

Date In: 08/01/2018 17:08	Job description	Date & Time Completed:	Done by
Ref No NA/MSG18000444/K4	SAS e-filing		
Veh No GZ2492E	E-mail (within 3hrs, A/C 2hrs)		
DOA 08/01/2018 09:50	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: SKK 5288R 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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions	Date & Time Completed	Done by

Claimant's Particulars: NA1800212

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Auditors' Comments: _____

Cat. 1: _____

Cat. 2 / 3: _____

Invoice Preparation Checklist		Am't (\$)	Am't (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting	(\$30);		
2) DA: Damage Assessment	(\$100); INC (\$30)		
3) TP: 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) NI: Idac DA + SMRT Survey		\$160	
8) NTUC Additional Services:			
QP*			
*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/A INC) against INC		\$20	
9) N12: Idac 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 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 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.

ACCIDENT STATEMENT

Date Of Report	08/01/2018 17:08
Date Of Accident	08/01/2018 09:50
Exact Location Of Accident	TWDS LOR 6 TOA PAYOH AT KIM KEAT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ2492E
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	KHAIRIL.ABDULRAHIM@TRANSNATIONAL-GRP.COM
Mobile Phone No	(LOCAL) +65-91816738
Alternative Phone No	OFFICE-91816738

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN SWB
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCT1686220
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIRIL BIN ABDUL RAHIM
NRIC No	S7836770I
Date Of Birth	29/11/1978
Occupation	INDOOR
Date Of Driving Pass	28/06/1999
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91816738
Fax Number	
Contact Number	OTHERS-91816738
EEmail Address	KHAIRIL.ABDULRAHIM@TRANSNATIONAL-GRP.COM

Address	BLK 222 SERANGOON AVE 4 #01-250
Postcode	550222
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
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

PLS REFER TO THE ATTACHED 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	SKK5288R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG BENG POR
NRIC/Passport Number	S1313505C
Contact Number	92271113
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD KHAIRIL BIN ABDUL RAHIM
------	----------------------------------

Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GZ2492E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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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 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:
 - (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.
- (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:
 - (i) 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.

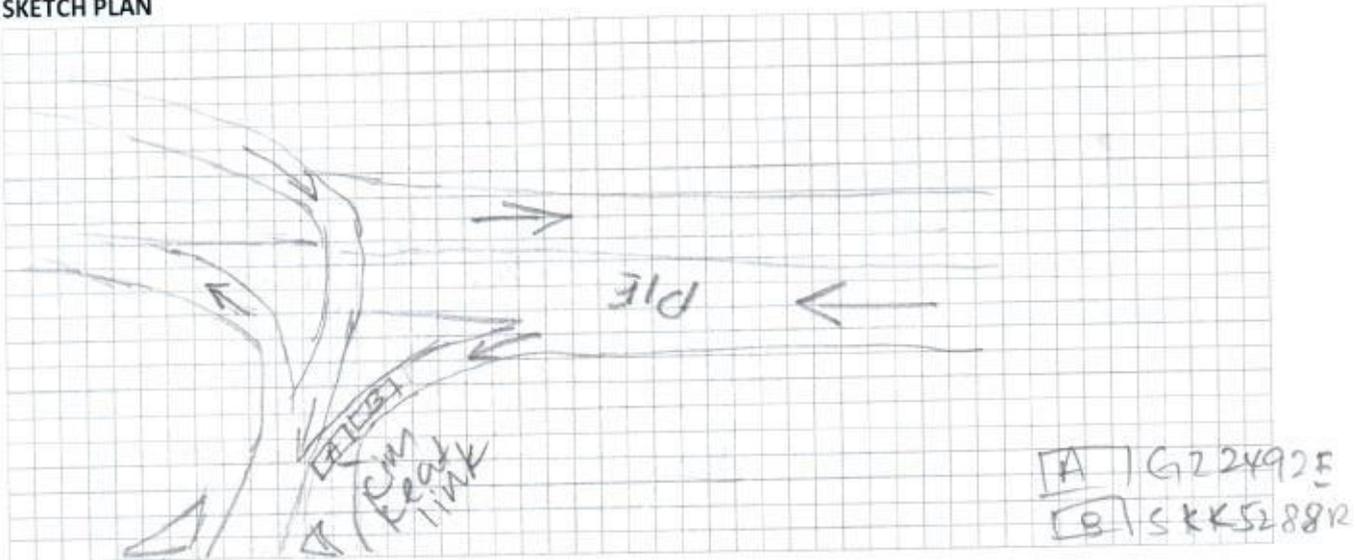


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

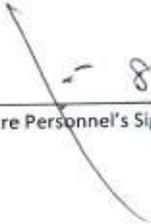
Vehicle A was driving towards Car 6 Tea Poyin from PIE to Changi Airport. Vehicle A was at Kim Keat Link (filter lane) waiting for 2 vehicles to clear & was knocked hit from behind by vehicle B. Vehicle A was stationary at the point of accident.

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:

 - 8/1/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Text size: - -

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200806880W
 Owner ID Type: Company
 Owner Name: KST AUTO RENTAL PTE LTD
 Registered Address: 3021A UBI ROAD 1 #01-42 SINGAPORE 408715
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: GZ2492E
 Previous Vehicle No.: -
 Effective Date of Ownership: 18 Feb 2014
 Original Regn Date: 08 Feb 2006
 Registration Date: 08 Feb 2006
 Year of Manufacture: 2005
 Vehicle Type: Goods (Closed) Van/Van Panel (Delivery)
 Vehicle Scheme: -
 Vehicle Attachment 1: No Attachment
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: NISSAN
 Vehicle Model: URVAN SWB
 Primary Colour: Silver
 Secondary Colour: -
 Passenger Capacity: 1
 Chassis No.: JN1HG2E25Z0701251
 Engine No.: ZD30025473K
 Engine Capacity/Power Rating: 2953 cc / -
 Maximum Power Output: -
 Propellant: Diesel
 Max Unladen Weight: 1500 kg
 Maximum Laden Weight: 3100 kg
 Open Market Value: \$19,201.00
 PARF Eligibility: No
 PARF Eligibility Expiry Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 1
 IU Label No.: 1042651679
 COE No.: 2006020105000107E
 COE Expiry Date: 07 Feb 2016
 COE Category: C - Goods Vehicle & Bus
 COE Registration Category: C - Goods Vehicle & Bus

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S78367701



Name
 MUHAMMAD KHAIRIL BIN
 ABDUL RAHIM

Race
 MALAY

Date of birth
 29-11-1978

Sex
 M

Country of birth
 SINGAPORE




REPUBLIC OF SINGAPORE

Portrait of the cardholder" data-bbox="565 135 678 230"/>

Licence Number S78367701

Name
 MUHAMMAD KHAIRIL BIN
 ABDUL RAHIM

Birth Date: 29 Nov 1978

Issue Date: 21 Apr 2003

Barcode: 900411771B

4318901

Barcode

NRIC No. S78367701

Date of issue
 09-12-2008

Address
 APT BLK 222 SERANGOON AVENUE 4
 #01-250
 SINGAPORE 550222



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	29 Jun 1999
Class 4	Heavy motor cars and motor tractors > 2500 kg	29 Jul 2013

S78367701

S / No. 9000186571

NP 428A

Barcode: Licence No: S78367701



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

20-Jan-20
Third P:

A0633 - 001

Certificate No	:	7VCT1686220
1. Index Mark and Registration Number of Vehicle	:	GZ2492E
2. Chassis Number of Vehicle	:	JN1HG2E25Z0701251
3. Name of Policyholder	:	KST Auto Rental Pte Ltd
4. Effective date of the Commencement of Insurance for the purposes of the Act	:	17 FEB 2017 00:00 AM
5. Date of Expiry of Insurance	:	16 FEB 2018 /
6. Person or Classes of Persons entitled to drive*		

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their permission.

Named Lessee: AS PER LIST PROVIDED TO MSIG

Provided that the person driving is permitted in accordance with the licensing or other 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 that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and license under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use in connection with the Policyholder's or the specified Lessees' business

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's or the specified Lessees' business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees or for racing pace-making reliability trial or speed testing

(ii) Use whilst drawing a trailer except the towing 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) Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.



Not valid unless countersigned by Authorised Person

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, or if the Certificate has been lost or destroyed.

Statutory Declaration to that Effect must be made. Failure to comply with this obligation is an offence under the compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company

FORM MZ 400 (Commercial Vehicle)

(For the Issuance of Motor Certificate of Insurance only)