

SN 092125000C

Profound Wksp / INC Assign Wksp / QW: (Tol: Fax:)

Confirmed by : (_____) Date: _____ Time: _____

Year of Registration: () Working: ()
 Project: (\$) Loading: \$1,000 () / \$2,000 ()

General/Subject: _____

() Walk-In Customer : Customer's information strictly Confidential & Strictly NO refer of repolar.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: CH

Control No.	INC 46111-070846101	Date of Birth	07/08/1961	Place of Birth	...
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1) Apply for Transport Allowance () / Courtesy Car ()		
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2) QC Check / Post Repair Inspection	()			
3) Final Inspection	()			

3) Upload Resurvey Photo (Repair Cost > \$5000)	
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Injury : _____

[illegible]

SECRET

[illegible]

NA 210 1435	Investigative Unit	Adm. Div.
	Accident Reporting (30)	30

1) AIC: Additional Pottery	INC (\$40)
2) DA: Damage Assessment	INC (\$100)
	\$40/\$45

Driver/Owner:	3) TP : Towing Fee	\$120
	4) FT : Follow-Through Survey	\$30

5) PT: Follow-Through Survey (Resurvey)
For old (mining) analysis ONLY (w/ef 10 Jan 2003)

6) TR: Re-inspection	\$15
7) NI: Ideal DA + SMRT Survey	\$160

7) NTUC Additional Services:-	
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Checked by (Ingr-In-Charge):	*NS: Courtesy Car / Tpt Allowance	\$3
	" "	\$10

*NG: Repair Confirmation	523
*N7: Post Repair Inspection	33

TP (Nil) : TP (Non INC) against INC	\$20
	10

9) N121: Idno Mobile	Fee Charged
Invoice dated	

2/3	Invoice dated	Fee charged	1000000
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Vehicle Insurance Claimant		Ref No	Ref Date	Ref Time	Ref Loc	Ref Status	Ref Remarks
1) AR : Accident Reporting (\$30);							
2) DA : Damage Assessment (\$100);	INC (\$40)						
3) TP : Towing Fee	\$40/\$45						
4) FT : Follow-Through Survey	\$120						
5) RT : Follow-Through Survey (Re-survey)	\$30						
For claimant analysis INC Only (w/c 10 Jan 2002)							
6) TR : Re-inspection	\$75						
7) NI : Idno DA + SMRT Survey	\$160						
8) NTUC Additional Services:-							
ON:							
*N5: Courtesy Car / Tpt Allowance	\$3						
*N6: Repair Co-ordination	\$10						
*N7: Post Repair Inspection	\$25						
*N8: DV / Collect Excess Coordination	\$3						
TP (N11) : TP (N11) INC against INC	\$20						
9) N12: Idno 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 Submission	05/02/2021 13:03 (SGT)
Date of Accident	04/02/2021 16:15 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX5554M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO CHWEE GUAN
NRIC No	SXXXX160J
Email Address	TEOCG054@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-96670015
Alternative Phone No	+65-96670015

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
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 - Claiming third party
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A29147387ATM
Cover Note Number	-

DRIVER

Name of Driver	TEO CHWEE GUAN
NRIC No	SXXXX160J
Date Of Birth	10/08/1964
Occupation	Indoor

Date Of Driving Pass	03/02/1982
Driving experience	39 YEARS
Gender	Male
Mobile Number	(Phone) +65-96670015
Alt. Phone Number	+65-96670015
Email Address	TEOCG054@SINGNET.COM.SG
Address	BLK 54 KENT ROAD #08-03
Address complement	-
Postcode	210054
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH382M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEOH KIM HAI
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

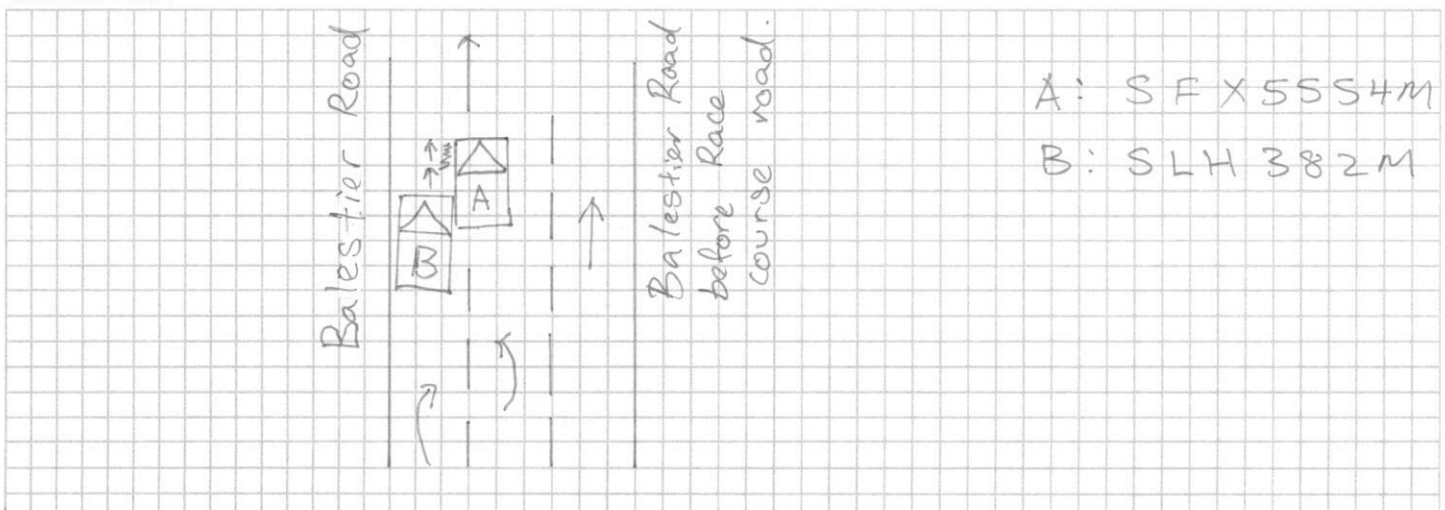
[Handwritten Signature]

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

[Handwritten Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the above mention date / time, I was driving along Balestier Road. I was driving straight and gave way to the vehicle in front of my vehicle. I proceeded to move on, suddenly Veh B (SLH382M) squeeze into my lane and collided onto the left hand side portion of my vehicle.

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

Witnessed by Reporting Centre
Personnel

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.

Form M.X.1
Individual Ownership

Toyota DriveElite2
Comprehensive

Certificate No. A 29147387 ATM

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SFX5554M

2. Name of Policyholder

Teo Chwee Guan

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

01/11/2020

4. Date of Expiry of Insurance

31/10/2022

5. Persons or Classes of Persons entitled to drive*

Teo Chwee Guan

Anita June Purasamy

Teo Li Qin Lynette

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.

All Claims related repair can be carried out at Borneo Motors (S) Pte Ltd or our authorised workshops. Windscreen Excess is waived at Borneo Motors (S) for windscreen related claims. This Policy includes Courtesy Car benefit.

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

VEHICLE NO:	SFX5554M		MAKE & MODEL:	Toyota Prius Plus		AUTO / MANUAL
DATE OF ACCIDENT:	04/02/2021		CC:	1-8		
TIME OF ACCIDENT:	16:15 HRS					
LOCATION OF ACCIDENT:	Balestier Road					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Teo Chwee Guan					
TEL NO:	H/P: 96670015		OFFICE:	HOME:		
NRIC:	S1644160J					
ADDRESS:	BLK 54 Kent Road #08-03 S(210054)					
EMAIL:	Teocg054@Singnet.com.sg					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	MSIG					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	A 29147387 ATM					
NAME OF DRIVER:	AS ABOVE / IF NO:					
NRIC:	ANY PASSENGER: NO					
DATE OF BIRTH:	10/08/1964		LICENCE PASSED DATE:	10/12/2012		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: -		OFFICE:	-		HOME: -
ADDRESS:	-					
EMAIL:	-					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:	-					
NAME & CONTACT:	-					
POLICE REPORT:	NO / IF YES, WHERE?					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	SLH382M		ANY PASSENGERS: N.A.			
NAME OF DRIVER:	Neoh Kim Hai		CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:	N.A.		WITNESS CONTACT: N.A.			
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Left Hand Side Portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? YES / NO						
WORKSHOP PARTICULAR:	Twin Car					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:	Lenard					
FAX NO:	67410510					
WORKSHOP EMAIL:	sales@n51.com.sg					