

Date In: 10/7/19 17:11	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA1MSG19062239/44	E-mail (within 8hrs, AIC 2hrs)		
Veh No: GBB 9763 M	I-Motor Claim Form		
DDA: 917/19 08:45	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	I-Photo Uploaded		
TP Insurer:	Ass't Report by Fax/Hand to Owner/When		

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

TP Particulars: Veh No: 565 7932 G INC () / Non-INC () Tel: ()

Owner / 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%]

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: ()

Remarks: (INC/Non-INC/Other)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$9000] ()

Injury: _____

Damage Portion:

Chassis No: WA1905166	1) All Accident Reporting - (\$30)	30.00	Liability
Driver/Owner:	2) DA - Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP - Towing Fee \$40/\$43		
Damaged Portion:	4) PT - Follow Through Survey \$120		
QC Checked by (Ingr-In-Charge):	5) PT - Follow Through Survey (Resurvey) \$30		
Auditors Comments:	6) TR - Re-Inspection \$75		
Sal: 11	7) NP - Idan DA + SMRT Survey \$160		
2/2/3	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$3		
	*NG: Repair Coordination \$10		
	*N2: Post Repair Inspection \$23		
	*N8: DV / Collect Excess Coordination \$3		
	TP (N11) / TP (Non-INC) against INC \$20		
	9) N12: Idan Mobile \$0		
	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	10/07/2019 17:11
Date Of Accident	09/07/2019 08:45
Exact Location Of Accident	JUNC OF OUTRAM RD AND EU TONG SEN ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9763M
Insured/Policyholder	
Name Of Registered Owner	BAO SHENG TRADING
Co Reg No	40750100B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97498098

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A29114889MKC
Cover Note Number	

Driver

Name of Driver	LOW CHEE BOON
NRIC No	S1818802C
Date Of Birth	26/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1997
Driving Experience	21 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97498098
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 70 BEDOK SOUTH ROAD #07-282
Postcode	460070
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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)	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

REFER TO THE STATEMENT ATTACHED.

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	SGS7932G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLD1276B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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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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.

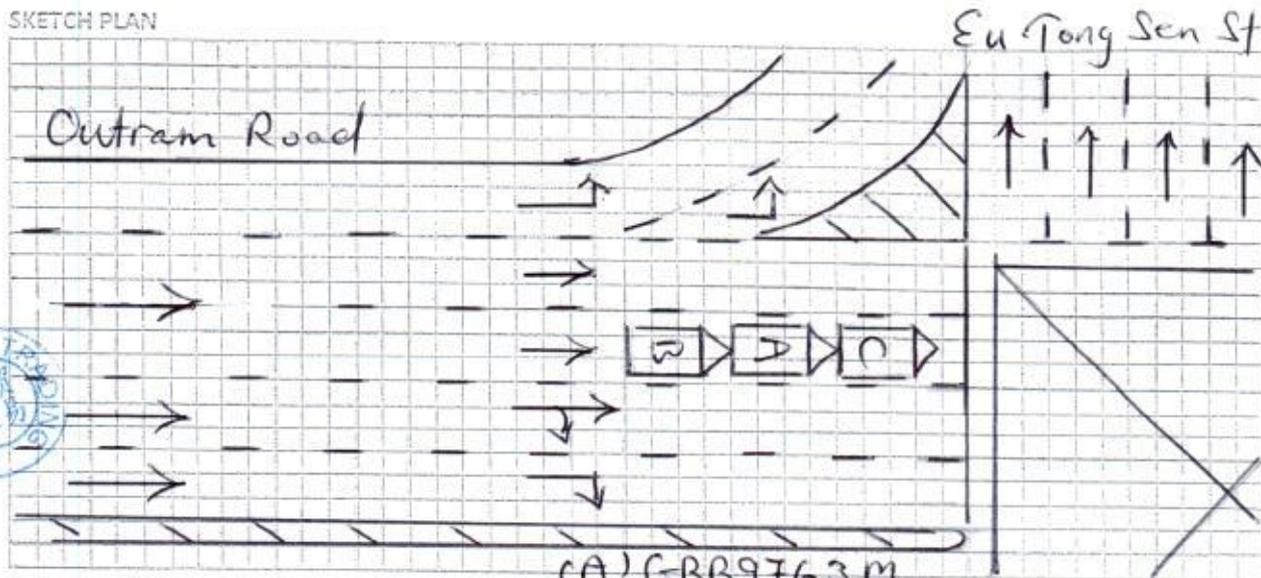


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



(A) GBB9763M
 (B) SGS 7932G (C) SLD 1276B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/07/2019 at about 0845 hrs at along Outram Road towards Cantonment Road before Junction of Eu Tong Sen Street. I was travelling on the 2nd lane from the left end when coming towards the above mentioned junction, my front vehicle stopped hence I follow suit and come to a complete stop. Suddenly I felt a great impact from behind and the impact forced my Vehicle (A) to hit onto the Rear Portion of Vehicle (C). When I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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.:

Date of Accident : 9/7/19 Accident Time: 08:45 (24-HR-Format)
 Accident Place : at along outram Road towards Cantonment Road
 Vehicle Reg. No. (Car Plate No.) : GBS 9763M before Junction of Eu Tong Sen St.
 Vehicle Make/Model : TOYOTA HIACE MANUAL
 Insurance Company : MSIA Policy No. A 29114889 mbc
 Owner or Company Name /IC No. : BAU SHEAN TRADING / 40750/003
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : LOW CHEE BOON / 51818802C
 DRIVER'S Date Of Birth : 26-APR-1967 DRIVER'S License Pass Date 30-DEC-1997
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : BLK 70 BEDOK SOUTH ROAD #07-282
 DRIVER'S Contact No./ Alt No. : (1) 9749 8098 (2) S (460070)
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : _____
 Weather & Road Surface : Dripping wet
 : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 person only
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Other Party Driver's Particular (if any)

(S) Vehicle Reg. No: SGS 7932G
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

(C) Vehicle Reg. No: SLD 1276B
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1818802C



Name

LOW CHEE BOON

罗志文

Race

CHINESE

Date of birth

26-04-1967

Sex

M

S1818802C

Country/Place of birth

SINGAPORE

For LKK/NAC Use Only

Driver AB3 9763h

5439951



NRIC No. S1818802C



For LKK/NAC Use Only

Date of issue

03-03-2015

Address

APT BLK 70 BEDOK SOUTH ROAD
#07-262
SINGAPORE 460070

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1818802C**
Name: **LOW CHEE BOON**

Birth Date: **26 Apr 1967**
Issue Date: **18 Aug 2017**

002715126C



For LKK/NAC Use Only

Driver 93597632

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	30 Dec 1997

NP 428A

Licence No: S1818802C

For LKK/NAC Use Only



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.Z.300
Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE
Third Party Fire & Theft

Certificate No. A 29114889 MKC

1. Index Mark and Registration Number of Vehicle

GBB9763M

2. Name of Policyholder

Bao Sheng Trading

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

15/02/2019

4. Date of Expiry of Insurance

14/02/2020

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.

6. 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

for Chief Executive Officer