Date In: 4/3/19-14:09	Jeb description	Date & Time Completed	Done by
Res No: Na 1 25 G 1502 Syr 124	SAS e-filing		
Veh No: 62965c	E-mail (within Shrs, AIC 2hrs)		
D.O.A: 4/s/19.17:43	i-Motor Claim Form		
SECTION SCORES MANNER MANNER NO.	i-Motor W/O (Within: OD 2	hrs, TP 4brs)	
OD / TP-/ Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hane	to Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (		Tel: Fax	;
TP Particulars: Veh No: 5	C 49724 . 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%. P: 80-100	0%]
Year of Registration: ( )	Warranty: YES ( ) / NO (	)	
	1,000 ( )/\$2,000 ( )		
			0.00 (21.1.1.)
( ) Walk-In Customer: Customer's i	information strictly Confidential &	Strictly NO refer of repairer.	
( ) Total Loss Case : to e-mail Ins	surer URGENTLY.	* (* a) * ()	1
Drive-In ( ) / Towed-In ( ); Invo	pice: YES( )/NO( );	Towing Co: (	. )
Remarks:- (INC hotline: 6788 6616	100	Date&Time Completed	Done by
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Apply for Transport Allowance ( )     QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ( )		Za.L. No.
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection	/ Courtesy Car ( )		24.4
Apply for Transport Allowance ( )     QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost >	/ Courtesy Car ( )		
1) Apply for Transport Allowance ( ) 2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > Injury : ———————————————————————————————————	/ Courtesy Car ( )		
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## 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 <u>truthful and accurate</u> 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.
- 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.
- By the ladgement 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	04/03/2019 14:09	
Date Of Accident	04/03/2019 13:40	
Exact Location Of Accident	BLK 304 UBI AVE 1 OPEN SPACE CARPARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ9665C	
Insured/Policyholder		
Name Of Registered Owner	TAN KHIAM SOON UNDERTAKER	
Co Reg No	24016300A	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-62885435	
Vehicle Particulars		
Manufacturer	ТОУОТА	
Model	REGIUS ACE SUPER GL 3.0 A	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	A28897769MKC	
Cover Note Number		
Driver		
Name of Driver	WENG BAOXIONG	
NRIC No	S8420594Z	
Date Of Birth	23/07/1984	
Occupation	OUTDOOR	
Date Of Driving Pass	21/02/2003	
Driving Experience	16 YEARS AND 0 MONTHS	
Gender	MALE	
Mobile Number	(LOCAL) +65-96733148	
Fax Number		
Contact Number	OFFICE-96733148	
Experies representative		

NOEMAIL

Address

BLK 740 YISHUN AVENUE 5

#12-478

Postcode

760740

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

2

Insurance Company of Driver's Own Vehicle

.

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

## Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

0.0527

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged?

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS QUEUEING TO EXIT THE GANTRY. SUDDENLY VEHICLE B REVERSE ONTO EMPTY CARPARK LOT AND HIT ONTO MY VEHICLE FRONT PORTION.

#### Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SJC4973G

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

MOHAMMAD SAHRIL BIN OSMAN

NRIC/Passport Number

S7508805A

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

#### SKETCH PLAN

## **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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 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.
- 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 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:
  - 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.

Tan Khiam Soon Undertaker

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

Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No .:

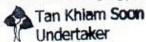


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Peler to Hatement	
CLADATION	

## DECLARATION

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

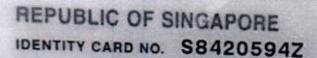


Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:







WENG BAOXIONG







CHINESE

Date of birth

23-07-1984



5433312

Country/Place of birth SINGAPORE



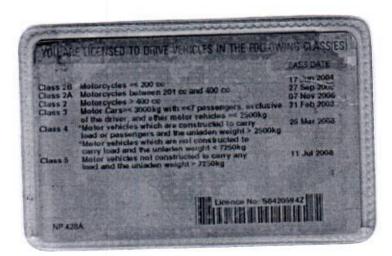
NAIC No. S8420594Z



07-03-2015

APT BLK 740 YISHUN AVENUE 5 #12-478 SINGAPORE 760740





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.

M.Z.300 Form

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 28897769 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle

GZ9665C

2. Name of Policyholder

Tan Khiam Soon Undertaker

- Effective Date of the Commencement of Insurance for the purposes of the Act 03/03/2019
- 4. Date of Expiry of Insurance

02/03/2020

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.
- Limitations as to use\*

Use in connection with the Policyholder's business.
Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes. The Policy does not cover

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing 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

Tel:6344 4479 Fax:6344 4055

for Chief Executive Officer