

# NATIONAL Assessment Centre Services

Date In: 29/4/21	Job description	Date & Time Completed	Done by
Ref No: CA/MSG210/2074/13	SAS e-filing		
Veh No: SMN3029X	E-mail (within 3hrs. Aft: 2hrs)		
D.O.A: 26/4/21 1630	i-Motor Claim Form		
OD: TP - Reporting Only	i-Motor W/O (Within: OE: 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: FBQ6511P	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:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

at 1:

at 2 / 3:

## Invoice Preparation Checklist

	Amt (\$)	Amt (\$)
	1st Bill	Add Bill
1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
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:-		
Q1:		
* 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 30		

Invoice dated

Fee Charged

13/05/21

## 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 willful 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	29/11/2021 18:04 (SGT)
Date of Accident	26/11/2021 16:30 (SGT)
Exact Location of Accident	Bishan Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3029X
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEIDA LOGISTICS & SUPPLY
Company Reg No	5XXXX385D
Email Address	marylim2101@gmail.com
Mobile Phone No	(Phone) +65-86665126
Alternative Phone No	+65-86665126

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
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 400001002 MCX
Cover Note Number	-

#### DRIVER

Name of Driver	TENG CHEE KIAN(DENG ZHIJIAN)
NRIC No	SXXXX974E

Date Of Birth	25/02/1971
Occupation	Outdoor
Date Of Driving Pass	26/04/1989
Driving experience	32 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81988266
Alt. Phone Number	-
Email Address	marylim2101@gmail.com
Address	BLK 309A ANG MO KIO ST 31
Address complement	#11-349
Postcode	562309
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	PASSENGER
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?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ6511P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	-
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

### 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 willful 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

*M*

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

*Shm 29/4/21*

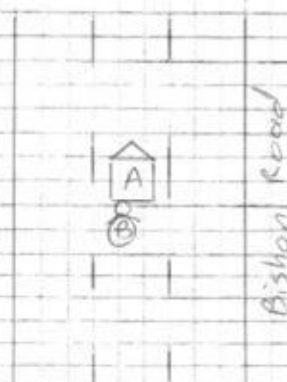
Witnessed by Reporting Centre Personnel

### Sketch Plan



(A) - SMN3029X

(B) - FBQ651LP



**Describe Circumstances of the Accident**

On the 26/11/2021 @ about 1630HRS, along Bishan Road towards Ang Mo Kio Ave. 8. I was travelling on Lane 2 of the above mentioned road before the junction of Bishan St. 11. When my front vehicle slowed down and stopped, hence I followed suit. Suddenly, I heard a loud bang from the rear, and when I alighted, I realised it was Vehicle (B) who collided into the rear portion of my Vehicle (A), causing damages to my Vehicle. I have one other passenger in my vehicle.



Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*M.*

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

*Shun* 29/11/21

Witnessed by Reporting Centre Personnel

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**


Original Report No: SLOXD13T0001 Vehicle Registration No: SMN13029X  
 Name (as shown in NRIC): TENG CHEE KIAN (DEN42401001) NRIC/FIN/Passport No: 2KXVX9746  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 309A AMK ST 31 #11-349 Singapore ( 562309 )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 81988266  
 Email Address: \_\_\_\_\_  
 Date of Accident: 26/11/21 Time of Accident: 16:30  
 Place of Accident: BISHAN RD  
 Insurance Company: MSIG

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

ADD IN PRIVATE HIRE DECAL

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

 30/11/21  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date:



VEHICLE NO: 5MN3029X

MAKE &amp; MODEL: Hyundai Avante

AUTO / MANUAL

DATE OF ACCIDENT	26.11.2021	*CC: 1,600
TIME OF ACCIDENT	4.30 AM / PM	
LOCATION OF ACCIDENT	Bishan Road	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>	
NAME OF OWNER	Weida Logistics & Supply	
EMAIL: Marylin2101@gmail.com	Office:	MOBILE: 8665126
NRIC	53383850	
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO	MSIC	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	A400001002 MCX	
NAME OF DRIVER	AS ABOVE / IF NO, Teng Chee Kian	
NRIC	S7106974E	
DATE OF BIRTH	25.10.1971	
ANY PASSENGER	YES / NO: 1	
NAME OF PASSENGER	unknown	
GENDER OF PASSENGER	MALE / <u>FEMALE</u>	
OCCUPATION	<u>Outdoor</u> / Indoor	
DATE OF DRIVING PASS	26.10.1989	
GENDER	<u>Male</u> / Female	
CONTACT NO.	Mobile: 81985266 Office:	Home:
EMAIL:	-	
ADDRESS	309A Ang Mo Kio St. 31 #11-349 S(562362309)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No, Hire	
WEATHER CONDITION	<u>Clear</u> / Raining / Other:	
ROAD SURFACE	<u>Dry</u> / Wet / Other:	
ANY INJURIES	NO / If yes, Who?	
CONTACT NO.		
POLICE REPORT	NO / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B NO.	FBQ6511P	Any Passenger: -
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.		
WAS THERE ANY VIDEO CAPTURE?	YES / <u>NO</u>	
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>	
SCENE ACCIDENT PHOTOS TAKEN?	<u>YES</u> / NO	
<b>**WORKSHOP:</b>	Advance Auto Garage	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>	





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 Comprehensive

Certificate No. A 400001002 MCX

Excess : SGD3,500

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**

SMN3029X

2. **Name of Policyholder**

Weida Logistics & Supply

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

31/07/2021

4. **Date of Expiry of Insurance**

30/07/2022

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 for the carriage of passengers or goods in connection with the Policyholder's business. Use for social domestic and pleasure purposes. 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 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 MUST BE CARRIED OUT 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

# WEIDA LOGISTICS AND SUPPLY

BUSINESS REGISTRATION NO: 53338385D TEL: 81026357

## RENTAL AGREEMENT

HIRER'S NAME: TENG CHEE KIAN (DENG ZHIJIAN)	
NRIC NO: S7106974E	CONTACT NO: 8198-8266
ADDRESS: APT BLK 309A ANG MO KIO STREET 31 #11-349 (562309)	
VEHICLE REG NO: SMN3029X	MAKE & MODEL: HYUNDAI AVANTE 1.6 GLS
COMMENCING START DATE: 27/10/2021	TIME: 2.00pm
COMMENCING END DATE: 27/10/2022	TIME: 2.00pm
RENTAL FEE: \$45/- + CDW \$5/- = \$50/- PER DAY = \$350/- PER WEEK	
DEPOSIT: \$500/-	CASH / BANK TRANSFER / CHEQUE
FUEL	*RENTAL PAYMENT ON EVERY FRIDAY (CUT OFF ON FRIDAY) *DEPOSIT WILL BE RETURNED BY CHEQUE OR IBANKING *VEHICLE DELIVERED WITH LTA COMPLIANCE PHC DECAL <input checked="" type="checkbox"/> *VEHICLE REPAIRS TO BE DONE AT OUR AUTHORISED WORKSHOP ONLY. NO THIRD PARTY WORKSHOP IS ALLOWED.



D = DENT    S = SCRATCHES    C = CHIP    R = RUST    M = MISSING

### REMARKS

If vehicle return before commencing end date, deposit of \$ 500/- will be forfeited. Additional of \$30 for any late payment of rental, subsequent \$10 per day will be chargeable to Hirer. **WEIDA LOGISTICS AND SUPPLY** reserve the rights to repossess the vehicle without notice and the deposit will be forfeited. Towing fee will be chargeable to the hirer. All traffic offences & summons are bearable by hirer on/after the commencing date and time. Any tempering of the PHC Decal found by us, a fee of \$100 chargeable.

1 <sup>st</sup> party excess	** please refer Decal	SGD \$ 500.00
3 <sup>rd</sup> party excess	** please refer Decal	SGD \$ 500.00
Malaysia excess double		SGD \$ NA

I/We have read and agree to the above-mentioned terms and conditions

1. In the event of any accident whether own or third party's fault, Hirer for & 3rd Party's Excess to be payable to:  
WEIDA LOGISTICS & SUPPLY  
2. Deposit MISC refunds such excess to WEIDA LOGISTICS & SUPPLY  
3. We will refund such excess to you accordingly  
4. THE VEHICLE IS INSURED UNDER A STANDARD MOTOR VEHICLE INSURANCE POLICY IN ACCORDANCE WITH THE LAWS OF SINGAPORE.



Hirer's Signature

TENG CHEE KIAN (DENG ZHIJIAN)

DATE: