

NATIONAL Assessment Centre Services (wef 1 Jan'06)

Date In: 19/07/2023	Job description	Date & Time Completed	Done by
Ref No: CALMSG23007416/J	SAS e-filing		
Veh No: SLV 9530U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 18/07/2023 12:10	i-Motor Claim Form		
OD / <u>TP</u> / 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: SMH 9054 P	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	Am't (\$)	Int. Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
QC Checked by (Engr-In-Charge):	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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile \$30		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	19/07/2023 13:25 (SGT)
Reported by	Actual Driver
Date of Accident	18/07/2023 12:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HOUGANG ST 21 BLK 202 CARPARK GANTRY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV9530U
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CINDY NG SU YEN
NRIC No	SXXXX002E
Email Address	PCWW186@GMAIL.COM
Mobile Phone No	(Phone) +65-96600725
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	S60
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	1500

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300220511 QMX

DRIVER

Name of Driver	LIM BOCK LENG PAUL
NRIC No	SXXXX002E
Date Of Birth	09/04/1964
Occupation	Indoor

Date Of Driving Pass	24/05/1983
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96600725
Alt. Phone Number	-
Email Address	PCWW186@GMAIL.COM
Address	BLK 186 TOA PAYOH CENTRAL
Address complement	#04-428
Postcode	310186
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	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	SMH9054P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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

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 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. 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

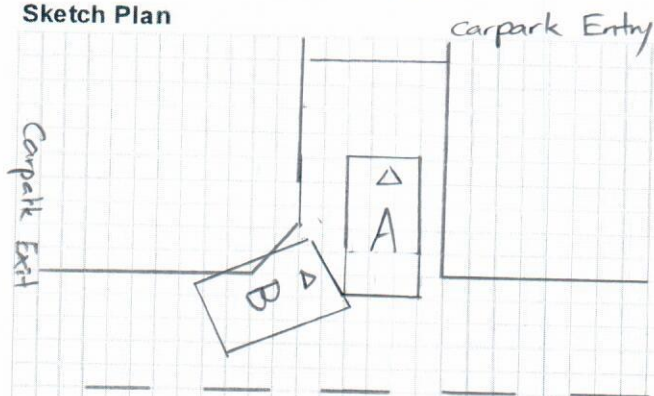
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SMH 9054P

B = SLV 9530U

Hougang St 21 Blk 202 carpark gantry

Describe Circumstances of the Accident

On 18.07.2023 about 1210pm. I was going to Carpark Entry of Blk 202. Suddenly, the vehicle SMH 9054P collided onto left portion of my vehicle SLV 95304.

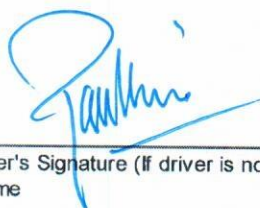
Declaration

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

Witnessed by Reporting Centre Personnel



19/7/2023

VEHICLE NO: <u>SLV 9530U</u>		MAKE & MODEL: <u>Volvo S60 D2</u>		AUTO / MANUAL <u>AUTO</u>	
DATE OF ACCIDENT		<u>18.07.2023</u>		C.C. <u>1500 cc</u>	
TIME OF ACCIDENT		<u>1210</u>		AM / PM <u>PM</u>	
LOCATION OF ACCIDENT		<u>Hougang St 21, Blk 202 carpark, garting junction</u>			
EXACT PURPOSE USED AT TIME OF ACCIDENT		EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE			
NAME OF OWNER		<u>Cindy Ng Su Yen</u>			
EMAIL: <u>PCWW186@gmail.com</u>		Office:		MOBILE: <u>966 00725</u>	
NRIC		<u>S1506147B</u>			
CLAIM TYPE		OD / <u>THIRD PARTY</u> / REPORTING ONLY			
FLEET POLICY:		YES / <u>NO</u> ?			
INSURANCE CO.		<u>MSIG</u>			
TYPE OF COVERAGE		<u>Comprehensive</u> / Third Party / Third Party Fire & Theft			
POLICY NO.		<u>A 300220511 QMX</u>			
NAME OF DRIVER		AS ABOVE / IF NO: <u>Lim Bock Leng Paul</u>			
NRIC		<u>S1602002E</u>			
DATE OF BIRTH		<u>09 / 04 / 1964</u>			
ANY PASSENGER		YES / <u>NO</u> ?			
NAME OF PASSENGER					
GENDER OF PASSENGER		MALE / FEMALE			
OCCUPATION		Outdoor / <u>Indoor</u>			
DATE OF DRIVING PASS		<u>24 / 05 / 1983</u>			
GENDER		<u>Male</u> / Female			
CONTACT NO.		Mobile: <u>8164 7098</u>		Office: Home:	
EMAIL:		<u>PCWW186@gmail.com</u>			
ADDRESS		<u>Blk 186 Toa Payoh Central #04-428 S 310186</u>			
DOES DRIVER OWN OTHER VEHICLES?		<u>NO</u> / If yes, Reg No:		INSURER:	
RELATIONSHIP		Employee / If No: <u>Spouse</u>			
WEATHER CONDITION		<u>Clear</u> / Raining / Other:			
ROAD SURFACE		<u>Dry</u> / Wet / Other:			
ANY INJURIES		<u>No</u> / If yes, Who?			
CONTACT NO.					
POLICE REPORT		<u>No</u> / If yes, Where?			
NOTICE OF INTENDED PROSECUTION GIVEN?		<u>NO</u> / IF YES, WHO?			
VEHICLE B NO.		<u>SMH 9054P</u>		Any Passenger: <u>1 Driver</u>	
NAME					
CONTACT NO.					
VEHICLE C NO.		Any Passenger:			
VEHICLE D NO.		Any Passenger:			
VEHICLE E NO.		Any Passenger:			
VEHICLE F NO.		Any Passenger:			
ANY WITNESS					
WITNESS CONTACT NO.					
WAS THERE ANY VIDEO CAPTURE?		YES / <u>NO</u>			
WAS THERE ANY AUDIO RECORDED?		YES / <u>NO</u>			
SCENE ACCIDENT PHOTOS TAKEN?		YES / <u>NO</u>			
**WORKSHOP:					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?					
YES / <u>NO</u>					

Tan Min

**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 300220511 QMX**

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLV9530U2. Name of Policyholder
Ng Su Yen Cindy3. Effective Date of the Commencement of Insurance for the purposes of the Act
26/12/20224. Date of Expiry of Insurance
25/12/20235. Persons or Classes of Persons entitled to drive*
Ng Su Yen Cindy

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