

Date In: 23/8/18 15:09	Job description	Date & Time Completed	Done by
Ref No: MA/MSG180153131h4.	SAS e-filing		
Veh No: SLA 7506 P	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 22/8/18 11:45.	i-Motor Claim Form		
GD: (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YM 3550 U.	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

MA 1805330	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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:-		
	OD*		
	*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 (Non 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 willful 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	23/08/2018 15:09
Date Of Accident	22/08/2018 11:45
Exact Location Of Accident	UPP SERANGOON RD MERGE LANE B4 JUNC TO VEERAGOO CL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7506P
Insured/Policyholder	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68336168

Vehicle Particulars

Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VPCP/18-000491-00
Cover Note Number	-

Driver

Name of Driver	MIDAH BINTE JOHARI
NRIC No	S7034117D
Date Of Birth	05/10/1970
Occupation	INDOOR
Date Of Driving Pass	08/08/1996
Driving Experience	22 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97531061
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	92 EDGE DALE PLAINS #04-27
Postcode	828686
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
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?	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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM3550U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

.....
HIROYUKI WASHISHITA (MR)
Manager
Corporate and Insurance
Total Vehicle Solutions Department
Date & Time:

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

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

SKETCH PLAN

Please Refer to Sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

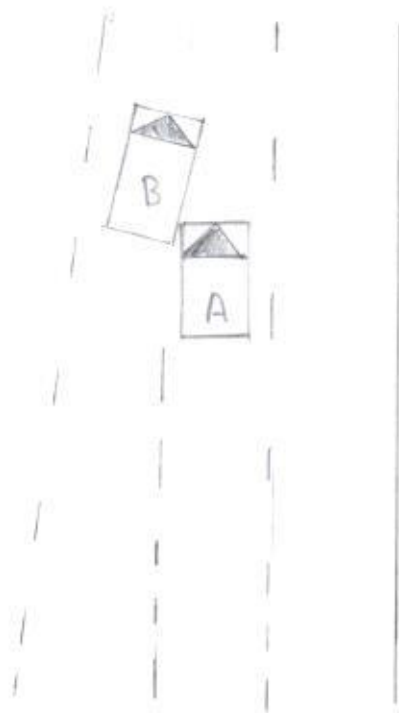
DECLARATION

HITACHI CAPITAL ASIA PACIFIC PTE. LTD. I/we declare the foregoing particulars are true in every respect.

HIROYUKI WASHISHITA (MR)
Manager
Corporate Auto Lease
Total Vehicle Solutions Department
Date & Time:

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

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



A = SLA 7506 P

B = YM 3550 U

Upper Serangoon Rd merging Lane B4 Junction to
Veeragoo close.



SINGAPORE POLICE FORCE



T/20180822/2114

1 of 4

Police Station Of Origin:
Punggol N.P.C
2 Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20180822/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2018 23:02	Vide Report No.:	Station Diary No.: 103
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Informant's Particulars

Name of Informant: MDAH BINTE JOHARI			Address: 92 EDGEDALE PLAINS #04-27 SINGAPORE 828686		
ID Type / ID No.: NRIC NO / S7034117D			Contact No.: Home/Office: Mobile: 97531061		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 47	Date of Birth: 05/10/1970	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: NETWORK SPECIALIST			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2018 11:45	Type of Location: Merging lane
Location: Along Road 1 UPPER SERANGOON ROAD				
Merging lanes before the junction to Veeragoo Close				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA7506P	Car				Slightly Damaged	1
YM3550U	Garbage Truck				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20180822/2114

2 of 4

Report No. T/20180822/2114

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

CONTINUATION OF REPORT

Driver			
Name	MIDAH BINTE JOHARI		ID No. S7034117D
Related Vehicle	SLA7506P (Car)		Contact No. 97531061
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Passenger			
Name	Nur Dianah		ID No. T0136580G
Related Vehicle	SLA7506P (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 22/08/2018 at about 1144hrs, I was driving along Upper Serangoon Road towards CTE on the second lane in my vehicle bearing registration plate SLA7506P. My daughter namely Nur Dianah binte Muhammad Fauzi Teo T0136580G was sitting on the left side of my passenger seat. I could see ahead that the 2nd lane where I was driving at and the 3rd lane of Upper Serangoon road were merging to form a single lane. The lanes indicating the merging lanes started close to the junction indicating Veeragoo Close to my left side. There was a Garbage Truck bearing registration plate YM3550U on the 3rd lane beside me and we were approaching the end of the merging lane. I then slowed down my vehicle in order to allow the Garbage Truck to enter the lane first as I spotted that the truck was accelerating to my left. The next moment, I felt an impact on the front left side of my vehicle. The rear right side of the garbage truck had collided upon the front left side of my car while trying to enter the lane through the merging lanes. The impact cause my daughter to hit on the left side door of the passenger seat while I felt a jerking motion on my back.

We then took down each other particulars. The following is the particulars of the driver of the garbage truck:

Siva Kumar S/O Manoker
S8006726G
DOB: 10/02/1980
Blk 861 Yishun Avenue 4 #04-99

Subsequently, my daughter and I paid a visit to Mount Alvernia Hospital where I was given 5 days of Medical leave due to pain around the back of the neck and the right side of my back. My daughter received 3 days of Medical Leave. I would like to mentioned that I have a in-car camera installed to the



**SINGAPORE
POLICE FORCE**



T/20180822/2114

Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

3 of 4

Report No. T/20180822/2114

CONTINUATION OF REPORT

front and back of my vehicle and they captured the moment the incident took place.



**SINGAPORE
POLICE FORCE**



T/20180822/2114

4 of 4

Report No. T/20180822/2114

Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 WANG SHILING, ELVIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/08/2018 23:02

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

SN 085

Authentication Stamp

NP158



Signature

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 8 / 18) (DD/MM/YYYY), TIME: (11 : 45 .) (HH:MM)

LOCATION: Upp Serangoon Rd merging lane b4 junc to
Vocragoo close.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLA 75 06P
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal use
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Hitachi Capital Asia Pacific Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 68336168 / 64663022
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Midah Binte Johar (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97531061
c) ADDRESS: _____

*d) DATE OF BIRTH: (___ / ___ / ___) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hired

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS drizzling)

b) ROAD SURFACE: (DRY / WET / OTHERS _____)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YM 3550 U MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
(1)

Nur Diahah.

* No of passenger
(Including driver)
()


* No of passenger
(Including driver)
()

email =

fax =


VIDEO = Yes.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7034117D



Name: **MIDAH BINTE JOHARI**

Race: **MALAY**
 Date of Birth: **05-10-1970** Sex: **F**
 Country of Birth: **SINGAPORE**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S7034117D**

Name: **MIDAH BINTE JOHARI**

Birth Date: **05 Oct 1970**
 Issue Date: **09 Sep 2003**




0008146939

1034078



NRIC No: **S7034117D**



Blood Group: **O+** Date of issue: **15-06-1993**

92 EDGE DALE PLAINS #04-27
SINGAPORE 828886
 NRIC No: **S7034117D** Date: **13/04/2018**

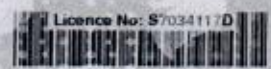
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

P150 DATE 08 Aug 1996

NP 428A

Licence No: **S7034117D**



**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
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)

26/02/2018

Excess : \$1500/-SECT I

Others Excess : Refer to your policy schedule

A0215-101

CERTIFICATE No.

MSD/VPCP/18-000491-00

1. Index Mark and Registration

Number of Vehicle

SLA7506P

2. Name of Policy holder

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

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

15/03/2018

4. Date of Expiry of Insurance

14/03/2019

5. Persons of classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicles 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.

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

6. Limitations as to Use*

1. Use for the carriage of passengers or goods in connection with the policyholder's business.

2. Use for social, domestic & pleasure purposes and business purposes of any person to whom the vehicle is hired.

The Policy does not cover:-

1. Use for racing, pace-making, reliability trial or speed-testing.

2. Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3. Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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.

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).

AUTHORIZED SIGNATURE

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 a Statutory Declaration to that Effect has to 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.