

NATIONAL Assessment Centre Services (Call 1-800-555-1234) **Slip 236K0001**

Date In: 20/06/2023 10:23	Job Description: SAS e-Jiling	Date & Time Completed:	Done by:
Ref No: 230061914	E-mail (within 24hrs, A/C 2hrs)		
Vol No: 843-11487	1-Motor Claim Form		
D.O.A: 19/06/2023 11:00	1-Motor W/O (Within 24hrs, A/C 2hrs)		
QC: 79 Reporting Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Driver		

Renewed Wksp / INC Assgn Wksp / GW: () Tel: () Fax: ()

TP Particulars: Vcl No: YQ 38102 INC () / Non-INC () Tel: ()

Owner / Driver: () Cover Type: ()

Policy No: () Period: ()

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

Insured/Driver Liability: () % (Note: Inc Status (WO): 11:0-20%, P: 21-70%, 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 report 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 Resurvey Photo (Repair Cost > \$3000) ()

Injury: ()

Notes: ()

1182301790

Invoice Preparation Charge:

1) A/C Accident Postage (\$300)	INC (\$50)
2) D/A Damage Assessment (\$1000)	\$1000
3) Towing Fee	\$150
4) P/F Follow-up Survey (\$100)	\$100
5) P/F Follow-up Survey (Emergency)	\$50
6) T/R Assessment	\$25
7) N/A H/O + S/HIT Survey	\$145
8) N/A Additional Services	
9) N/A	\$5
*N/A: Courtesy Car / Tel Allowance	\$15
*N/A: Repair Coordination	\$20
*N/A: Post Repair Inspection	\$5
*N/A: BY / Collect Excess Coordination	\$20
*N/A: TP (Inc / Non-INC) Valves INC	\$0
TP Insured Name	
Invoice Total	
TP Insured	

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	20/06/2023 10:22 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 11:00 (SGT)
Exact Location of Accident	TPE, Singapore
Additional Location Information	(SLE) BEFORE CTE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS1148T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHAN LAY LENG
NRIC No	SXXXX592D
Email Address	junmin147@icloud.com
Mobile Phone No	(Phone) +65-91199550
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stepwagon
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	P 90406836 DMA

DRIVER

Name of Driver	LIM BOON KHENG, BEN
NRIC No	SXXXX047D
Date Of Birth	25/10/1972
Occupation	Indoor

Date Of Driving Pass	22/07/1996
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91199550
Alt. Phone Number	-
Email Address	junmin147@icloud.com
Address	67 PUNGGOL CENTRAL #13-15
Address complement	-
Postcode	828843
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	Chain Collision
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)	4
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	WENN LIM
Gender	Female

PASSENGER 2

Name	CHAN LAY LENG
Gender	Female

PASSENGER 3

Name	WENDY LIM
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ3810Z
Vehicle Manufacturer	Hino
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ONG BENG TECK
NRIC No	SXXXX549B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	XE4111B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD HAIZAL BIN ZAIDI
NRIC No	SXXXX234A
Contact Number	-
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

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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.

Romin

Policyholder's Signature / Date & Time

3/1/23

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

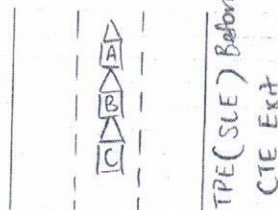
20/06/2023
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SGS 1148 T

Vehicle B: 4Q3810Z

Vehicle C: XE4111B

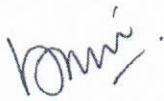


Describe Circumstances of the Accident

At the stated date and time of accident, I was driving along the stated location in my vehicle A (SGS1148T). Due to traffic, I came to a stop. Suddenly, vehicle B (YQ3810Z) collided onto the rear portion of my vehicle A. After I got off my car, I found out that another vehicle C (XE4111B) also collided onto vehicle B rear portion.

Declaration


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


20/06/2023
Witnessed by Reporting Centre Personnel

Date of Accident : 19/06/2023 Accident Time: 1100 HR (24-HR-FORMAT)
Accident Place : Along TPE (SLE) Before CTE Exit
Vehicle Reg. No (Car plate No.) : SGS 1148T Vehicle Make/Model: Honda Spada
Insurance Company : MSIG Policy No. P90406836
Name of Registered Owner : Company / Individual Chan Lay Leng
ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S7212592D
: Co Contact No: _____ Owner's Contact No: 9119 9550
DRIVER'S Name : Lim Boon Kheng, Ben DRIVER'S NRIC No: S7239047D
DRIVER'S Date of Birth : 25/10/1972 DRIVER'S License Pass Date 22/07/1996
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 67 Punggol Central #13-15 S(828843)
DRIVER'S Contact No/ Alt No : 1) 9119 9550 2) _____
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an etc)
Email Address : JUNMIN147@ICLOUD.COM
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance Wynn Lim (F)
Number of Passengers (including Driver): 04 Passenger Name: Chan Lay Leng Gender: M/F (F)
Was the accident reported to the police? YES \ NO Passenger Name: Wynn Lim Gender: M/F (F)
Was there any video Captured by car camera: YES \ NO Any Injuries: YES / NO Injured Name: _____
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particulars (if any)

Vehicle Reg No: 4Q3810Z
Vehicle Make/Model: Hino
Name DRIVER: Ong Beng Teck
IC No DRIVER: S6901549B
DRIVER'S Contact & add: _____

Vehicle Reg No: XE4111B
Vehicle Make/Model: _____
Name DRIVER: Muhammad Haizal Bin Zaidi
IC No DRIVER: S9526234A
DRIVER'S Contact & add: _____

Other Party Driver's Particulars (if any)

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC No DRIVER: _____
DRIVER'S Contact & add: _____

Vehicle Reg No: _____
Vehicle Make/Model: _____
Name DRIVER: _____
IC No DRIVER: _____
DRIVER'S Contact & add: _____



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.

DRIVESHIELD - PREMIER
Comprehensive

Certificate No. P 90406836 DMA

Excess : SGD500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
SGS1148T
2. **Name of Policyholder**
Chan Lay Leng
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
21/10/2022
4. **Date of Expiry of Insurance**
20/10/2023
5. **Persons or Classes of Persons entitled to drive***
Chan Lay Leng, Lim Boon Kheng Ben

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