

NATIONAL Assessment Centre Services (Unit 1/2023) **SLIP 28650001**

Date In: 05/06/2023 12:31	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: 038/MS/23005087	E-mail (within 24hrs, A/C 2013)		
Val No: SA/193155	1-Motor Claim Form		
D.O.A: 04/06/2023 14:31	1-Motor W/O (Within 24hrs, A/C 2013)		
OD: TP Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / OW: () Tel: () Fax: ()

TP Particulars: Yeh No: SAC 71806 INC () / Non-INC () Tel: ()

Owner / Driver: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () (Note: Inc Status (W/O): 10: 0-30%, 11: 21-70%, 12: 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 repair.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Damage: ()

Other: ()

Invoice Preparation Charge:	
1) A/R: Accidental Receipt (330)	
2) DA: Damage Assessment (\$100)	INC (35)
3) TP: Towing Fee	\$10/\$15
4) PC: Follow-Up through Survey	\$15
5) TR: Follow-Up through Survey (Recovery)	\$30
6) TR: Re-insurance	\$15
7) NI: New DA + SMRT Survey	\$15
8) NTUC Additional Services	
9) QC	
*No: Courtesy Car / Tel Allowance	\$3
*No: Repair Coordination	\$15
*No: Post Repair Inspection	\$15
*No: BY / Collect Excess Coordination	\$1
*No: (11) TP (Non-INC) Evaluate INC	\$10
10) NTUC Mileage	
Invoice Total	
Pay Charge	

Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

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	05/06/2023 12:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/06/2023 14:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	SLIP ROAD TOWARDS EUNOS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA9313S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	FOO NGIAP CHIN
NRIC No	SXXXX638I
Email Address	fooderek@hotmail.com
Mobile Phone No	(Phone) +65-82888006
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1197

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300570979 QMY

DRIVER

Name of Driver	FOO NGIAP CHIN
NRIC No	SXXXX638I
Date Of Birth	19/06/1979
Occupation	Outdoor

Date Of Driving Pass	03/12/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82888006
Alt. Phone Number	-
Email Address	fooderek@hotmail.com
Address	BLK 217 SERANGOON AVENUE 4 #09-152
Address complement	-
Postcode	550217
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	Raining
Road Surface	Wet

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)	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 POLICE REPORT T/20230604/7026

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	SHC7180G
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	AZLI BIN SUHAIMI
NRIC No	SXXXXX918C
Contact Number	-
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	FOO NGIAP CHIN
Gender	Male
Phone No	(Phone) +65-82888006
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNA9313S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

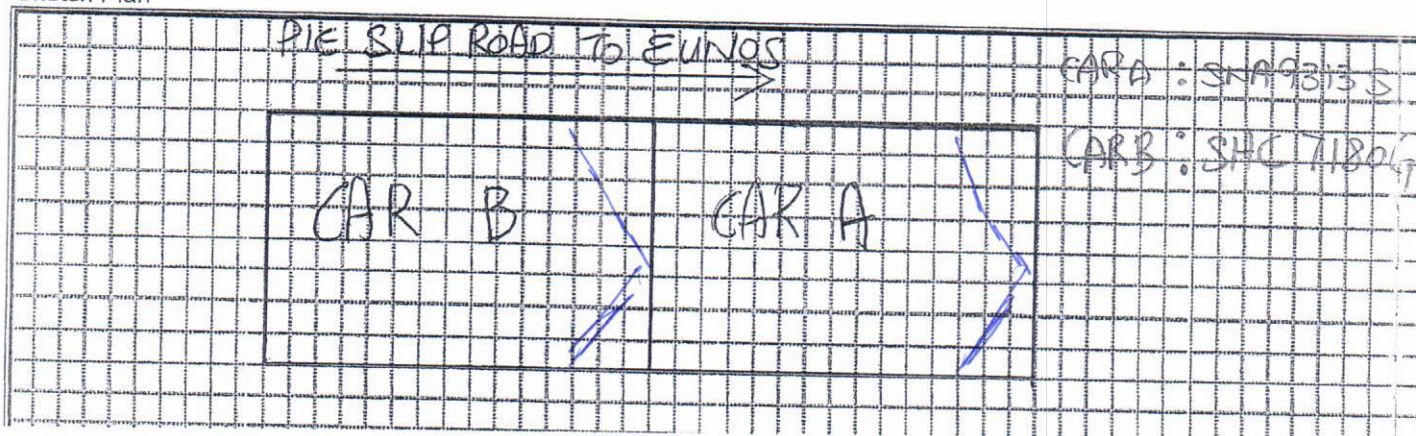
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

AS PER POLICE REPORT : 7/20230604/7026

Declaration

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

Cash

05/06/2023



SINGAPORE POLICE FORCE



T/20230604/7026

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

1 of 3

Report No. T/20230604/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2023 17:22		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: FOO NGIAP CHIN			Address: APT BLK 217 SERANGOON AVENUE 4 #09-152 SINGAPORE 550217		
ID Type / ID No.: NRIC NO / S7917638I			Contact No.: Home/Office: Mobile: 97585348		
Nationality: SINGAPORE CITIZEN			Email: fooderek@hotmail.com		
Sex: Male	Age: 43	Date of Birth: 19/06/1979	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Insurance agent			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/06/2023 14:30	Type of Location:
Location: PIE slip road to eunos				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNA9313S	Car	NISSAN	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR	Blue		0

Details of Vehicle Insurance

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



T/20230604/7026

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

2 of 3

Report No. T/20230604/7026

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNA9313S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	300570979	27/04/2023	26/04/2024

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	FOO NGIAP CHIN		ID No.	S7917638I
Related Vehicle	SNA9313S (Car)		Contact No.	97585348
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		03	Degree of	Serious

Brief Details.

On the stated date and time I vehicle SNA9313S was travelling straight along PIE towards Changi.

As I exited the eunos exit, I came to a stop in front of the zebra crossing as there was a pedestrian.

Suddenly vehicle SHC7180G came from behind and hit onto my vehicle's rear portion.

The impact was great.

After a while I start to feel pain on my neck, shoulders and back areas.

I then proceeded to intemedical kovan clinic to seek treatment and I was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20230604/7026

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

3 of 3

Report No. T/20230604/7026

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65470000

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

Date/Time:
04/06/2023 17:22

Classification Of Case:

Date of Accident : 04.06.2023 Accident Time: 1430 (24-HR-Format)
Accident Place : PIE SLIP ROAD TO EUNOS
Vehicle, No. (Car Plate No.) : SNA 9313S Make/Model: NISSAN QASHQAI 1.2T
Insurance Company : MSIG INSURANCE Policy No: 300570979
Owner or Company Name / IC No. : S7917638I
Owner or Company Contact No. : 97585348 Owner's Hp 8288 8006 Company Tel
DRIVER'S Name / IC No. : POO NGIAP CHIN
DRIVER'S Date Of Birth : 19.06.1979 DRIVER'S License Pass Date 03.12.2003
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : BLK 217 SERANGOON AVENUE 4 #09-152 S(530217)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : fooderek@hotmail.com
Weather & Road Surface : CLEAR & DRY \ RAINING & WET AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 01
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle, No:	<u>SHC 7180G</u>	Vehicle, No:	_____
Vehicle Make/Model:	<u>HYUNDAI</u>	Vehicle Make/Model:	_____
Name Driver:	<u>AZLI BIN SUHAIMI</u>	Name Driver:	_____
IC No. Driver/Contact:	<u>S1525918C</u>	IC No. Driver/Contact:	_____

* NEW - Passenger's name & gender:

**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 1960
(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.

**MOTORMAX PLUS
Comprehensive****Certificate No.** A 300570979 QMY**Excess :** SGD500**Windscreen Excess :** SGD100

1. **Index Mark and Registration Number of Vehicle**
SNA9313S

2. **Name of Policyholder**
Foo Ngiap Chin

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
27/04/2023

4. **Date of Expiry of Insurance**
26/04/2024

5. **Persons or Classes of Persons entitled to drive***
Foo Ngiap Chin

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 1960 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 1960.

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 1960 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