

MUNA 120087153

NA 200 5289		Invoice/Registration Credit	Amount (\$)	Remarks
1) AR: Accident Reporting (330);			30.00	
2) DA: Damage Assessment (\$100);	INC (318)			
3) TP: Towing Fee		\$40/\$45		
4) PT: Follow-Through Survey		\$120		
5) PT: Follow-Through Survey (Re-survey)		\$30		
		For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-Inspection		\$75		
7) NI: Idan DA + SMRT Survey		\$160		
8) NTUC Additional Services:				
		QD:		
*N5: Courtesy Car / Tpt Allowance		\$5		
*N6: Repair Co-ordination		\$10		
*N7: Post Repair Inspection		\$25		
*N8: DV / Collect Excess Coordination		\$5		
TP (N11): TP (N11 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	06/10/2020 13:42
Date Of Accident	04/10/2020 13:55
Exact Location Of Accident	BLK 40 TELOK BLANGAH RISE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ5602D
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### Insured/Policyholder

Name Of Registered Owner	THE DELIVERY SOLUTIONS PTE LTD
Co Reg No	2XXXXX306D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97897347

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	A 300317287 MKC
Cover Note Number	

### Driver

Name of Driver	LIM JUN MING
NRIC No	SXXXX152F
Date Of Birth	20/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	31/07/2019
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91599125
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 6 HOLLAND CLOSE #17-24
Postcode	271006
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	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) 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 TATEMENT.

#### 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	GBK784P
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.
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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:

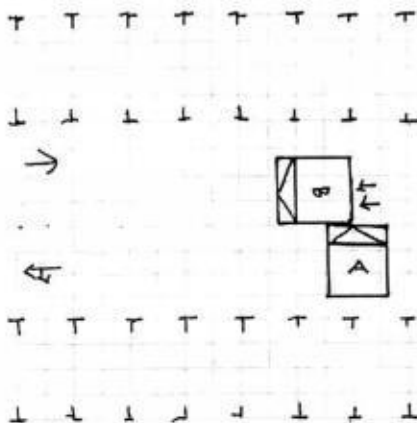
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Blk 40 Telok Blangah Rise Carpark

Vehicle A : GBJ5602D

Vehicle B : GBK784P



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the state date and time, I, Vehicle A (GBJ5602D) was in the midst of parking my vehicle, halfway reversing into the lot, when Vehicle B (GBK784P), which initially was far away, impatiently attempted to overtake my vehicle by travelling against the flow of traffic without waiting for me to complete my parking. Hence resulting in the collision.

## 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.:



**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  
 A Member of **MS&AD** INSURANCE GROUP

**CERTIFICATE OF INSURANCE**

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE**  
**Comprehensive**

Certificate No.     A 300317287 MKC

Excess : SGD600

Windscreen Excess : SGD100

1.     Index Mark and Registration Number of Vehicle  
        GBJ5602D

2.     Name of Policyholder  
        The Delivery Solutions Pte. Ltd.

3.     Effective Date of the Commencement of Insurance for the purposes of the Act  
        07/06/2020

4.     Date of Expiry of Insurance  
        06/06/2021

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 Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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

Craig Ellis  
 Chief Executive Officer

Date of Accident: 4/10/2020 Accident Time: 1355pm (24-HR-FORMAT)  
Accident Place: Blk 40 Telok Blangah Rise Carpark  
Vehicle Reg. No (Car plate No.): GBJ5602D Vehicle Make/Model: Toyota Hiace  
Insurance Company: MSIG Policy No: A300317287 MKC  
Name of Registered Owner: Company / Individual The Delivery Solutions Pte. Ltd  
ID of Registered Owner: Co Reg No: 201910306D Owner's NRIC No: -  
Co Contact No: 9789 7347 Owner's Contact No: -  
DRIVER'S Name: Lim Jun ming DRIVER'S NRIC No: S9429152F  
DRIVER'S Date of Birth: 20/8/1994 DRIVER'S License Pass Date: 31 Jul 2019  
Relationship bet. Owner & Driver: Spouse / Parents / Child / Sibling / Employee / Others:  
DRIVER'S Address: Blk 6 Holland Close #17-24 Singapore 271006  
DRIVER'S Contact No. / Alt No.: 1) 9159 9125 2)  
DRIVER'S Occupation: INDOOR / OUTDOOR (eg: working inside or outside of shops)  
Email Address: Lim JM Jacob@gmail.com  
Weather & Road Surface: CLEAR & DRY / RAINING & WET (AFTER RAIN) & WET  
Reporting Type: Reporting Only / Claim Other Party / Claim Own Insurance

Number of Passengers (including Driver): 01 Passenger Name: Gender: M/F  
Was the accident reported to the police? YES / NO Passenger Name: Gender: M/F  
Was there any video captured by car camera? YES / NO Any injuries: YES / NO Injured Name:  
Injured Name:

Exact purpose for which vehicle was being used at the time of accident: Private use (Work purpose)

Other Party Driver's Particulars (if any)

Vehicle Reg No: GIBK 784P	Vehicle Reg No:
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
ID No. DRIVER:	ID No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add:

Other Party Driver's Particulars (if any)

Vehicle Reg No:	Vehicle Reg No:
Vehicle Make/Model:	Vehicle Make/Model:
Name DRIVER:	Name DRIVER:
ID No. DRIVER:	ID No. DRIVER:
DRIVER'S Contact & add:	DRIVER'S Contact & add: