

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MYMA 119067427

Date In: 24/5/19 16:23	Job description	Date & Time Completed	Done by
Ref No: MA1 MSG19099189164	SAS e-Ming		
Veh No: SLG 1438 K	E-mail (within 2hrs, AIC 2hrs)		
TPA: 715119 16:45	I-Motor Claim Form		
OD: TP / Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / GW: () Tel: () Fax: ()

TP Particulars:	Veh No: SHC 8811 M	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%]	
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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bngr-In-Charge):	
Auditors Comments:	
Est. 1:	
Est. 2/3:	

MA1903904

Item	Description	Amount	Remarks
1) AR: Accident Reporting	(\$30)		
2) DA: Damage Assessment	(\$100) INC (\$80)		
3) TP: Towing Fee	\$40/\$45		
4) PT: Follow-Through Survey	\$120		
5) IT: Follow-Through Survey (Resurvey)	\$30		
Forclaiming against INC Only (ver 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) NI: Ideal 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 (Non INC) against INC	\$20		
9) N12: Ideal Mobile	\$0		
Invoice dated		Paid Charged	
Invoice dated		Paid 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	24/05/2019 16:23
Date Of Accident	07/05/2019 16:45
Exact Location Of Accident	SMRT DEPOT RD (BISHAN)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG1438K
Insured/Policyholder	
Name Of Registered Owner	BENSEN BIN A HAMID @ TAI BEN SON
NRIC No	S7431272A
Email Address	TAIBENSONINBOX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94511321
Alternative Phone No	OFFICE-94511321

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A180
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D 29005796 QMY
Cover Note Number	-

Driver

Name of Driver	A HAMID BIN ABDULLAH @ TAI CHEW WENG
NRIC No	S2130567G
Date Of Birth	20/10/1939
Occupation	INDOOR
Date Of Driving Pass	04/05/1966
Driving Experience	53 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96225234
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 551 PASIR RIS ST 51 #02-99
Postcode	510551
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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 (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : UNKNOWN
	GENDER: : FEMALE

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

PLEASE REFER TO 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	SHC8811M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

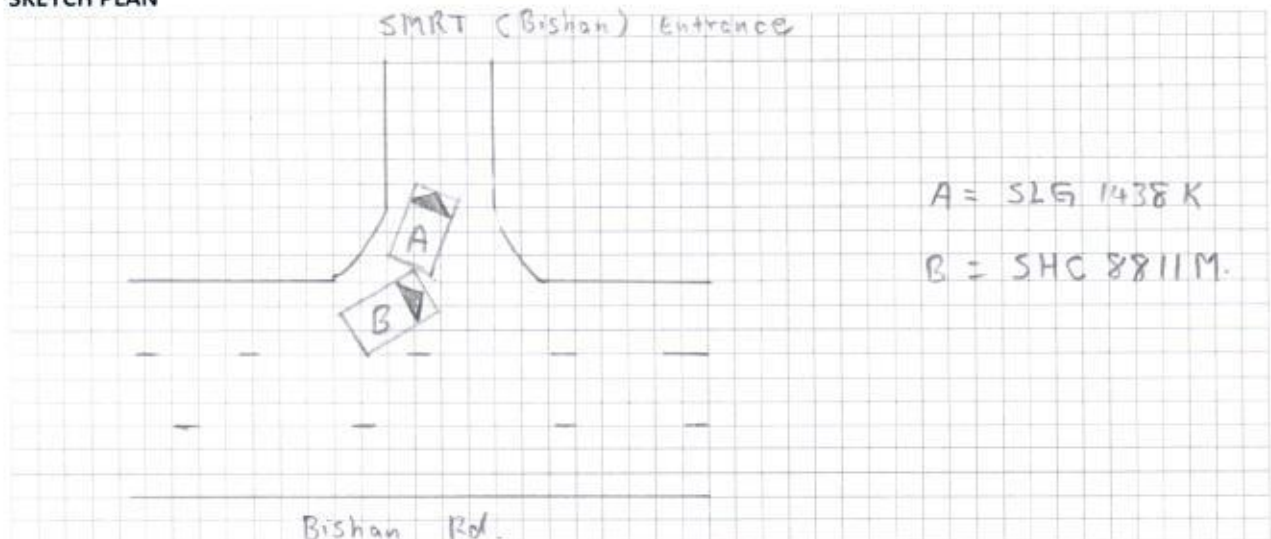


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at the Bishan Depot security gantry waiting for the guard to allow access into the depot.

A comfortadelgro taxi corner into the back of my right bumper.

~~It was~~ Both got down from the our vehicles to inspect the vehicles and it was found that there were no damage. We both moved the cars to the front and resolve amicably. The taxi driver left the accident ~~scene~~ scene to pick up his passenger without ~~leaving~~ exchanging any identification.

I assume that there should be no issue and matter is resolve with no injury and compensation.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (7/5/19) (DD/MM/YYYY), TIME: (16:45) (HH:MM)

LOCATION: SMRT Depot Rd (Bishan) Guard post

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLG 143FK
 b) INSURANCE COMPANY: INSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Benson Bin A. Hamid @ Tai Ben Son. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 94511321
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 96225234
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: parent.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHC 8811M MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passengers
 (including driver)
(2)

F

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

taibensoninbox@gmail.com

email =

fax =

VIDEO = Mo.

* Driver IC, IC

* certificate

* Veh take photo

* Driver Signature on sketch.

come on thursday.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S2130567G**

Name
A HAMID BIN ABDULLAH

Birth Date **20 Oct 1939**

Issue Date **02 Jan 2003**

1000054884D




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2130567G**

Name
**A HAMID BIN ABDULLAH
@TAI CHEW WENG**

戴昭榮

Race
CHINESE

Date of Birth **20-10-1939** Sex **M**

Country of Birth
SINGAPORE






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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	13 Jan 1966
Class 2A	Motorcycles between 201 cc and 400 cc	13 Jan 1966
Class 2	Motorcycles exceeding 400 cc	13 Jan 1966
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	04 May 1966

S2130567G

S / No. **9000027578**

NP 42BA



1609533

S2130567G

VRIC No. **S2130567G**

Biometric Image

Blood Group **A+** Date of Issue **21-01-1994**

Address
**APT BLK 551 PASIR RIS STREET 51
#02-99
SINGAPORE 1851**



owner.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7431272A



Name
BENSEN BIN A. HAMID
@TAI BEN SON
戴明山
Race
CHINESE
Date of Birth
29-08-1974 Sex
M
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7431272A
Name
BENSEN BIN A. HAMID
Birth Date: 29 Aug 1974
Issue Date: 13 Aug 2003



000742299K

A0035401



MRIC No. S7431272A




MRIC Group A+ Date of Issue 26-08-2001

APT BLK 551 PASIR RIS STREET 51
#02-99
SINGAPORE 510551

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
24 Aug 1999



Licence No: S7431272A

NP426A

**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.X.1
 Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. D 29005796 QMY

Excess : SGD300
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SLG1438K

2. Name of Policyholder
 Bensen bin A Hamid @ Tai Ben Son

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 22/09/2018

4. Date of Expiry of Insurance
 21/09/2019

5. Persons or Classes of Persons entitled to drive*

Bensen bin A Hamid @ Tai Ben Son
 Taisman bin A. Hamid

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 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. 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

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, #21-01 SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
www.msig.com.sg

Your Ref : SLG1438K
Our Ref : 593163 (Please quote our reference when replying)

14 May 2019

URGENT

BENSEN BIN A HAMID @ TAI BEN SON
551 PASIR RIS STREET 51
#02-99
SINGAPORE 510551

Dear Sir/Madam

Accident involving SLG1438K and SHC8811M along SMRT DEPOT RD (BISHAN) GUARD POST
Policy No : 29005796QMY
Date of Accident : 07 May 2019

We have received a property damage claim from workshop acting on behalf of the owner of SHC8811M. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely


Monica Chung Pei Zhen
Executive, Motor Claims
Claims Services (Motor)

Tel : 6594 2552
Fax : 6827 7800
Email : monica_chung@sg.msig-asia.com

A Member of MSIG AD INSURANCE GROUP