

29/12/2021 13:00 N138/MSG-200132764 PC 7104H 28/12/2021 20:25 TP	Description: SASE filing E-mail sent to [] i-Motor Claim Form i-Motor W/O [] i-Photo Uploaded Assessment/Survey Report Ass't Report by [] / Hand to Owner/Wksp
--	--

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: <u>W 8629P</u>	INC () / Non-INC ()
Owner / Driver ()	Tel: ()	
Policy No ()	Period ()	Cover Type ()
Confirmed by: ()	Date: ()	Time: ()
Insured/Driver Liability ()	Warranty YES () / NO ()	
Year of Registration: ()	Excess: (\$)	
	Loading: \$1,000 () / \$2,000 ()	

General Remarks:-

() Walk-In Customer: Customer's information strictly Confidential & Strictly NO later or repair

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

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

Remarks:- (INC hotline: 6788 6616)

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 :- Cat 1: Cat 2-3:	Invoice Preparation Checklist <table border="1"> <tr> <th></th> <th>Am (\$)</th> <th>Am (C)</th> </tr> <tr> <td>1) AR: Accident Reporting (\$40)</td> <td></td> <td></td> </tr> <tr> <td>2) DA: Damage Assessment (\$100)</td> <td></td> <td></td> </tr> <tr> <td>3) TF: Towing Fee</td> <td>\$40 \$45</td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$120</td> <td></td> </tr> <tr> <td colspan="3">For claimant means 1st Only as of 1st Jan 2021</td> </tr> <tr> <td>6) FR: Re-inspection</td> <td>\$160</td> <td></td> </tr> <tr> <td>7) ST: 1st DA - SMRT Survey</td> <td></td> <td></td> </tr> <tr> <td>8) ST: Additional Services:-</td> <td></td> <td></td> </tr> <tr> <td>• Q12</td> <td></td> <td></td> </tr> <tr> <td>• K5: Courtesy Car / Trip Allowance</td> <td></td> <td></td> </tr> <tr> <td>• K6: Transport Insurance</td> <td></td> <td></td> </tr> <tr> <td>• K7: Post Repair Inspection</td> <td></td> <td></td> </tr> <tr> <td>• K8: DV / Collect Excess Coordination</td> <td></td> <td></td> </tr> <tr> <td>• K9: 1st DA - 1st DA</td> <td></td> <td></td> </tr> <tr> <td>• K12: 1st DA</td> <td></td> <td></td> </tr> </table>		Am (\$)	Am (C)	1) AR: Accident Reporting (\$40)			2) DA: Damage Assessment (\$100)			3) TF: Towing Fee	\$40 \$45		4) FT: Follow-Through Survey	\$120		5) FT: Follow-Through Survey (Resurvey)	\$120		For claimant means 1st Only as of 1st Jan 2021			6) FR: Re-inspection	\$160		7) ST: 1st DA - SMRT Survey			8) ST: Additional Services:-			• Q12			• K5: Courtesy Car / Trip Allowance			• K6: Transport Insurance			• K7: Post Repair Inspection			• K8: DV / Collect Excess Coordination			• K9: 1st DA - 1st DA			• K12: 1st DA		
	Am (\$)	Am (C)																																																		
1) AR: Accident Reporting (\$40)																																																				
2) DA: Damage Assessment (\$100)																																																				
3) TF: Towing Fee	\$40 \$45																																																			
4) FT: Follow-Through Survey	\$120																																																			
5) FT: Follow-Through Survey (Resurvey)	\$120																																																			
For claimant means 1st Only as of 1st Jan 2021																																																				
6) FR: Re-inspection	\$160																																																			
7) ST: 1st DA - SMRT Survey																																																				
8) ST: Additional Services:-																																																				
• Q12																																																				
• K5: Courtesy Car / Trip Allowance																																																				
• K6: Transport Insurance																																																				
• K7: Post Repair Inspection																																																				
• K8: DV / Collect Excess Coordination																																																				
• K9: 1st DA - 1st DA																																																				
• K12: 1st DA																																																				

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	29/12/2021 13:00 (SGT)
Date of Accident	28/12/2021 20:25 (SGT)
Exact Location of Accident	Pasir Panjang Rd, Singapore
Additional Location Information	TERMINAL P37
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7104H
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MARITEAM TRANSPORT SERVICES PTE. LTD.
Company Reg No	2XXXXX055D
Email Address	operations@mariteam.com.sg
Mobile Phone No	(Phone) +65-97118525
Alternative Phone No	(Office) +65-62518144

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 300318282 MKC
Cover Note Number	-

DRIVER

Name of Driver	AFANDEE BIN SAMSU
NRIC No	SXXXX229I

Date Of Birth	02/12/1973
Occupation	Outdoor
Date Of Driving Pass	15/04/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97118525
Alt. Phone Number	-
Email Address	operations@mariteam.com.sg
Address	BLK 689B CHOA CHU KANG DRIVE #04-304
Address complement	-
Postcode	682689
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

PLEASE REFER TO SKETCH PLAN

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	YN8629P
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 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.

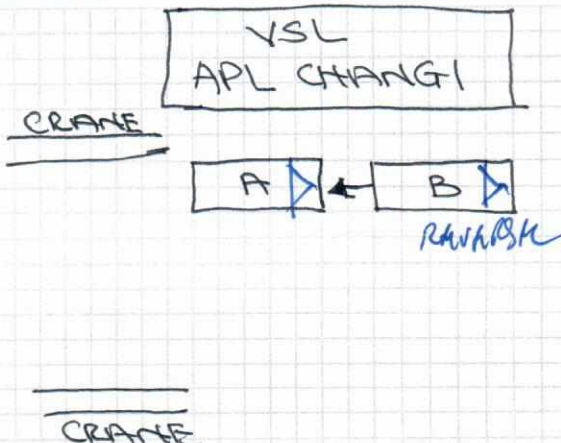


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A) PC7104H

B) YN 8629 P

Describe Circumstances of the Accident

ON 28TH DECEMBER 2021, WHILST MY VEHICLE WAS PARKING BEHIND A LORRY @ PASIR PANJANG TERMINAL BERTH P37. TO DROP OFF SEA CREW TO THEIR VESSEL. SUBSEQUENTLY, THIS VEH. B (LORRY) MAKING A FAST REVERSE TOWARDS MY CAR & SUDDENLY BANGED TO MY VEHICLE. UPON ASKING FOR HIS PARTICULARS, HE RESPONSE THAT HIS PARTICULAR WAS AT HIS LOCKER ROOM. THE SAID DRIVER SUDDENLY MAKE A MOVE WHICH I TOOK HIS PHOTO & VEHICLE PLATE.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

afrika @UIONHS
29/12/21
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 29/12/2021
Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (28/12/2021) (DD/MM/YYYY), TIME: (2025 HRS) (HH:MM)

LOCATION: PASIR PANJANG TERMINAL P37

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC 7104H
b) INSURANCE COMPANY: CHINA AIRWAYS MSIG
c) POLICY NUMBER:
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA HIACE
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: DANG JOBS
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: MARITAM TRANSPORT SVCS PTE. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT: 62578194
c) ADDRESS: 221 HENDERSON RD, #06-17
HENDERSON RD BUILDING, S.

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AFANDER B. SARASU (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7342291 CONTACT: 97118525
c) ADDRESS: B1569B, CHAMPIONS WAY #03-364

*d) DATE OF BIRTH: (02/12/1973) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: YN 8629P MODEL: MITSUBISHI LORRY
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

email =

VIDEO

**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. B 300318282 MKC

Excess : SGD2,000

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
PC7104H
2. **Name of Policyholder**
Mariteam Transport Services Pte. Ltd.
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
22/06/2021
4. **Date of Expiry of Insurance**
21/06/2022
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 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 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

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	PC7104H	Vehicle Scheme:	Public Service Vehicle (Others)
Vehicle Type:	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	TOYOTA	Vehicle Model:	HIACE COMMUTER GL 2.8 AUTO
Chassis No.:	GDH2232000159	Engine No.:	1GD8263214
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	13
Engine Capacity:	2754 cc	Power Rating:	-
Maximum Power Output:	-		
Unladen Weight:	2180 kg	Maximum Laden Weight:	3020 kg
Primary Colour:	White	Secondary Colour:	-
First Registration Date:	22 Jun 2018	Original Registration Date:	22 Jun 2018
Manufacturing Year:	2018	Open Market Value:	\$44,574.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0	Additional Registration Fee Rate:	5.00%
Actual ARF Paid:	\$2,229.00		

Owner Particulars

Owner Name:	MARITEAM TRANSPORT SERVICES PTE. LTD.
Owner ID Type:	Company
Owner ID:	200402055D
Registered Address Type:	Private Residential (non-Condo Apt / non-House)
Registered Block/House No.:	1
Registered Street Name:	PEARL BANK
Registered Unit No.:	# 01 - 05
Registered Building Name:	PEARL BANK APARTMENTS
Registered Postal Code:	169016
COE No. / Expiry Date:	2018060105000462W / 21 Jun 2028
COE Bid Category:	C - Goods Vehicle & Bus
QP Paid:	\$29,901.00

Transaction Details

Business Transaction Ref. No.:	20180622170551871032
Business Transaction Date:	22 Jun 2018
Business Transaction Time:	17:05:51

Message

The above vehicle has been successfully registered.

Please note that \$22,413.00 will be deducted from your GIRO account.

W1550306922.

OK

Save as PDF