

Ref No	31110119 15:01	Job description	Date & Time Completed	Done by
Ref No	MA1 MSG19019263/64	SAS e-filing		
Ref No	SLB 7987 D	E-mail (e-mail address, AIC 2hrs)		
Ref No	29110119 1915-	I-Motor Claim Form		
Ref No		I-Motor W/O (within 60 days, 77 hrs)		
Ref No		I-Photo Uploaded		
Ref No		Assessment/Survey Report		
Ref No		Ass't Report by Fax / Hand to Owner/Whsp		

Whsp / INC Assign Whsp / QW:	Tel:	Fax:
TP Particulars:	Veh No: SLB 9026A	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%; F: 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 ()	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions

MA1908181	Invoice Preparation Checklist	Am (\$)	Am (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30)	10.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (w/c 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$140		
	8) NTUC Additional Services:		
	ON:		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non 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	31/10/2019 15:01
Date Of Accident	29/10/2019 19:15
Exact Location Of Accident	PIE TWDS TUAS AFTER PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB7987D
Insured/Policyholder	
Name Of Registered Owner	LU ZHI
NRIC No	S8060179D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83333806
Alternative Phone No	OFFICE-83333806

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	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 80429420 QMY
Cover Note Number	

Driver

Name of Driver	LU ZHI
NRIC No	S8060179D
Date Of Birth	09/12/1980
Occupation	INDOOR
Date Of Driving Pass	13/06/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83333806
Fax Number	
Contact Number	OFFICE-83333806
EEmail Address	NOEMAIL

Address	BLK 533 BUKIT PANJANG RING RD #22-805
Postcode	670533
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191031/7012

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS9026A
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 INJURED PERSON 1

Name	LU ZHI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLB7987D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN

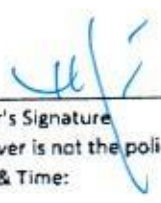
IMPORTANT NOTICE


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.
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.

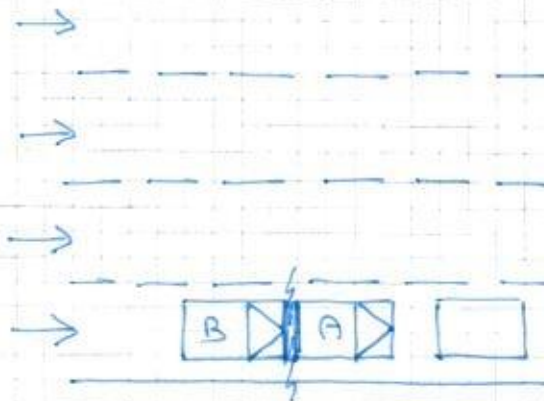

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN

PIE Toward Tuas, after Paya Lebar Exit.

Vehicle A
- SLB 7987DVehicle B
- SLS 9026A**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving along PIE toward Tuas direction. I was on the extreme right lane.

While driving straight ahead, and due to the heavy traffic, the vehicle in front brake to complete stop. And so I too applied brake to complete stop. Suddenly after a few seconds, I felt a great impact from the rear of my vehicle. ~~For~~ For 2 times.

Alighted from my vehicle and realized it was a vehicle with licence plate number (SLS 9026A) collided to the rear of my vehicle.

Vehicle A - SLB 7987D

Vehicle B - SLS 9026A.

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.:

Vehicle No.	SLB 7987 D	Model / Make	HONDA VEZEL
Date of Accident	29/10/2019		
Time of Accident	1915	HRS	
Location of Accident	PIE TOWARD TUGAS AFTER PAGA LEBAR EXIT		
Exact purpose use during accident	PRIVATE USE		
Name of Owner	LU ZHI @ LU ZHI		
Telephone No.	H/P : 83333806	Home :	Office :
NRIC	S80601790		
Address	APT BIK 533 Bukit Panjang ring road #22-805		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIA		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	A 80429420 QMT		
Name of Driver	As Above If No,		
NRIC	Any Passengers : NIL		
Date of birth			
Occupation	Outdoor	/	Indoor
Driving License Pass Date			
Gender	Male	/	Female
Contact No.	H/P :	Home :	Office :
Address			
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state OWNER	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.	LU ZHI, 83333806		
Name And Contact No.			
Police Report	No,	If Yes, Where?	TP DIVISION
Vehicle B No.	SLB 9026 A	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	REAR		
Camera Recorder	Yes / No		
Email Address	Lyu80@hotmail.com		
	Luzhi-singapore@hotmail.com		
PARTICULAR WORKSHOP	TWINCAR AUTOMOTIVE PIE LTD		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	IAN		
FAX NO	6741 0510		
WORKSHOP Email ADDRESS	sales@n5i.com.sg		



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20191031/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2019 13:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LU ZHI		Address: APT BLK 533 BUKIT PANJANG RING ROAD #22-805 SINGAPORE 670533	
ID Type / ID No.: NRIC NO / S8060179D		Contact No.: Home/Office: Mobile: 83333806	
Nationality: CHINESE		Email: lyu80@hotmail.com	
Sex: Male	Age: 38	Date of Birth: 09/12/1980	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation:		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2019 19:15	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 80 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB7987D	Car	HONDA	Vezel	Silver	Seriously Damaged	1
SLS9026A	Car	TOYOTA	Wish	Orange	Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191031/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191031/7012

CONTINUATION OF REPORT

Driver			
Name	LU ZHI	ID No.	S8060179D
Related Vehicle	SLB7987D (Car)	Contact No.	83333806
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/10/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I was driving along PIE towards Tuas after Paya Lebar exit. The vehicle in front of me brake and stop, so I followed to brake and stop without any contact with the front vehicle. Suddenly I felt a huge impact followed by another impact from the rear of my vehicle, I got down and saw vehicle(SLS9026A) has hit onto the rear of my vehicle(SLB7987D). I proceeded to mount Alvernia hospital after the accident as I felt pain at my back and neck. I was warded after doctor checked on me.



**SINGAPORE
POLICE FORCE**



T/20191031/7012

3 of 3

Report No. T/20191031/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
31/10/2019 13:34

Classification Of Case:



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 1967 (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. A 80429420 QMY

Excess : SGD600

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLB7987D

2. Name of Policyholder

Lu Zhi

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

22/04/2019

4. Date of Expiry of Insurance

21/04/2020

5. Persons or Classes of Persons entitled to drive*

Lu Zhi

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.

Senior Operations Manager

60 Paya Lebar Road

Paya Lebar Square #11-41

Singapore Signature / Date

DID : 63850607 Mobile : 87889996

Counter-Signatory:

Email : serene@quotigo.com

Quotigo Pte. Ltd.

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.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

Amy Ler

Senior Vice President, Agencies