

MAH 4100 3208

Date In: 07/03/2018 14:33	Job description	Date & Time Completed	Done by
Ref No: NBA/MS/180046114	SAS e-tiling		
Veh No: SM 27867	E-mail (with In, AIC, etc)		
D.O.A: 07/03/2018 08:10	E-Motor Claim Form		
<input checked="" type="checkbox"/> TP Insured Only	E-Motor W/O (with In, AIC, etc)		
	E-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: () Toll () Fax ()

TP Particulars: Yell No: SKW 8712H INC () / Non-INC ()

Owner / Drivers () Toll ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Est. Status (WO): NI: 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 (with In, AIC, etc)	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	Action

NA1801526

Item/Particulars	Invoice/Preparation Chrg/OWs	Amount	Remarks
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (40)		
3) TP: Towing Fee		20/10	
4) PT: Follow Through Survey		110	
5) FT: Follow Through Survey (Resurvey)		25	
Excess/Incl. excl. INC Only (w/ef 10 Jun 2010)			
6) TR: Re-lay Out		25	
7) NI: (w/ DA + SMRT Survey		160	
8) NTUC Additional Serv (opt)			
QTY			
INC: Courtesy Car / Tpl Allowance		25	
INC: Repair Coordination		10	
INC: Post Repair Inspection		25	
INC: BY / Collect Goods Coordination		10	
TP (NI) / TP (Non-INC) repair INC		320	
TP: NTUC mobile		10	
Invoice total	Not Charged		
Invoice paid	Not 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 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	07/03/2018 14:33
Date Of Accident	07/03/2018 08:10
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2786T
Insured/Policyholder	
Name Of Registered Owner	M3 MARINE GROUP PTE LTD
Co Reg No	-
Email Address	ALEX@M3MARINE.COM.SG
Mobile Phone No	(LOCAL) +65-96717333
Alternative Phone No	OFFICE-96717333

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 27434318 MCY
Cover Note Number	

Driver

Name of Driver	BRABIN ALEXANDER
Passport No/FIN	G5180520P
Date Of Birth	10/09/1975
Occupation	INDOOR
Date Of Driving Pass	30/11/2012
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96717333
Fax Number	
Contact Number	OFFICE-96717333
Email Address	ALEX@M3MARINE.COM.SG

Address 61 HUME AVENUE
#01-02 HILLVIEW GREEN

Postcode 598741

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

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) 2

Passenger 1 NAME: : UNKNOWN
GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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 SKQ8772H

Vehicle Make/Model/Colour MERCEDES BENZ 7GTRONIC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SUWANDY

NRIC/Passport Number

Contact Number 97607118

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

X

A.B.L.

07/03/2018



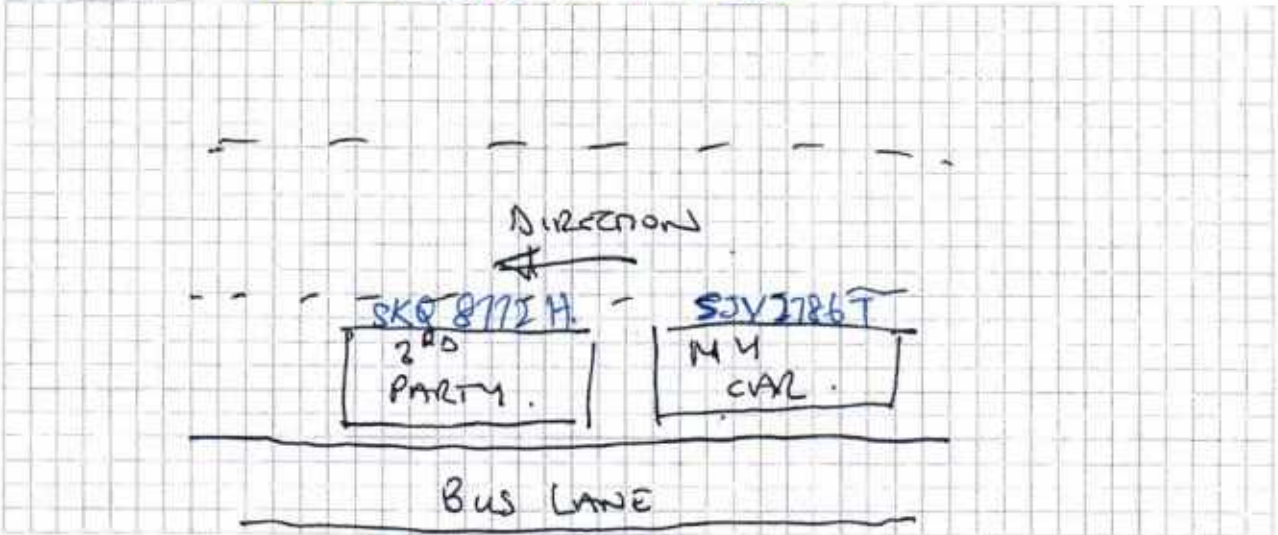
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/03/2018

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

SKETCH PLAN

BLOOMING CEMENTWORKS ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CHANGING LANES AND WHEN I GOT INTO THE LANE THE CAR IN FRONT BRAKED SUDDENLY AND THERE WAS A MINOR BUMP. MY SPEED 15 km/h (APPROX)

DECLARATION

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

X
 Policyholder's Signature
 Date & Time:

A.M.
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 07/03/18.

an
 07/03/2018

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



ACCIDENT STATEMENT

ACCIDENT DATE: (07/02/2015) (DD/MM/YYYY), TIME: (08:10) (HH:MM)

LOCATION: CLEMENTI ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJN 2786T
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: B 27434318 ~~MCY~~
- d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
- e) MAKE & MODEL: NISSAN SYPHY
- f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO WORK
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES
- IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: M3 MARINE GROUP PTE LTD (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
- c) ADDRESS: 1 COMMONWEALTH LANE, ONE COMMONWEALTH
#09-13 149544

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ALEXANDER BRABIN (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: G5160250P CONTACT: 96717333
- c) ADDRESS: 61 HUME AVENUE, #01-03 HILLVIEW GREEN
598741

*d) DATE OF BIRTH: (10/09/1975) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) PASS DATE OF DRIVING 30/11/2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR
b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES/NO) NO

7. a) REPORTED TO POLICE (YES/NO) NO
IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SK05772H MODEL: MARUZDI 7G TRONIC
- b) DRIVER'S NAME: SUNANDI
- c) NRIC/FIN/PASSPORT: _____ CONTACT: 97607118

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passenger (including driver) (2)

No of passenger (including driver) (1)

No of passenger (including driver) ()

email = alex@m3marine.com.sg

fax =
video

EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer
M3 MARINE GROUP PTE. LTD.



Name
BRABIN ALEXANDER

Occupation
PROJECT MANAGER (MARINE)

FIN
G5160520P

Date of Application
12-01-2016


Date of Issue
29-01-2016

Date of Expiry
28-06-2019



L6456055

REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number **G5160520P**

Name
BRABIN ALEXANDER

Birth Date **10 Sep 1975**

Issue Date **30 Nov 2012**

Valid Till **29 Nov 2017**



002127724E

VISIT PASS
 Immigration Regulations

Name
BRABIN ALEXANDER



Date of Birth **10-09-1975** Sex **M** Nationality **BRITISH**

FIN **G5160520P** Date of Issue **29-01-2016** Date of Expiry **28-06-2019**


YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE **30 Nov 2012**

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg



License No: G5160520P

NP 428A



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

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.X.4 **MOTORMAX PLUS-COMMERCIAL**
Company Ownership **Comprehensive**
Certificate No. B 27434318 MCY **Excess : SGD750**
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SJV2786T

2. Name of Policyholder
M3 Marine Group Pte. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act
19/01/2018

4. Date of Expiry of Insurance
18/01/2019

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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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