

**NATIONAL Assessment Centre Services** (wef 1 Jan 05) 510423780001

Date In: 14/07/2023 13:02	Job description	Date & Time Completed	Done by
Ref No: OBA/M84 2300 7131/Y	SAS e-filing		
Veh No: 8UG 6752U	E-mail (within 8hrs. AIC 2hrs)		
D.O.A: 14/07/2023 08:50	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **YQ 4799S** 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
		Isl. Bill	Add
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		
Auditors Comments :-	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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: Idno Mobile \$0		
	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	14/07/2023 13:02 (SGT)
Reported by	Actual Driver
Date of Accident	14/07/2023 08:50 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	DAIRY FARM FLYOVER
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6752U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TSAI JUNE WAH
NRIC No	SXXXX268F
Email Address	siewwoonchin@yahoo.com.sg
Mobile Phone No	(Phone) +65-96505115
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1497

## INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	D 300069249 QMX

## DRIVER

Name of Driver	SIEW SHIYING JO-ANN (XIAO SHIYING)
NRIC No	SXXXX240E
Date Of Birth	01/08/1988
Occupation	Indoor

Date Of Driving Pass	14/01/2011
Driving experience	12 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-83214521
Alt. Phone Number	-
Email Address	siewwoonchin@yahoo.com.sg
Address	99 HAZEL PARK TERRACE
Address complement	-
Postcode	678932
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	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 SKETCH PLAN

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	YQ4799S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIN BOON SAN
NRIC No	SXXXX566A

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

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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 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:

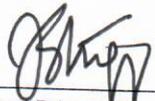
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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.

 14/7/2023

Policyholder's Signature / Date & Time

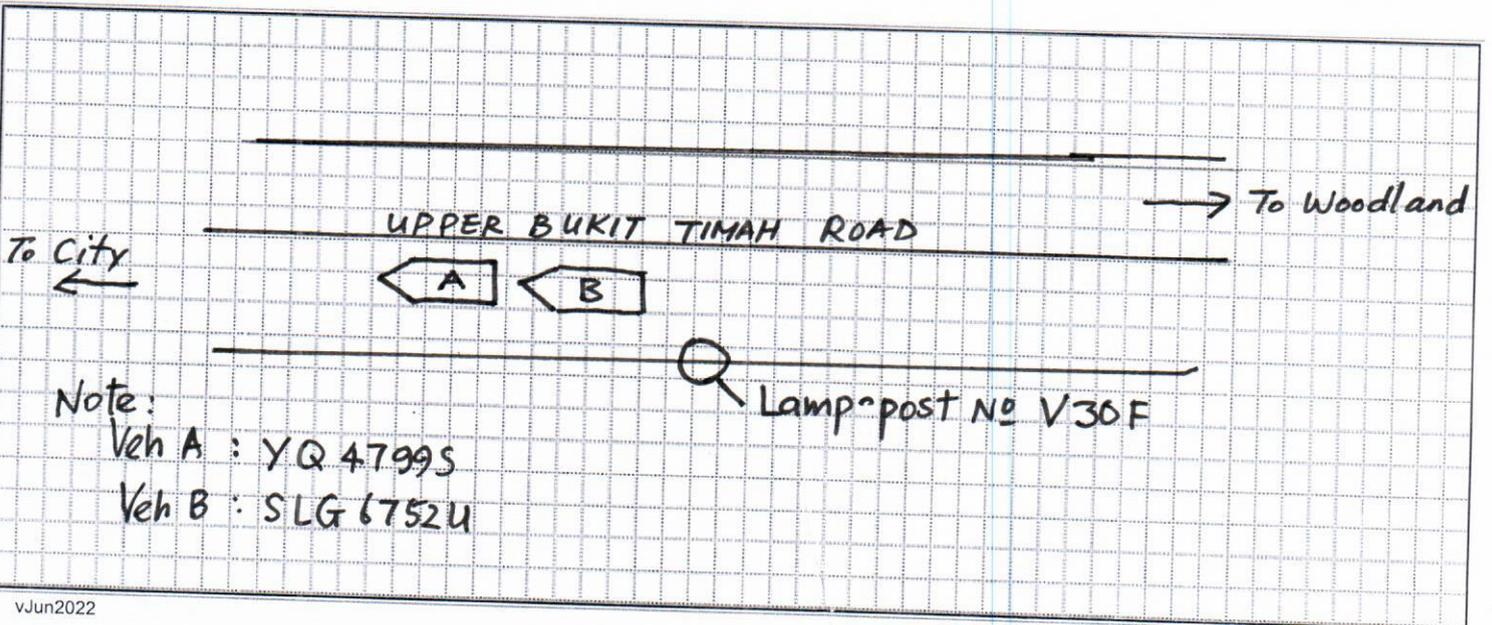
 14/7/2023

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

 14/07/2023

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

Sketch Plan



**Describe Circumstance of the Accident**

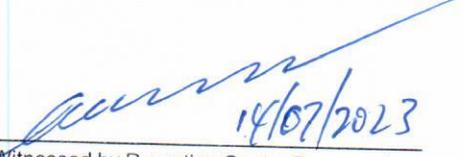
I was travelling along Upper Bukit Timah Road towards city, traffic was heavy and raining. Suddenly lorry YQ47995 suddenly brake, I also brake but my vehicle hit the back of lorry. I examined damage to lorry but found NO damage sustained but my vehicle sustained bonnet & bumper damage in the front. (See attached photos)

**Declaration**

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

  
14/7/2023  
Policyholder's Signature / Date & Time

  
14 JULY 2023  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

  
14/07/2023  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 14 JULY 2023	TIME OF ACCIDENT : 8.50 AM
VEHICLE NO : SLG 6752U	TRANSMISSION : AUTO / <del>MANUAL</del>
MAKE & MODEL : TOYOTA PRIUS C	LOCATION : FLYOVER DAIRY FARM - ALONG UPP. BUKIT TIMAH
EXACT PURPOSE USE DURING ACCIDENT : -EMPLOYMENT / PRIVATE USE / -PRIVATE HIRE	CLAIM TYPE : <input checked="" type="radio"/> OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : MSIG	POLICY NO : D300069249 QMX
TYPE OF COVERAGE : COMPREHENSIVE / <del>THIRD PARTY</del> / <del>THIRD PARTY &amp; THEFT</del>	VEHICLE TYPE : ( SALOON / <del>COUPE/MPV/VAN/LORRY/MOTORCYCLE</del> )
NAME OF OWNER : TSAI JUNE WAI	NRIC : S1159268F
ADDRESS : 99, HAZEL PARK TERRACE, S678932	CONTACT NO : 96505115
EMAIL ADDRESS : siewwoonchin@yahoo.com.sg	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : JOANN SIEW SHIYING	NRIC : <u>S8829240E</u> CONTACT NO : <u>83214521</u>
DRIVER OWNER RELATIONSHIP : <u>DAUGHTER</u>	PASSENGER : NA MALE ( ) FEMALE ( )
DATE OF BIRTH : 1 / 08 / 1988	DRIVING PASSING DATE : 14 / 01 / 2011
OCCUPATION : INDOOR / OUTDOOR VETERINARIAN	ADDRESS : 99, HAZEL PARK TERRACE, S678932
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : <del>CLEAR</del> / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : <u>YR 4799 S</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>CHIN BOON SAN</u>	DRIVER NAME : _____
NRIC : <u>S7340566A</u>	NRIC : _____
CONTACT : _____	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 ? : <input checked="" type="radio"/> YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



# 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. D 300069249 QMX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLG6752U
2. Name of Policyholder  
TSAI JUNE WAH
3. Effective Date of the Commencement of Insurance for the purposes of the Act  
11/10/2022
4. Date of Expiry of Insurance  
10/10/2023
5. Persons or Classes of Persons entitled to drive\*  
TSAI JUNE WAH

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