

[wef : Jan'03]

1053420

44p 5000

Tel:

Fax:

Particulars:

Yeh No:

5x33257

INC() / Non-INC()

Tel:

Passenger / Driver: (

Policy No: (

Period: (

Cover Type: (

Confirmed by : (

Date: _____

Time:

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Term of Registration: () Warranty: YES () / NO ()

Loading : \$1,000 () / \$2,000 ()

Special Reminders

Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repairee.

Total Loss Case : to e-mail Insurer URGENTLY.

Towed-In () / Towed-Out () ; Invoice: YES () / NO () ; Towing Co: ()

Item	Due Date	Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()			
C Check / Post Repair Inspection ()			
Upload Resurvey Photo [Repair Cost > \$3000] ()			

0144P-12

[illegible]

NA1808115

NA1808115		Invoice Preparation Checklist	Bill	Add. Bill
Client's Particulars:		1) AR : Accident Reporting (\$30);		
Owner:		2) DA : Damage Assessment (\$100); INC (\$80)		
Unit No:		3) TF : Towing Fee \$40/\$45		
Insured Portion:		4) FT : Follow-Through Survey \$120		
		5) FT : Follow-Through Survey (Resurvey) \$30		
		For claiming against INC Only (w/o 10 Jan 2003)		
		6) TR : Re-Inspection \$75		
		7) NI : Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:-		
		ON*		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Coordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11) : TP (N11 INC) against INC \$20		
		9) N12: Idao 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 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.

ACCIDENT STATEMENT

Date Of Report	10/12/2018 12:03
Date Of Accident	09/12/2018 15:30
Exact Location Of Accident	TEMASEK AVE TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP585B
Insured/Policyholder	
Name Of Registered Owner	ENG BON HUA
NRIC No	S1844146B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96635355
Alternative Phone No	OTHERS-96635355

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	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	A 27265073 QMX
Cover Note Number	

Driver

Name of Driver	LIM ZHI GUAN
NRIC No	S9011678I
Date Of Birth	02/04/1990
Occupation	INDOOR
Date Of Driving Pass	06/09/2011
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82238571
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 421 TAMPINES ST 41 #07-132
Postcode	520421
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE

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

PLS REFER TO THE ATTACHED STATEMENT.

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	GX3325J
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


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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:

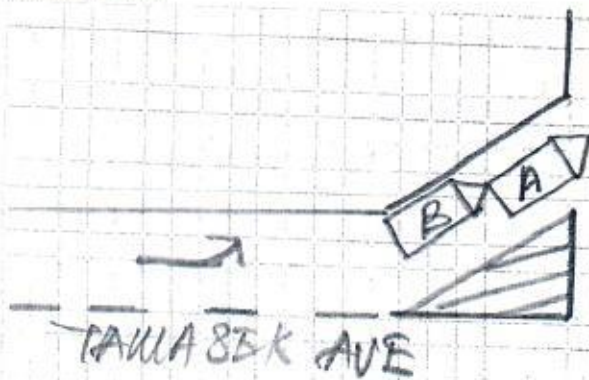
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 10/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A. 27P585B
B. 61X3325J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY UNIT WAS STATIONARY AT SLIP ROAD OUT OF SUDAN
I FELT AN IMPACT FROM MY UNIT REAR PORTION.

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.:



HS AUTOMOTIVE SERVICES

Blk 2 KAKI BUKIT AVE 2 @ KAKI BUKIT AUTOHUB #02-25 SINGAPORE 417921.

TEL: 6538 1368 FAX: 6538 1367 Email add: hsautomotives@yahoo.com

VEHICLE NO: QJP5858 MAKE/MODEL: TOYOTA ACUR

DATE OF ACCIDENT 09/12/2018 TIME 15 HR 30 MIN AM (PM)

LOCATION OF ACCIDENT TEMASEK AVE TOWARDS SEP.

EXACT PURPOSE USE DURING ACCIDENT SPOIKOTY HOME

CAR OWNER

NAME OF CAR OWNER BAIY BOKI HUA

CONTACT NO 96633355

NRIC S1844146B

CLAIM TYPE ☐ OD ☒ THIRD PARTY ☐ REPORTING ONLY

INSURANCE COMPANY MS101

TYPE OF COVERAGE ☒ COMPREHENSIVE ☐ THIRD PARTY ☐ THIRD PARTY FIRE & THEFT

POLICY NO A27265073

ACCIDENT DRIVER

☐ AS ABOVE ☐ IF NOT- KINDLY FILL IN BELOW

NAME OF DRIVER LIM ZHI

NRIC S9011678J NO OF PASSENGER/S 2 (u)

DATE OF BIRTH 02-04-1990

OCCUPATION ☐ OUTDOOR ☒ INDOOR

DATE OF DRIVING PASS 06 SEP 2011

GENDER ☒ MALE ☐ FEMALE

CONTACT NO 82238571

ADDRESS BCK 421 MANDIRAS RT 41 #07-132 (8) 520421

DRIVER OWN ANY VEHIC NO/ IF YES- REGISTRATION NO

RELATIONSHIP EMPLOYEE/ IF NOT:

WEATHER CONDITION ☒ CLEAR ☐ RAINING OTHER:

ROAD SURFACE ☒ DRY ☐ WET OTHER:

ANY INJURIES NO/ IF YES- NAME:

CONTACT NO

POLICE REPORT NO/ IF YES- LOCATION:

VIDEO FOOTAGE NO/ YES

3RD PARTY INFO

VEHICLE B NO 61X33257 NO OF PASSENGER/S unknown

NAME

CONTACT NO

VEHICLE C NO NO OF PASSENGER/S

VEHICLE D NO NO OF PASSENGER/S

VEHICLE E NO NO OF PASSENGER/S

VEHICLE F NO NO OF PASSENGER/S

ANY WITNESS

WITNESS CONTACT NO

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9011678I**

Name
LIM ZHI GUAN

Birth Date **02 Apr 1990**

Issue Date **06 Sep 2011**

00199783941



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9011678I**



Name
LIM ZHI GUAN

林智源

Race
CHINESE

Date of birth **02-04-1990** Sex **M**

Country of birth
SINGAPORE




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg **06 Sep 2011**



NP 428A

3702755



NRIC No. **S9011678I**



Date of issue
16-04-2005

Address
**APT BLK 421 TAMPINES STREET 41
#07-132
SINGAPORE 520421**



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

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.

Form M.X.1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 27265073 QMX

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SJP585B

2. Name of Policyholder

Eng Bon Hua

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

10/03/2018

4. Date of Expiry of Insurance

09/03/2019

5. Persons or Classes of Persons entitled to drive*

Eng Bon Hua

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 MUST BE CARRIED OUT 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.


Signature / Date

10/02/2018

Counter-Signatory:
KH Agency Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers


Amy Ler
Senior Vice President, Agencies

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-Signatory.

XKHAPLCHWP2018021019492063