

NATIONAL Assessment Centre Services

| | | | |
|---|--|-----------------------|---------|
| Date In: 02/07/21 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MS621007279/13 | SAS e-filing | | |
| Veh No: SLP5889T | E-mail (within 2hrs. AD 2hrs) | | |
| D.O.A: 01/07/21 1510 | i-Motor Claim Form | | |
| OD: <input checked="" type="radio"/> Reporting Only | i-Motor W/O (Within: OD 2hrs. TP 4hrs) | | |
| | i-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|------|------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
|--|------|------|

| | | |
|--|------------------|-----------------------|
| TP Particulars: | Veh No: SGZ3618D | 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 hotline: 6788 6616) | Date&Time Completed | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | Amt (\$) 1st Bill | Amt (\$) Add Bill |
|---------------------------|---|----------------------|----------------------|
| Driver/Owner: | 1) AR : Accident Reporting (\$30); | | |
| Contact No: | 2) DA : Damage Assessment (\$100); INC (\$80) | | |
| Damaged Portion: | 3) TP : Towing Fee \$40/\$45 | | |
| | 4) FT : Follow-Through Survey \$120 | | |
| | 5) RT : Follow-Through Survey (Resurvey) \$30 | | |
| | For claiming against INC Only (wef 10 Jan 2005) | | |
| | 6) TR : Re-inspection \$75 | | |
| | 7) N1 : Idac DA + SMRT Survey \$160 | | |
| | 8) NTUC Additional Services:- | | |
| | OD* | | |
| | *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 (Non-INC) against INC \$20 | | |
| | 9) N12: Idac Mobile \$0 | | |
| Cat. 1: | Invoice date: | Fee Charged | |
| Cat. 2 / 3: | Invoice date: | 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 | 02/07/2021 16:00 (SGT) |
| Date of Accident | 01/07/2021 15:10 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | TOWARDS TUAS B4 EXIT 32 |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SLP5889T |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | KWEK SENG WEE JOHN |
| NRIC No | SXXXX976H |
| Email Address | johnkweksw@gmail.com |
| Mobile Phone No | (Phone) +65-86129693 |
| Alternative Phone No | +65-86129693 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mazda |
| Model | 3 |
| 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 |
| Transmission | Auto |
| CC | 1600 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | A 300317223 QMY |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--------------------|
| Name of Driver | KWEK SENG WEE JOHN |
| NRIC No | SXXXX976H |

| | |
|--|------------------------|
| Date Of Birth | 01/08/1984 |
| Occupation | Indoor |
| Date Of Driving Pass | 15/09/2005 |
| Driving experience | 15 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86129693 |
| Alt. Phone Number | +65-86129693 |
| Email Address | johnkweksw@gmail.com |
| Address | BLK 941 TAMPINES AVE 5 |
| Address complement | #06-229 |
| Postcode | 520941 |
| 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 - Head to Rear |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------|--------------|
| Name | MICHELLE SEE |
| Gender | Female |

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

PLS REFER TO THE ATTACHED STATEMENT.

ATTACHMENT(S)

| | |
|---|-------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | HAVEN'T RETRIEVE. |
| Was there any audio recorded? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SGZ3618D |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |

| | |
|---|----------------------|
| Vehicle Category | Private car |
| Name of Driver | DENZEL |
| Contact Number | (Phone) +65-97399898 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| 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 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

14/01
27 JUL 2021

PIE TWO'S TURN BY EXIT 32

A - S/P 51277

B - S/P 36180

Describe Circumstances of the Accident

I WAS TRAVELLING FROM TON PAVON TO TUNAS USING DIE TOWARDS TUNAS DIRECTION. UPON CROSSING EXIT 31, THE CAR INFRONT OF ME STARTED TO BRAKE & BRAKE HARDER. I STARTED TO BRAKE AS WELL ONCE I SAW HIS BRAKE LIGHT. THE CAR IN FRONT CAME TO A FULL STOP DUE TO A ACCIDENT ON LANE 2 & 3. I ~~MAN~~ MANAGED TO BRAKE IN TIME BUT NOTICED FROM MY REAR MIRROR THAT THE CAR BEHIND ME WAS STILL DRIVING TOWARDS MY DIRECTION IN A PRETTY FAST SPEED. THE CAR EVENTUALLY COLLIDED TO MY REAR. IMPACT WAS VERY HUGE DUE TO THE COLLIDING SPEED FROM THE CAR BEHIND.

Declaration

We declare the foregoing particulars are true in every respect.

 1410H
2 Jul 2021

Policyholder's Signature / Date & Time

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

 02/07/21

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (01/07/21) (DD/MM/YYYY), TIME: (15:16) (HH:MM)

LOCATION: PIE TWAS TWAS B4 EXIT 32

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP5889T
 b) INSURANCE COMPANY: M816
 c) POLICY NUMBER: A 300317223 QMY
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: MATDA 3 (A), 1.6
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: KWEK SENY WEE JOHN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8422976H CONTACT: 86127693
 c) ADDRESS: BLK 941 TAMPAINES AVE S
H06-229 (S20941)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

*d) DATE OF BIRTH: (01/08/1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 15/09/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S423818D MODEL:
 b) DRIVER'S NAME: DENZEL
 c) NRIC/FIN/PASSPORT: CONTACT: 97399898

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)

(2)

MICHELLE SEE (f)

* No of passenger
 (including driver)

()

* No of passenger
 (including driver)

()

Email = johnkweksw@gmail.com

fax =

video = yes with drive

**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.

**MOTORMAX PLUS
Comprehensive****Certificate No.** A 300317223 QMY**Excess :** SGD500**Windscreen Excess :** SGD100**1. Index Mark and Registration Number of Vehicle**

SLP5889T

2. Name of Policyholder

Kwek Seng Wee John

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

22/05/2021

4. Date of Expiry of Insurance

21/05/2022

5. Persons or Classes of Persons entitled to drive*

Kwek Seng Wee John, See Yen Lee Michelle

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 Risk and Compensation) Act (Chapter 189) and Chapter 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. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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



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

MOTORMAX PLUS RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

| | | | |
|----------------|---|----------------------------|-----------------------------------|
| Name | : Kwek Seng Wee John | Date of Issue | : 21/05/2021 |
| | | Policy No. | : A 300317223 QMY |
| Address | : 122A Edgedale Plains #11-175 Singapore 821122 | Account No. | : 3210 |
| | | Period of Insurance | : 22/05/2021 to 21/05/2022 |
| | | Premium | : SGD957.38 (inclusive of GST) |

RISK NUMBER 1

Insured Details

| | | | |
|---------------------------|--|-----------------------------|---------------------|
| Registration No. | : SLP5889T | Year of Registration | : 2017 |
| Make/Model | : Mazda3 4-DOOR SEDAN 1.5L SP.6EAT with Sun Roof | Capacity | : 1496 C.C. |
| Engine No. | : P520438410 | Seating Capacity | : 05 (Incl. Driver) |
| Chassis No. | : JM6BN22A8H0148530 | Off-peak Car | : No |
| Financial Interest | : Hong Leong Finance Limited as Hire Purchase Owners | | |

Coverage Details

| | | | |
|-----------------------------|--|-----------------------------|------------------------------------|
| Type of Cover | : Comprehensive | Sum Insured | : Market Value at the Time of Loss |
| Windscreen | : Unlimited | Windscreen Excess | : SGD100 |
| No Claim Discount | : 50% | NCD Protector | : Covered |
| Annual Premium | : SGD894.75 | Good Driver Discount | : 5% |
| Excess | : SGD500 (Own Damage Excess) | | |
| Authorized Driver(s) | : Kwek Seng Wee John, See Yen Lee Michelle Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission. | | |

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile And Medical Assistance Services Endorsement

The Automobile and Medical Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE