

Date In	3/10/18 15:15	Job description	Date & Time Completed	Done by
Ref No	MA1MSG18017941164	SAS e-filing		
Veh No	SLK 12808	E-mail (within 3hrs, AIC 2hrs)		
DOA	2/10/18 19:10	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> Reporting Only		i-Motor W/O (Within, OD 2hrs, TP 4hrs)		
IP Insurer:		i-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

IP Particulars:

Veh No:

SLK 1240M.

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

MA1806298

Invoice Preparation Checklist

Amt (\$)

Amt (\$)

In Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 2 / 3:

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$80)

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) N1: Idem 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: Idem Mobile 30

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 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 03/10/2018 15:15
 Date Of Accident 02/10/2018 19:10
 Exact Location Of Accident UPPER SERANGOON RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK1280B
Insured/Policyholder
 Name Of Registered Owner REXY MOTOR TRADING CO
 Co Reg No -
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-64680082

Vehicle Particulars

Manufacturer MERCEDES-BENZ
 Model C180
 Exact Purpose for which vehicle was being used at time of accident AFTER MEET WITH CUSTOMER GOING HOME
 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 B 27914712 MTR
 Cover Note Number -

Driver

Name of Driver TAN BOO PENG
 NRIC No S1227948E
 Date Of Birth 03/01/1957
 Occupation INDOOR
 Date Of Driving Pass 15/12/1976
 Driving Experience 41 YEARS AND 9 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90071068
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	15 AROOZOO AVE
Postcode	539827
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AFTER TURNING FROM UPPER PAYA LEBAR RD INTO UPPER SERANGOON RD, VEH C (BEARING NO SKE103E) WHICH WAS IN FRONT OF ME SUDDENLY JAMMED BRAKE AND STOP, I MANAGE TO STOP ON TIME. SUDDENLY I FELT AN IMPACT FROM BEHIND, THE IMPACT PUSH MY VEH HIT ONTO VEH C. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SLZ1240M) HIT ONTO MY VEH REAR PORTION. TOTAL 4 VEHICLE INVOLVED IN THE ACCIDENT.

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	SLZ1240M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKE103E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGR4647E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

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 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.



Policyholder's Signature
Date & Time:

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

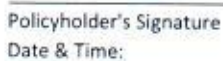
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Diagram illustrating a sequence of operations (D, B, A, C) with arrows indicating flow. Below the sequence, the text "upper Serangan Rd" is written.

A = SLK 1280
 B = SLZ 1240M
 C = SKR 103E
 D = SGR 4647

Please Refer to statement

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



Driver's Signature

[Signature]

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1227948E



Name
TAN BOO PENG

Race
CHINESE

Date of birth
03-01-1957

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1227948E**

Name
TAN BOO PENG

Birth Date **03 Jan 1957**

Issue Date **09 Nov 2005**



001379153A

3901380




NRIC No. **S1227948E**

Date of issue
08-11-2005

Address
**15 AROOZOO AVENUE
SINGAPORE 539827**


B+

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

Class	Description	PASS DATE
Class 2B	Motorcycles ≤ 200 cc	08 Feb 1977
Class 2A	Motorcycles between 201 cc and 400 cc	08 Feb 1977
Class 2	Motorcycles > 400 cc	08 Feb 1977
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors / vehicles ≤ 2500 kg	08 Feb 1977 15 Dec 1976
Class 4	Heavy motor cars and motor tractors > 2500 kg	24 Jul 1978
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	01 Feb 1979

LP 428A

Licence No. S1227948E



**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.Z.26
 Motor Trade (Demonstration Driving)
 -Named Drivers

MOTOR TRADE INSURANCE
Comprehensive

Excess : SGD2,000

Certificate No. B 27914712 MTR

1. **Index Mark and Registration Number of Vehicle**
 Any Motor Vehicle the property of the Policyholder or in his custody or control. All steam-driven vehicles are excluded.

2. **Name of Policyholder**
 Remy Motor Trading Co

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
 04/07/2018

4. **Date of Expiry of Insurance**
 03/07/2019

5. **Persons or Classes of Persons entitled to drive ***

(1) In respect of vehicles being used for purposes of demonstration -
 Koh Kuok Lian, Chee Keng Foo, Tan Boo Peng, Tan Lek Leng, Lee Seow Hong, Thor Eng Wah,
 Yeo Ho Thong

Any other person provided he is driving with the Policyholder's permission and is accompanied by
 Koh Kuok Lian, Chee Keng Foo, Tan Boo Peng, Tan Lek Leng, Lee Seow Hong, Thor Eng Wah,
 Yeo Ho Thong

(2) In respect of vehicles being used for other Motor Trade purposes:-

*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 Motor Trade purposes.
 The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.
 N.B. Use solely for "Breakdown" purposes is not deemed to be use for hire or reward.

*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