NATIONAL Assessment Centre Services. [well saries]. MIVA 118139 806. Date &Time Completed Done by Jeb description Date In: 29/10/18 #10:20 SAS e-filing Ref No: NAI MSG18019588 144 E-mail (within Shrs, AIC 3hrs) Veh No: SJV 7296H i-Motor Claim Form D.O.A : 29 110 118 09:30. i-Motor W/O (Within: OD 2hrs, TP 4hrs) OD / TP / Reparting Only i-Photo Uploaded Assessment/Survey Report TP Insurer: Ass't Report by Fax / Hand to Owner/Wksp Fax: Tel: Preferred Wksp / INC Assign Wksp / QW: ()/Non-INC (INC (Veh No: TP Particulars: SKD 8868 J . Tel: Owner / Driver: (Cover Type: (Period: (Policy No: (Time: Confirmed by: (Date: %) [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%] Insured/Driver Liability: (Year of Registration: (Warranty: YES ()/NO()/\$2,000 (Excess: (\$ Loading: \$1,000 (General Remarks) Walk-In Customer: Customer's information strictly Confidential & Strictly NO refer of repairer.) Total Loss Case : to e-mail Insurer URGENTLY.); Invoice: YES (); Towing Co: (Drive-In ()/ Towed-in () / NO (Remarks:- (INC hotline: 6788 6616) 1) Apply for Transport Allowance () / Courtesy Car (2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$3000] Injury: Date/Time Actions Invoice Preparation Checklist THE BILL Add Bill MA180699 3000 1) AR : Accident Reporting (530); Cliumant's Particulars :-INC (580) 2) DA : Damage Assessment (5100); \$40/\$45 3) TF : Towing Fee Driver/Owner: \$120 4) FT : Follow-Through Survey 5) FT : Follow-Through Survey (Resurvey) \$30 Contact No: For claiming against INC Only (wef 10 Jan 2005) \$75 6) TR : Re-inspection Damaged Portion: \$160 7) N1 : Idao DA + SMRT Survey 3) NTUC Additional Services:-\$5 QC Checked by (Engr-In-Charge): *NS: Courlesy Cor / Tpt Allowance 510 *N6: Repair Co-ordination \$25 *N7: Fost Repair Inspection Auditors! Comments :-+N8: DV / Collect Excess Coordination 55 TP (N11): TP (Non INC) against INC \$20 2at_1: 9) N12: Idac Mobile Fee Charged Invoice dated lat 2 / 3: SHEET N Fee Charged Invoice dated

Figure 1 to

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 truthful and accurate as possible. Any wilful misrepresentation or witholding 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. 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.

aforesaid.	2 The state of the report being made available
West was a second of the second	ACCIDENT STATEMENT
Date Of Report	29/10/2018 10:20
Date Of Accident	29/10/2018 09:30
Exact Location Of Accident	BARTLEY ROAD EAST
Country/State of Loss	SINGAPORE
Market Selection of the Control of t	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7296H
Insured/Policyholder	
Name Of Registered Owner	E-KARZ RENTAL PTE LTD
Co Reg No	2
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93885988
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PICNIC
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	THIRD PARTY
Fleet Policy	NO
Policy Number	A 28927339 MKF
Cover Note Number	•
Driver	
Name of Driver	ANG KOK PENG (HONG GUOPING)
NRIC No	S7243519B
Date Of Birth	19/11/1972
Occupation	INDOOR
Date Of Driving Pass	22/06/1995
Driving Experience	23 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96560495
ax Number	
Contact Number	

NOEMAIL

Address BLK 37 PUNGGOL FIELD PRIVE #09-32

Postcode 828809

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

O TITLE T

Insurance Company of Driver's Own Vehicle

*

NO

NO

NO

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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.

Number of Passengers (Including Driver) 1

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

I WAS TRAVELLING ALONG BARTLEY ROAD EAST ON THE CENTER LANE, WHILE FILTERING INTO RIGHT LANE, MY VEH ACCIDENTALLY HIT ONTO A VEH B (BEARING NO SKD8868J) ON THE RIGHT LANE.

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 SKD8868J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 90126122

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.
- Information provided must be as <u>truthful and accurate as 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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 aforesald.
- 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:
 - 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.

Policyholder s Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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

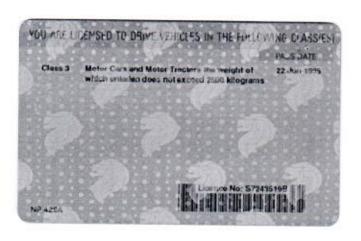
Name:

NRIC/FIN No .:











MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807 Tel +65 5827 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)

(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.Z.400 Cars for Hire COMMERCIAL VEHICLE - FLEET Third Party

Certificate No. A 28927339 MKF

Excess: SGD1,500

 Index Mark and Registration Number of Vehicle SJV7296H

2. Name of Policyholder

E-Karz Rental Pte Ltd

- Effective Date of the Commencement of Insurance for the purposes of the Act 25/10/2018
- Date of Expiry of Insurance 03/04/2019

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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- Use for racing pace-making reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.
- 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

ansfer Of Vehicle Ownership (Acknowledgement)

/ehicle Details

Vehicle No.:

SJV7296H

Vehicle Type:

N19 - Passenger (Co) Company Station

Wagon (Single Rate)

Vehicle Scheme:

Vehicle Make:

TOYOTA

Vehicle Model:

PICNIC AUTO W/O ROOF RACK

Chassis No.:

JTEGH23BX00027010

Engine No.:

1AZH368788

Motor No.:

Trailer Chassis No.:

Propellant:

Petrol

Passenger Capacity:

6

Engine Capacity:

1998 cc

Power Rating:

Unladen Weight:

1540 kg

Maximum Laden Weight: 2185 kg

Original Registration Date: 09 Nov 2009

Primary Colour:

Silver

Secondary Colour:

IU Label No.:

1123373134

Maximum Power Output: 110.0 kW (147 bhp)

First Registration Date: Manufacturing Year:

09 Nov 2009 2009

Open Market Value:

\$24,216.00

PARF Eligibility:

Minimum PARF Benefit:

\$12,108.00

No. of Transfer:

Yes 2

Actual ARF Paid:

\$24,216.00

Owner Particulars

Owner Name:

E-KARZ RENTAL PTE LTD

Owner ID Type:

Company

Owner ID:

201608381M

Registered Address Type:

Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House

No.:

Registered Street Name:

UBI AVENUE 1

Registered Unit No.:

#01-29

Registered Building Name: PAYA UBI INDUSTRIAL PARK

Registered Postal Code:

408933

COE No./Expiry Date:

2009100103001123M / 08 Nov 2019

COE Bid Category:

B - Car (1601cc & above)

QP Paid:

\$19,801.00

Transaction Details

Business Transaction Ref.

20181025105056065174

No.:

Business Transaction Date: 25 Oct 2018 Business Transaction Time: 10:50:56

Message

Vehicle has been successfully transferred to E-KARZ RENTAL PTE LTD (201608381M).

Please note that \$25.00 will be deducted from your GIRO account.

OK Save as PDF