Date In: 7/8/18-16:17	Jeb description	Date &Time Completed	Done by
Dar No. 11. 1			
Ref No: 1/4/M5618014348/24	SAS e-filing	 	
Veh No: JAC2925U	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/8/18-13:33	i-Motor Claim Form	<u> </u>	
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hr	s, 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: (a .	Tel: Fax	
TP Particulars: Veh No: JHA	WITH INC)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:	*)
Insured/Driver Liability: (%)	[Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-100)%]
Year of Registration: ()	Warranty: YES ()/NO ()	
Excess: (\$) Loading: \$1	1,000 ()/\$2,000 ()		
General Remarks;-		Mark Company of the Company	on S
() Walk-In Customer: Customer's in			****
() Total Luss Case : to e-mail Insu		·	
		owing Co: (.)
			/ / / / / / / / / / / / / / / / / / /
Remarks:- (INC hotline: 6788 6616)		Date&Time Completed	Done by
1) Apply for Transport Allowance ()/	Courtesy Car ()		
2) QC Check / Post Repair Inspection	()	11/06/06/08/09	
2) Vo check / Fosi Kepati inspection			
3) Upload Resurvey Photo [Repair Cost > :	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost >	\$3000] ()		
3) Upload Resurvey Photo [Repair Cost > : Injury :	\$3000] ()		
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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.
- Information provided must be as <u>truthful and accurate</u> 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 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	07/08/2018 16:15	
Date Of Accident	04/08/2018 13:00	
Exact Location Of Accident	SLIP RD SERANGOON CENTRAL TWDS BOUNDARY RD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGC2925U	
Insured/Policyholder		
Name Of Registered Owner	CHUA TECK SOON	
NRIC No	S8040381Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93885355	
Alternative Phone No	OFFICE-93885355	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	ELANTRA AD 1.6 GLS AT	
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	
If No, Please state action to be taken	REPORTING ONLY	
Vehicle Category	PRIVATE CAR	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	B29077106QMY	
Cover Note Number		
Driver		
Name of Driver	CHUA TECK SOON (CAI DESHUN)	
NRIC No	S8040381Z	
Date Of Birth	11/12/1980	
Occupation	INDOOR	
Date Of Driving Pass	06/05/2002	
Driving Experience	16 YEARS AND 2 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-93885355	
ax Number		
Contact Number	OFFICE-93885355	
Mail Address	NOEMAIL	

BLK 619B PUNGGOL DRIVE Address

#11-765

Postcode 822619

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

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?

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) Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

NO

2

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG SLIP RD SERANGOON CENTRAL AS THERE WAS INCOMING TRAFFIC ALONG MAIN RD. SUDDENLY I FELT IMPACT OF MY VEHICLE. I ALIGHT FROM MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA6557X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver NAH KIM CHYE PETER

NRIC/Passport Number S1676757C

Contact Number

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

104/417/625 Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8040381Z





CHUA TECK SOON (CAI DESHUN)

蔡德

CHINESE

11-12-1980 Country of birth SINGAPORE

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

EFFECTIVE DATE

30 Jan 2001 16 Apr 2002 06 May 2002

Motorcycles =< 200 cc Motorcycles between 201 cc and 400 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, axclusive of driver; and other motor vehicles with unladen weight =< 2500kg

04-07-2011

APT BLX 619B PUNGGOL DRIVE #11-765 SINGAPORE 822619

NRIC No: \$8040381Z

30/10/2012 No: 7176570

4741776



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 SINGAPORÉ)

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.1

Individual Ownership

MOTOR MAX PLUS Comprehensive

Certificate No. B 29077106 QMY

Excess: SGD500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SGC2925U

2. Name of Policyholder

Chua Teck Soon

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

4. Date of Expiry of Insurance

10/05/2019

5. Persons or Classes of Persons entitled to drive*

Chua Teck Soon

Chua Khee Haw

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