

| | | | |
|----------------------------|---|------------------------|----------|
| Date In: 6/13/20 14:30 | Job description: SAS e-filing | Date & Time Completed: | Done by: |
| Ref No: MA/MSG 20003690164 | E-mail (within 3hrs, AIC 2hrs) | | |
| Veh No: PC 59582 | I-Motor Claim Form | | |
| H.O.A: 513120 16:10 | I-Motor W/O (within: OD 2hrs, TP 4hrs) | | |
| OD: (P) Reporting Only | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksip | | |

| | | |
|--|---|-----------------|
| Profund Wksp / INC Assign Wksp / QW: () | Tel: () | Fax: () |
| TP Particulars: Veh No: YQ 1444K | 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: ()

| | | |
|---|-----------|--------------|
| Remarks: (INC 6016) | Date: () | 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 | Action |
|-----------|--------|
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|-------------|-----------|
| MA 2001850 | Invoice/Itemization/Charges | Am't (\$) | Am't (\$) |
| Claimant's Particulars: | 1) AR: Accident Reporting (\$30); | 30.00 | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$50) | | |
| Contact No: | 3) TP: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) PT: Follow-Through Survey \$120 | | |
| QC Checked by (Bngr-In-Charge): | 5) PT: Follow-Through Survey (Resurvey) \$30 | | |
| Auditors' Comments: | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR: Re-Inspection \$75 | | |
| | 7) NI: Idao DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services: | | |
| | OD: | | |
| | *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: Idao 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 | 06/03/2020 14:30 |
| Date Of Accident | 05/03/2020 16:10 |
| Exact Location Of Accident | PSA PORT 27 (903) BESIDE VESSELS |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | PC5958Z |
| Insured/Policyholder | |
| Name Of Registered Owner | MARITEAM TRANSPORT SERVICES PTE LTD |
| Co Reg No | 2XXXXX055D |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-62222144 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | WORK |
| 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 | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | B 28918212 MKC |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YONG KOK FOOK |
| NRIC No | SXXXX691Z |
| Date Of Birth | 23/03/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 01/06/1983 |
| Driving Experience | 36 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92301252 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

Address BLK 32 CASSIA CRES #11-52
 Postcode 390032
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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) 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 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 YQ1444K
 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

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.

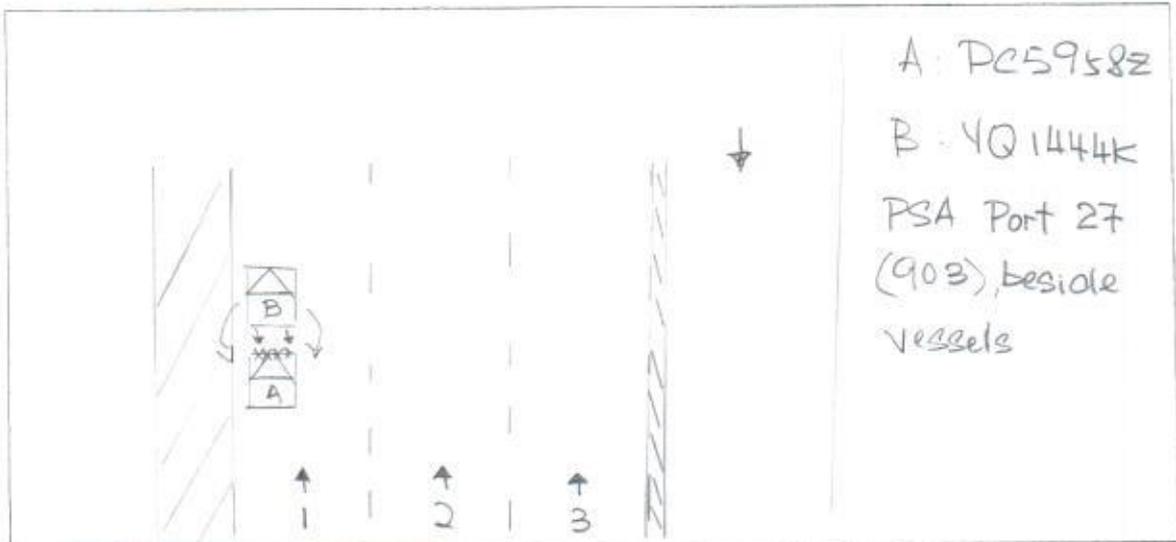
Policyholder's Signature
Date & Time:



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

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

SKETCH PLAN

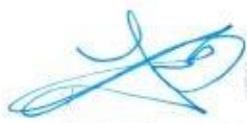


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle stop and stationary behind of vehicle B. Suddenly vehicle B reversed and hit on my front portion and caused damages

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: | PC5958Z | MAKE & MODEL: | Toyota Hiace |
| DATE OF ACCIDENT | 05 / 03 / 2020 | | |
| TIME OF ACCIDENT | 1609 | | AM/PM |
| LOCATION OF ACCIDENT | PSA BRT 27 (903) beside vessels | | |
| EXACT PURPOSE USE DURING ACCIDENT | | | |
| NAME OF OWNER | Manitiam Transport services pte ltd | | |
| TEL NO | 67222144 | | |
| NRIC | 200402056D | | |
| CLAIM TYPE | OD / <input checked="" type="checkbox"/> THIRD PARTY / / REPORTING ONLY | | |
| INSURANCE CO | MSIG | | |
| TYPE OF COVERAGE | Comprehensive / Third Party / Third Party Fire & Theft | | |
| POLICY NO. | B28918212 MKC | | |
| NAME OF DRIVER | As Above / If No: Yong kok fook | | |
| NRIC | S15356917 | | Any Passengers: NIL |
| DATE OF BIRTH | 23 / 03 / 1962 | | |
| OCCUPATION | Outdoor / Indoor | | |
| DATE OF DRIVING PASS | 01 / 06 / 1983 | | |
| GENDER | Male / Female | | |
| CONTACT NO. | 9230-1252 | Office: | Home: |
| ADDRESS | Blk 32 Cassia crescent #11-52 Singapore 390032 | | |
| DRIVER HAVE ANY OWN VEHICLE | NO / If yes: Reg No: | | |
| RELATIONSHIP | Employee / If No: | | |
| WEATHER CONDITION | Clear / Raining / Other: | | |
| ROAD SURFACE | Dry / Wet / Other: | | |
| ANY INJURIES | No / If yes: Who? | | |
| CONTACT NO. | | | |
| POLICE REPORT | No / If yes: Where? | | |
| VEHICLE B NO. | YR1444K | | Any Passenger: 01 |
| NAME | | | |
| CONTACT NO. | | | |
| VEHICLE C NO. | | | Any Passenger: |
| VEHICLE D NO. | | | Any Passenger: |
| VEHICLE E NO. | | | Any Passenger: |
| VEHICLE F NO. | | | Any Passenger: |
| ANY WITNESS | | | |
| WITNESS CONTACT NO. | | | |
| OWNER/DRIVER EMAIL | | | |
| PARTICULAR WORKSHOP | NEW HOCK TECK MOTOR PTE. LTD. | | |
| | 1 Kaki Bukit Ave 5, Blk C #01-43 | | |
| | Autobay@Kaki Bukit Singapore 417883 | | |
| TEL NO | TEL: 6747 9241 | | |
| CONTACT PERSON | Reena / Sukyi | | |
| FAX NO. | FAX: 6741 7276 | | |
| EMAIL | reena@nhtmotor.com | | |
| | admin@nhtmotor.com | | |



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6027 7888, Fax +65 6827 7800
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

Your Broker:



聯大保險經紀私人有限公司
ASSOCIATED INSURANCE BROKERS PTE. LTD.
5001 Beach Road #04-01A/B
Golden Mile Complex
Singapore 199588
Tel: (65) 62232786 Fax: (65) 62254224
Email: contact@associatedib.com
Website: http://www.associatedib.com Co. Reg. No. 197700196M

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.2.601
Private Omnibuses

COMMERCIAL VEHICLE
Comprehensive

Certificate No. B 28918212 MKC

Excess: SGD2,000

1. Index Mark and Registration Number of Vehicle
PC5958Z
2. Name of Policyholder
Mariteam Transport Services Pte. Ltd.
3. Effective Date of the Commencement of Insurance for the purposes of the Act
15/03/2019
4. Date of Expiry of Insurance
14/03/2020
5. Persons or Classes of Persons entitled to drive*

Any other person provided he is in the Policyholder's employ and 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 the carriage of passengers or goods in connection with the Policyholder's business.
The Policy does not cover

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