	Jeb description	Date & Time Completed	Done by
Reino: Na/M16 18017959/24	SAS e-filing		
Veh No: JUS 3167	E-mail (within Shrs, AIC 2	hrs)	/(#)
D.O.A : 10/8 20142	i-Motor Claim Form		
HISSAN POLICE CONTRACTOR TO THE PROPERTY OF TH	i-Motor W/O (Within: C	DD 2hrs, TP 4brs)	
OD / TP / Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Rep	oort	
17 Insurer.	Ass't Report by Fax / H	land to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW:	(Tel: Fa	x:
TP Particulars: Veh No: 16	7269965	NC()/Non-INC()	47
Owner / Driver: (Tel:)
Policy No: ()	Period: () Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%	6) [Note-Est. Status (WO): N	I: 0-20%; P: 21-79%. P: 30-10	0%]
Year of Registration: ()	Warranty: YES ()/NO)()	
	\$1,000 ()/\$2,000 ()		
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Remarks:- (INC hotline: 6788 6610	5)	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] ()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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.

- 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.

By the lodgement of this report to the insurers, your aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/10/2018 17:26
Date Of Accident	02/10/2018 20:40
Exact Location Of Accident	JUNC HAVELOCK RD & NEW BRIDGE RD
Country/State of Loss	SINGAPORE
Committee to the second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB7165J
Insured/Policyholder	
Name Of Registered Owner	BAI YI RANG
NRIC No	S8504149E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97722980
Alternative Phone No	OFFICE-97722980
Vehicle Particulars	
Manufacturer	MAZDA
	MAZDAZ CEDANII SI CO SEAT (LED)

MAZDA2 SEDAN 1.5L SP.6EAT (LED) Model

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

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

MSIG INSURANCE (SINGAPORE) PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

A28731658QMY Policy Number

Cover Note Number

Driver

BAIYIRANG Name of Driver S8504149E NRIC No 28/01/1985 Date Of Birth OUTDOOR Occupation 03/10/2011 Date Of Driving Pass

6 YEARS AND 11 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-97722980 Mobile Number

Fax Number

Contact Number OFFICE-97722980

EMail Address NOEMAIL

BLK 602 CLEMENTI WEST STREET 1 Address

#04-19 120602

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

Postcode

Insurance Company of Driver's Own Vehicle

2

YES

NO

NO

NO

YES

NO NO

1

General Information of the Accident

COLLISION - CROSS JUNCTION Type Of Accident

Weather Conditions CLEAR DRY Road Surface

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?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SGZ6996S

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be considered by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigados.
- 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.
- 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.
- Consent under the Personal Date Protection Act (PDPA)
 Lunderstand, 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:
 - 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:
 - 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.

Police Holder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

- Complete and submit this form to the individual insurance authorised reporting centre. Please report correctly on the details of the accident to speed up the claim process.

- This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 4

CAREFORENCE EN EN CONTRACTE DE ENT

Any false reporting may be referred to the traffic police department for investigation.

Constantian (SCHOOL STATEMENT	Accelerates 02	11011	-			(DD/W	IRA/YY)
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Vehicle registration number		SLI	371655		
Vehicle make and model			Mazda 2		
Type of vehicle	Saloon D	MPV □ Bus □	CRV Motorcyc	Van i	Others:
Vehicla category	Private 🗷	Comme	rcial D M	otorcyc	le 🗆
Purpose of using at said tirae					
Are you claiming under your own insurance company?	Yes Z	No la aim □	if no, please s Reporting on		

	NAME AND ADDRESS OF THE OWNER, THE PARTY OF	TORNATION	
Insurance company	M:	576	
Policy number			
Type of policy	Comprehensive D	Third party fire & theft a	TP only

Name '	Boil Yi Rong	Male Female
NRIC / Fin / Passport number	58504149E J	
Contact	97722980	
Address	OIL 602 clements west stru S(120602)	ul 1 \$24-19

DRIVER	SAME AS INSURED ABOVE □ (SKIP TO D.O.B)	
Name		male 🗈
NRIC / Fin / Passport number		
Contact		
Address		23
Email address	yirang 85@ gmail. com	
Date of birth	28/01/1985	
Occupation	Indoor D Outdoor D	
Driving date pass	03/10/2011	

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REPUBLIC OF SINGAPORE IDENTITY GARD HO. \$8504149E





BAI YI RANG

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CHINESE ibra of birth 28-01-1985

SINGAPORE

S8504149E

5476800

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

EFFECTIVE DATE

NP 428A





28-05-2015

APT BLK 602 CLEMENTI WEST STREET 1 #04-19 SINGAPORE 120602



MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 088807 Tel: (65) 6827 7888 Fax: (65) 6827 7800 Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Certificate of Insurance

ORIGINAL

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.

и.х.1 Form Individual Ownership MOTOR MAX PLUS Comprehensive

Certificate No. A 28731658 QMY

Excess: SGD500 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle SLB7165J

2. Name of Policyholder

Bai Yi Rang

- 3. Effective Date of the Commencement of Insurance for the purposes of the Act 19/04/2018
- 4. Date of Expiry of Insurance

18/04/2019

5. Persons or Classes of Persons entitled to drive*

Bai Yi Rang

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.

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. Fallure 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.

Counter-Signatory:

Army Ler Senior Vice President, Agencies

MSIG Insurance (Singapore) Pte. Ltd. Approved Insurers late.

ARF (Asia Pacific) Pte Ltd

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signetory.

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