Date In: 23/1/7 - 09:29	Job description	Date & Time Completed	Done	py
Re[No: NA/MS617022351/24	SAS e-filing			
Veh No: SICC 9204H	E-mail (within Shrs, AIC 2hrs)			
D.O.A: 27/11/17 - 07:30	i-Motor Claim Form			
	i-Motor W/O (Within: OD 2h	rs, TP 4hrs)		
OD / TP / Reporting Only	i-Photo Uploaded	1		
	Assessment/Survey Report		in a second	
TP Insurer:	Ass't Report by Fax / Hand	to Owner/Wksp		* ***
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	·:	ander o
TP Particulars: Veh No: Vh	NUSILE . INC	)/Non-INC( )	12	
Owner / Driver: (	1401112	Tel:	)	- CO
The state of the s	Period: (	Cover Type: (	)	STERNIO I
Confirmed by : (	Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (WO): N: 0-2	20%; P: 21-79%. F: 80-100	0%]	
Year of Registration: ( )	Warranty: YES ( )/NO (	)		
	,000 ( )/\$2,000 ( )			
General Remarks:-			24 8 11 5	
( ) Walk-In Customer: Customer's inf	formation strictly Confidential & Si	trictly NO refer of repairer.		
( ) Total Loss Case : to e-mail Insu			2	
( )	ici citcaii ai			
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/ 2) QC Check / Post Repair Inspection	Courtesy Car ( )	Fowing Co: ( Date&Time Completed	Done	by .
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury: ————————————————————————————————————	Courtesy Car ( )		Done	by .
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury: ————————————————————————————————————	Courtesy Car ( )		Done	by
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( ) /  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( )	Date&Time Completed	Anit (S)	Amt
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions	Courtesy Car ( ) ( ) ( ) ( ) ( ) ( )	Date&Time Completed  character Chroklist  t Reporting (\$30);	Anit (S)	Amt
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:  Date/Time Actions  NAMODIA  laimant's Particulars:-	Courtesy Car ( )	paration Checklist  t Reporting (\$30); Assessment (\$100); INC (\$80)	Anit (S) fit Bill	Amt
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury: ————————————————————————————————————	Courtesy Car (	Chrough Survey (Resurvey) S:	Anit (S) fit Bill	Amt
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury: ————————————————————————————————————	Courtesy Car (	Chrough Survey (Resurvey) Signant INC Only (wef 10 Jan 2005)	Anit (S)  fit Bill  45 20 30	Amt
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury: ————————————————————————————————————	Courtesy Car ( )	Date&Time Completed  Paration Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Chrough Survey (\$12 Chrough Survey (Resurvey) \$12 Chrough Survey (Resurvey) \$2 Chrough Survey (\$2 Chrough Survey (\$2 Chrough Survey (\$30) Ch	Anit (S)  fit Bill  45 20 30	Amt
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury: ————————————————————————————————————	Courtesy Car ( ) ( )   ( )	Date&Time Completed  Paration Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Chrough Survey (\$12 Chrough Survey (Resurvey) \$12 Chrough Survey (Resurvey) \$2 Chrough Survey (\$2 Chrough Survey (\$2 Chrough Survey (\$30) Ch	Anit (S)  fit Bill  45 20 30	Amt
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Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury: ————————————————————————————————————	Courtesy Car ( )	Date&Time Completed  Paration Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Chrough Survey (Resurvey) \$12 Chrough Survey (Resurvey) \$2 Seajinst INC Only (wef 10 Jan 2005) Section \$7 + SMRT Survey \$12 Single Services -	Amit (S) fit Bill 45 20 30 75	Amt
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > 5]  Injury:	Courtesy Car (	Date&Time Completed  Paration Checklist  It Reporting (\$30); Assessment (\$100); INC (\$80) Fee \$40/5 Chrough Survey (Resurvey) Stagainst INC Only (wef 10 Jan 2005) Section \$7  + SMRT Survey \$10  cond Services  Co-ordination \$5  pair Inspection \$7  collect Excess Coordination	Amit (S) (st Bill) 45 20 30 75 50 63 10 23 53	Amt
Remarks:- (INC horline: 6788 6616)  1) Apply for Transport Allowance ( )/  2) QC Check / Post Repair Inspection  3) Upload Resurvey Photo [Repair Cost > \$  Injury: ————————————————————————————————————	Courtesy Car (	Date&Time Completed  Date&Time Completed  Date&Time Completed  Date&Time Completed  Date&Time Completed  Date&Time Completed  Date & Time	Amit (S) (st Bill 45 20 30 75 50	Amt (

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#### 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 Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.	는 그리스 프로마 현실 수 있는 현실 현실 수 있는 것이 되었다. 그런 현실 수 있는 것이 되었다. 그런 경우 그런 현실 수 있는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것 		
Market Land Control	ACCIDENT STATEMENT		
Date Of Report	23/11/2017 09:29		
Date Of Accident	23/11/2017 07:30		
Exact Location Of Accident	SLIP RD C. BUSINESS PARK AVE 1 TWDS C. S AVE 1		
Country/State of Loss	SINGAPORE		
Constitution of the second	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKC9504H		
Insured/Policyholder			
Name Of Registered Owner	E-KARZ RENTAL PTE LTD		
Co Reg No	201608381M		
Email Address	NOEMAIL		
Mobile Phone No	e No (LOCAL) +65-93885988		
Alternative Phone No	OFFICE-93885988		

COMMERCIAL

#### Vehicle Particulars

Manufacturer HONDA Model JAZZ 1.4A

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE HIRE

#### Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage THIRD PARTY

Fleet Policy YES

Policy Number A28927339MKF

Cover Note Number

#### Driver

Name of Driver TAN HOCK CHOON EDWIN

NRIC No S1276505C Date Of Birth 29/11/1956 Occupation OUTDOOR Date Of Driving Pass 03/04/1980

Driving Experience 37 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97882958

Fax Number

Contact Number OFFICE-97882958

EMail Address NOEMAIL Address

BLK 310A ANCHORVALE ROAD

#08-23

Postcode

541310

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - HIRER

Insurance Company of Driver's Own Vehicle

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 this accident?

NO NO

Was any body injured in the Accident?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

YN4811E

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NG CHER CHIA

NRIC/Passport Number

F1183242M

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness** 

Name

Phone Number

**Email Address** 

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed;
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

E VIN3

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

lip put change Rusiness park ave !	vehicle A. SKC95044
focused change but avenue !	Yehicle B. YMU811E
B	

# Saddenly dip vehicle A Stenic ( YN 4811E) rear Dorling

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: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Market Spechblinkering All



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 - 17:00

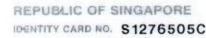
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

	ADDENDO	ALVI CONTROL C					
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS						
	Original Report No : MNA117154820	_Vehicle Registration No: SK С950У Д					
	Name(as shown in NRIC): TAN Hock CHOON EDWIN	_NRIC/FIN/Passport No :\$1276505C					
	(*Vehicle Driver / <del>Vehicle Owner) (</del> *) Please delete as ap	i <del>cle Owner) (*)</del> Please delete as appropriate					
	Address : BIK 3100 Ancharvale Roo	d ★ 08-23 Singapore(541310)					
	Contact (Tel) :	_Mobile No.:_ 97882958					
	Email Address : _ *						
	Date of Accident : 23/11/17						
	Place of Accident : Slip Rol change Bussiness	Park Are 1 & changi buth Ave					
	Insurance Company: MSIG						
(B)	ADDITIONALINFORMATION / AMENDMENTS:						
	Amend Mane of Insurance company.						
		Afw					
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: NRIC/FINNo.:					

Date:







Name

TAN HOCK CHOON EDWIN

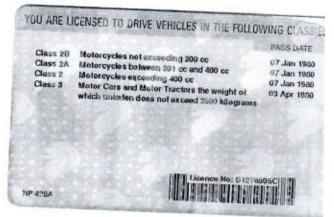
CHINESE Date of been 29-11-1956

SINGAPORE

Sex M structure









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

# Certificate-of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)

(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE) OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.400 Cars for Hire COMMERCIAL VEHICLE - FLEET Third Party

Certificate No. A 28927339 MKF

Excess: SGD1,500

 Index Mark and Registration Number of Vehicle SKC9504H

2. Name of Policyholder

E-Karz Rental Pte Ltd

 Effective Date of the Commencement of Insurance for the purposes of the Act 04/07/2017

4. Date of Expiry of Insurance

03/04/2018

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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

Use for racing pace-making reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for

reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 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 offence 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

for Chief Executive Officer