

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 18/07/2023	Job description	Date & Time Completed	Done by
Ref No: CALMS423007381/d4	SAS e-filing		
Yeh No: SLK 3494	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 17/07/2023 10:50	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: YQ 4450Y 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%. 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 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

	Invoice Preparation Checklist	Amnt (\$)	Am Add
Claimant's Particulars	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2 / 3:	7) N1 : Idao 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: Idao 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 18/07/2023 09:50 (SGT)
Reported by Actual Driver
Date of Accident 17/07/2023 10:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information THOMSON ROAD TO BALESTIER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK349U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FONDA GLOBAL ENGINEERING PTE. LTD.
Company Reg No 1XXXXX805W
Email Address sinhocklee@yahoo.com.sg
Mobile Phone No (Phone) +65-65155775
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 300736559 MCX

DRIVER

Name of Driver TAN KENG BENG
NRIC No SXXXX486F
Date Of Birth 21/04/1969
Occupation Indoor

Date Of Driving Pass 17/11/1995
 Driving experience 27 YEARS AND 8 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96174561
 Alt. Phone Number -
 Email Address sinhocklee@yahoo.com.sg
 Address APT BLK 661D JURONG WEST STREET 64
 Address complement # 06-448
 Postcode 644661
 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) 2
 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 UNKNOWN
 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 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 YQ4450Y
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MUTHUSAMY KALAINAR
NRIC No	GXXXX714R
Contact Number	(Phone) +65-91800318
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 Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful 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. 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.



Policyholder's Signature / Date & Time

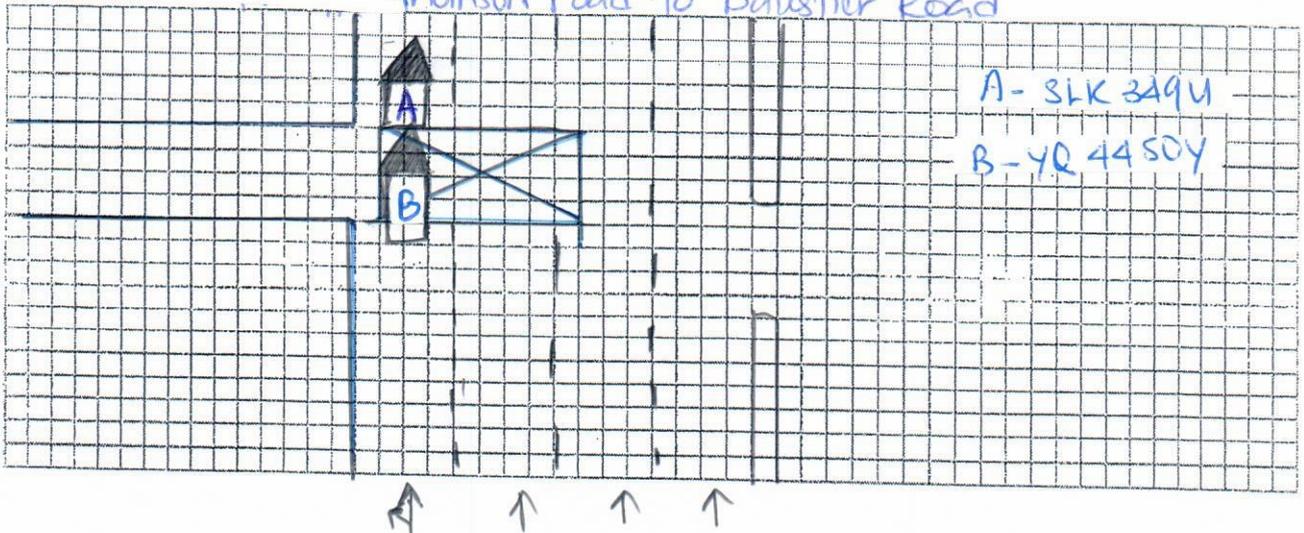
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ms B - 17/7/2023

[Signature] 18/7/23

Sketch Plan



Describe Circumstance of the Accident

on the above stated date and time, i was at the traffic
of Thomson Road to Balestier Road.
My vehicle was stationary waiting for the traffic signal
to turn green. suddenly vehicle B hit onto the
rear portion of my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

m. B. 17/7/2023.

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

[Signature] 18/07/23

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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 17/07/2023	TIME OF ACCIDENT : 10:50 am
VEHICLE NO : SLK 349 U	TRANSMISION : <u>AUTO</u> / MANUAL
MAKE & MODEL : Honda	LOCATION : Thomson road to Balestier
EXACT PURPOSE USE DURING ACCIDENT: <u>EMPLOYMENT</u> / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE: <u>OD / THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : MSIG	POLICY NO : A 300736559 MCX
TYPE OF COVERAGE :	VEHICLE TYPE :
<u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	<u>(SALOON)</u> COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : Fonda Global Engineering Pte Ltd	NRIC : 199403805W
ADDRESS :	CONTACT NO : 6515 5775
EMAIL ADDRESS : sinhocklee	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : Tan Keng Beng	NRIC : <u>86913486F</u> CONTACT NO : <u>9617 4561</u>
DRIVER OWNER RELATIONSHIP: <u>employee</u>	PASSENGER : 2(1) MALE () FEMALE (1)
DATE OF BIRTH : 21 / 04 / 1969	DRIVING PASSING DATE : 17 / 11 / 1995
OCCUPATION: <u>INDOOR</u> / OUTDOOR	ADDRESS : APT BLK 66D Jurong West Street 64 # 06-448, S 644661
ANY INJURIES: <u>NO</u> , IF YES :	POLICE REPORT : <u>NO</u> / IF YES WHERE ?
WEATHER CONDITION: <u>CLEAR</u> / RAINING / OTHERS:	ROAD SURFACE: <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>YQ 4450Y</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Muthusamy Kalaignar</u>	DRIVER NAME : _____
NRIC : <u>G8401714R</u>	NRIC : _____
CONTACT : <u>91800318</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? <u>NO</u> , IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? (YES / <u>NO</u>) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / <u>NO</u>
	WERE INJURY CONVEYED BY AMBULANCE : YES / <u>NO</u>
DOES THE ACTUAL DRIVER OWN OTHER VEHICLES: YES / <u>NO</u>	
VEHICLE NUMBER:	HANDLING INSURER:



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. A 300736559 MCX

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLK349U

2. Name of Policyholder

Fonda Global Engineering Pte Ltd

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

03/01/2023

4. Date of Expiry of Insurance

02/01/2024

5. Persons or Classes of Persons entitled to drive*

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