	rnsassurance@singnet.com.sg
Address	APT BLK 420A NORTHSHORE DRIVE
Address complement	# 09-615
Postcode	821420
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Parked Vehicle
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)	0
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	GBH7725E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WU JIAN
Passport No/FIN	GXXXX595L

Contact Number (Phone) +65-98361820
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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- 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.

[Signature] 01.06.23

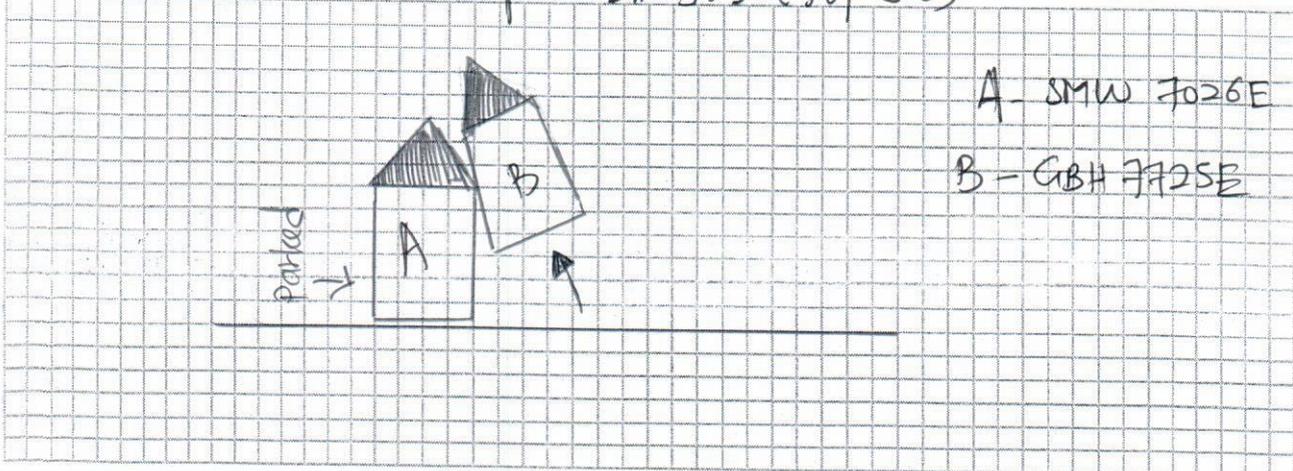
[Signature] 1/6/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan ubi Avenue 1 Carpark Blk 305 (Lot 500)



Describe Circumstance of the Accident

on the above stated date and time, my vehicle SMW 7026 E was parked at the parking lot at Ubi Avenue 1 Carpark Blok 305 lot No. 500. When I go back to my vehicle after work and I saw a note left by vehicle B's driver to give him a call. I called and he admit that he hit onto my vehicle and he ask me to proceed to lodge a reporting to claim under his company's insurance.

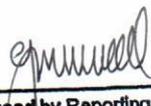
Declaration

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

Policyholder's Signature / Date & Time

 01.06.23

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

 1/6/2023

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT: 31/05/2023	TIME OF ACCIDENT: 20:00 pm
VEHICLE NO: SMW 7026E	TRANSMISSION: <input checked="" type="radio"/> AUTO / <input type="radio"/> MANUAL
MAKE & MODEL: Hyundai / CN7 Avante	LOCATION: ubi Avenue 1, Carpenter Blk 305 (Bot SW)
EXACT PURPOSE USE DURING ACCIDENT: <input checked="" type="radio"/> EMPLOYMENT / <input type="radio"/> PRIVATE USE / <input type="radio"/> PRIVATE HIRE	CLAIM TYPE: <input checked="" type="radio"/> OD / <input type="radio"/> THIRD PARTY / <input type="radio"/> REPORTING ONLY
INSURANCE COMPANY: MSIG	POLICY NO: A300722012 AHM)
TYPE OF COVERAGE: <input checked="" type="radio"/> COMPREHENSIVE / <input type="radio"/> THIRD PARTY / <input type="radio"/> THIRD PARTY & THEFT	VEHICLE TYPE: <input checked="" type="radio"/> SALOON / <input type="radio"/> COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER: Sutriah	NRIC: S7467625A
ADDRESS:	CONTACT NO: 8190 1022
EMAIL ADDRESS: massurance@singnet.com.sg	VIDEO RECORDING: YES / <input checked="" type="radio"/> NO
NAME OF DRIVER: AS ABOVE / IF NO: Hew Koon Yong	NRIC: <u>S6870899J</u> CONTACT NO: <u>81901022</u>
DRIVER OWNER RELATIONSHIP: <u>spouse</u>	PASSENGER: <input checked="" type="radio"/> MALE () FEMALE ()
DATE OF BIRTH: 23 / 02 / 1968	DRIVING PASSING DATE: 03 / 08 / 1990
OCCUPATION: <input checked="" type="radio"/> INDOOR / <input type="radio"/> OUTDOOR	ADDRESS: apt Blk 420A Northshore Drive # 09-615, S821420
ANY INJURIES: <input checked="" type="radio"/> NO, IF YES: _____	POLICE REPORT: <input checked="" type="radio"/> NO / IF YES WHERE? _____
WEATHER CONDITION: <input checked="" type="radio"/> CLEAR / <input type="radio"/> RAINING / <input type="radio"/> OTHERS	ROAD SURFACE: <input checked="" type="radio"/> DRY / <input type="radio"/> WET / <input type="radio"/> OTHERS
VEHICLE B REG NO: <u>GBH 772SE</u>	VEHICLE C REG NO: _____
DRIVER NAME: <u>WU Jian</u>	DRIVER NAME: _____
NRIC: <u>97401595L</u>	NRIC: _____
CONTACT: <u>9836 1820</u>	CONTACT: _____
VEHICLE D REG NO: _____	ANY WITNESS? <input checked="" type="radio"/> NO, IF YES:
DRIVER NAME: _____	NAME: _____
NRIC: _____	CONTACT: _____
CONTACT: _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <input checked="" type="radio"/> NO) IF YES, AGAINST WHOM: _____	WERE SEAT BELTS WORN?: YES / <input checked="" type="radio"/> NO
	WERE INJURY CONVEYED BY AMBULANCE: YES / <input checked="" type="radio"/> NO



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.

HYUNDAI DRIVEELITE2
Comprehensive

Certificate No. A 300722012 AHM

Excess : SGD0

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SBW7026E

2. Name of Policyholder
Sutriah (Not Driving)

3. Effective Date of the Commencement of Insurance for the purposes of the Act
02/12/2022

4. Date of Expiry of Insurance
01/12/2024

5. Persons or Classes of Persons entitled to drive*
Hew Koon Yong

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 KOMOCO MOTORS PTE LTD OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS. WINDSCREEN EXCESS IS WAIVED AT KOMOCO MOTORS 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