

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: <b>30/06/2023</b>	Job description	Date & Time Completed	Done by
Ref No: <b>CA/MSG23006574/d4</b>	SAS e-filing		
Veh No: <b>SLR 1620S</b>	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: <b>28/06/2023 17:55</b>	i-Motor Claim Form		
<b>OD / TP Reporting Only</b>	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: **8JG 5 682** 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 (\$)	
		1st Bill	Add E
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	30/06/2023 11:58 (SGT)
Reported by	Actual Driver
Date of Accident	28/06/2023 17:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KJE TOWARDS BKE BEFORE SUNGEI TENGAH ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR1620S
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YES MOTORING PTE LTD
Company Reg No	2XXXXX309H
Email Address	KELLYYEO@HOTMAIL.SG
Mobile Phone No	(Phone) +65-96827111
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezele
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	1496

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300350476 MTR

#### DRIVER

Name of Driver	LIM CHER SENG
NRIC No	SXXXX392G
Date Of Birth	27/04/1959
Occupation	Indoor

Date Of Driving Pass .....	23/08/1983
Driving experience .....	39 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91915884
Alt. Phone Number .....	-
Email Address .....	XAVIERNTC@YAHOO.COM
Address .....	APT BLK 450 CHOA CHU KANG AVENUE 4
Address complement .....	# 09-163
Postcode .....	680450
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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) .....	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? .....	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 .....	SJG568Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	TAN YUE XIANG , JAMES
Contact Number .....	(Phone) +65-81264338

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

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.



*[Handwritten signature]*

*[Handwritten signature]*

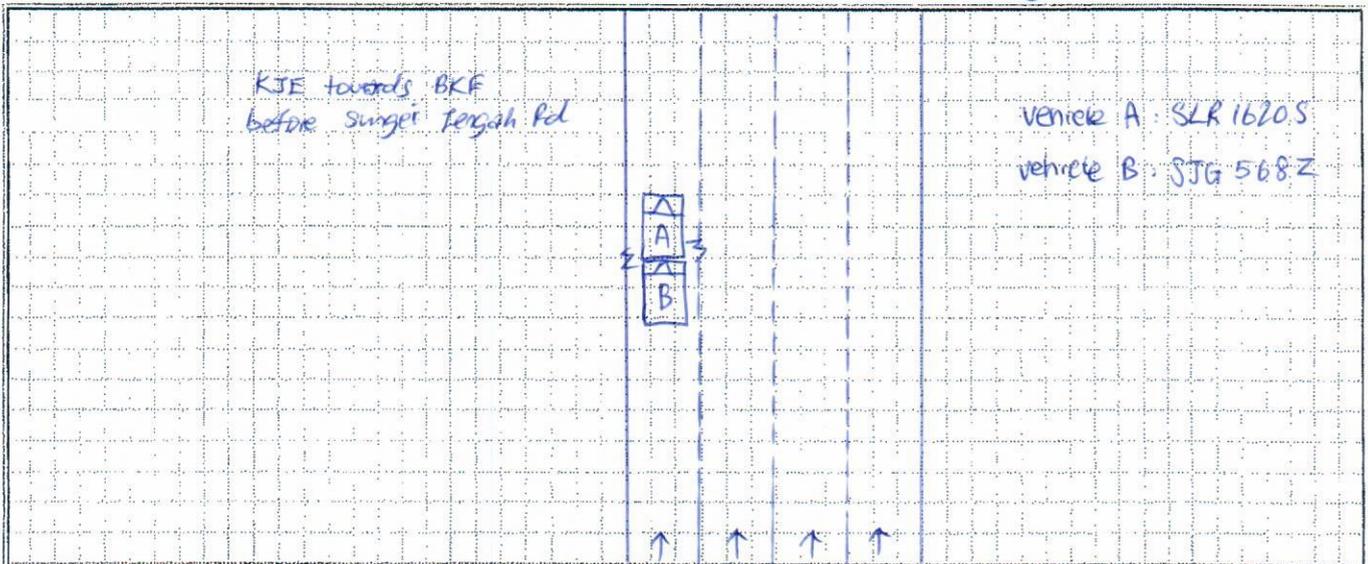
*[Handwritten signature]* 30/6/2023

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 of above date and time, I was driving my vehicle (SLR 1620S) to meet the customer for viewing. while driving here along KJE towards BKE before Sungai Tengah Rd on the left most lane. The vehicle in front of my vehicle slowed down and stopped, I followed accordingly, out of a sudden, vehicle B (SJK 568Z) collided into the rear portion of my vehicle.

Declaration

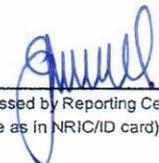
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time



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

 20/6/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

VEHICLE NO:	SLR 1620S	MAKE & MODEL:	Honda Vezel	AUTO / MANUAL
DATE OF ACCIDENT:	28 / 06 / 2023			CC: 1.5
TIME OF ACCIDENT:	1755	HRS		
LOCATION OF ACCIDENT:	KJE towards BKE before Surge Tengah Rd			
EXACT PURPOSE USE DURING ACCIDENT:	<input checked="" type="checkbox"/> EMPLOYMENT / <input type="checkbox"/> PRIVATE USE / <input type="checkbox"/> PRIVATE HIRE			
NAME OF OWNER:	Yes Motoring Pte Ltd			
TEL NO:	H/P: 9682 7111	OFFICE:		HOME:
NRIC:	201115309H			
ADDRESS:	1 corporation Drive #02-04 S619775			
EMAIL:	KELLY YEO@HOTMAIL.SG / XAVIERNTC@Yahoo.com			
CLAIM TYPE:	OD / <input checked="" type="checkbox"/> THIRD PARTY / <input type="checkbox"/> REPORTING ONLY			
FLEET POLICY:	YES / <input checked="" type="checkbox"/> NO			
INSURANCE COMPANY:	MSIG			
TYPE OF COVERAGE:	Comprehensive / <input checked="" type="checkbox"/> Third Party / <input type="checkbox"/> Third Party Fire & Theft			
POLICY NO:	A300350476 MTR			
NAME OF DRIVER:	AS ABOVE / IF NO: Lim Cher Seng			
NRIC:	S1369392 G	ANY PASSENGER:	N/A	
DATE OF BIRTH:	27 / 04 / 1959	LICENCE PASSED DATE:	23 / 08 / 1983	
OCCUPATION:	OUTDOOR / <input checked="" type="checkbox"/> INDOOR			
GENDER:	<input checked="" type="checkbox"/> MALE / <input type="checkbox"/> FEMALE			
CONTACT NO:	H/P: 91915884	OFFICE:		HOME:
ADDRESS:	Apt BIK 450 Choa Chu Kang Avenue 4 #09-163 S 680450			
EMAIL:				
DOES DRIVER OWNED ANY VEHICLE:	<input checked="" type="checkbox"/> NO / IF YES, REG NO:			INSURER:
RELATIONSHIP:	Employed			
WEATHER CONDITION:	<input checked="" type="checkbox"/> CLEAR / <input type="checkbox"/> RAINING / <input type="checkbox"/> OTHERS:			
ROAD SURFACE:	<input checked="" type="checkbox"/> DRY / <input type="checkbox"/> WET / <input type="checkbox"/> OTHER:			
ANY INJURIES:	<input checked="" type="checkbox"/> NO / IF YES, WHO?			
NAME & CONTACT:				
NAME & CONTACT:				
POLICE REPORT:	<input checked="" type="checkbox"/> NO / IF YES, WHERE?			
NOTICE OF INTENDED PROSECUTION GIVEN?	<input checked="" type="checkbox"/> NO / IF YES, WHO?			
VEHICLE B REG NO:	SJG 568 Z	ANY PASSENGERS:	N/A	
NAME OF DRIVER:	Tan Yue Xiang, James	CONTACT NO:	8126 4338	
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 / <input checked="" type="checkbox"/> NO			
WAS THERE ANY AUDIO RECORDED?	YES / <input checked="" type="checkbox"/> NO			
ACCIDENT SCENE PHOTOS TAKEN?	<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO			
ACCIDENT PORTION:	Rear Portion			
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?				YES / <input checked="" type="checkbox"/> NO
WORKSHOP PARTICULAR:	Twincar Automotive Pte Ltd			
CONTACT NO:	68420051 / 67440510			
CONTACT PERSON:	Steve 8821 5151			
FAX NO:	67410510			
WORKSHOP EMAIL:	sales@n51.com.sg			



**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.

#### MOTOR TRADE (ROAD RISK) MotorTrade Road Risk Third Party Only Contract

**Certificate No.** A 300350476 MTR

**Excess : NIL**

**Windscreen Excess : NIL**

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

Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.

**2. Name of Policyholder**

Yes Motoring Pte Ltd

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

29/08/2022

**4. Date of Expiry of Insurance**

28/08/2023

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

\*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 Motor Trade purposes. The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.

N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

\* 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.

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