

## REPORTING

Skp 800

*Injury :*

Date/Time

### Claimant's Particulars :-

Driver/Owner:Contact No.

Damaged Portion.

QC Checked by (Manager-in-Charge):

Auditors' Comments :-

1911

Call 2-3

| Invoice Preparation Checklist  |            | Initial | Date |
|--|------------|---------|------|
| 1) AR: Accident Reporting (\$100)  |            |         |      |
| 2) DA: Damage Assessment (\$100)   | INC (\$30) |         |      |
| 3) TF: Towing Fee  | \$40 \$45  |         |      |
| 4) FT: Follow-Through Survey   | \$120      |         |      |
| 5) FT: Follow-Through Survey (Resurvey)  | \$0        |         |      |
| For claimant named [Name] Date [Date] to Jan 2011  |            |         |      |
| 6) FR: Re-inspection   | \$180      |         |      |
| 7) N1: New DA - SMART Survey   | \$180      |         |      |
| 8) N1: Additional Services   |            |         |      |
| <ul style="list-style-type: none"> <li>*N5: Courtesy Car / 1st Allowance</li> <li>*N6: Repairs / Replacement</li> <li>*N7: Fuel Repair Inspection</li> <li>*N8: DV / Collect Excess Coordination</li> </ul>  |            |         |      |
| 9) N12: Mileage Allowance<br>10) N13: Mileage Allowance<br>11) N14: Mileage Allowance<br>12) N15: Mileage Allowance<br>13) N16: Mileage Allowance<br>14) N17: Mileage Allowance<br>15) N18: Mileage Allowance<br>16) N19: Mileage Allowance<br>17) N20: Mileage Allowance<br>18) N21: Mileage Allowance<br>19) N22: Mileage Allowance<br>20) N23: Mileage Allowance<br>21) N24: Mileage Allowance<br>22) N25: Mileage Allowance<br>23) N26: Mileage Allowance<br>24) N27: Mileage Allowance<br>25) N28: Mileage Allowance<br>26) N29: Mileage Allowance<br>27) N30: Mileage Allowance<br>28) N31: Mileage Allowance<br>29) N32: Mileage Allowance<br>30) N33: Mileage Allowance<br>31) N34: Mileage Allowance<br>32) N35: Mileage Allowance<br>33) N36: Mileage Allowance<br>34) N37: Mileage Allowance<br>35) N38: Mileage Allowance<br>36) N39: Mileage Allowance<br>37) N40: Mileage Allowance<br>38) N41: Mileage Allowance<br>39) N42: Mileage Allowance<br>40) N43: Mileage Allowance<br>41) N44: Mileage Allowance<br>42) N45: 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# 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              | 03/01/2022 11:01 (SGT)          |
| Date of Accident                | 31/12/2021 13:00 (SGT)          |
| Exact Location of Accident      | 302 Ubi Ave 1, Singapore 400302 |
| Additional Location Information | OPEN CARPARK                    |
| Country/State of Loss           | Singapore                       |

## DETAILS OF OWN VEHICLE

|                             |                                      |
|-----------------------------|--------------------------------------|
| Vehicle Registration Number | PC4050Z                              |
| 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) +65-88609186                 |
| 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   | 2982                |

## INSURANCE COMPANY

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage          | Comprehensive                        |
| Fleet Policy              | No                                   |
| Policy Number             | B 300351754 MKC                      |
| Cover Note Number         | -                                    |

## DRIVER

|                |                |
|----------------|----------------|
| Name of Driver | WONG KHEE BING |
| NRIC No        | SXXXX390A      |



|  |                            |
|--|----------------------------|
| Date Of Birth  | 14/02/1963                 |
| Occupation   | Outdoor                    |
| Date Of Driving Pass   | 24/12/1980                 |
| Driving experience   | 41 YEARS                   |
| Gender   | Male                       |
| Mobile Number  | (Phone) +65-88609186       |
| Alt. Phone Number  | -                          |
| Email Address  | operations@mariteam.com.sg |
| Address  | 70 LORONG K TELOK KURAU    |
| Address complement   | -                          |
| Postcode   | 425687                     |
| 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   | Collided into Parked Vehicle |
| Weather Conditions | Raining                      |
| Road Surface       | Wet                          |

#### 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 | SKP80D      |
| Vehicle Manufacturer        | Mercedes    |
| Vehicle Model               | -           |
| Vehicle Variant             | -           |
| Vehicle Colour              | -           |
| Vehicle Category            | Private car |
| 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



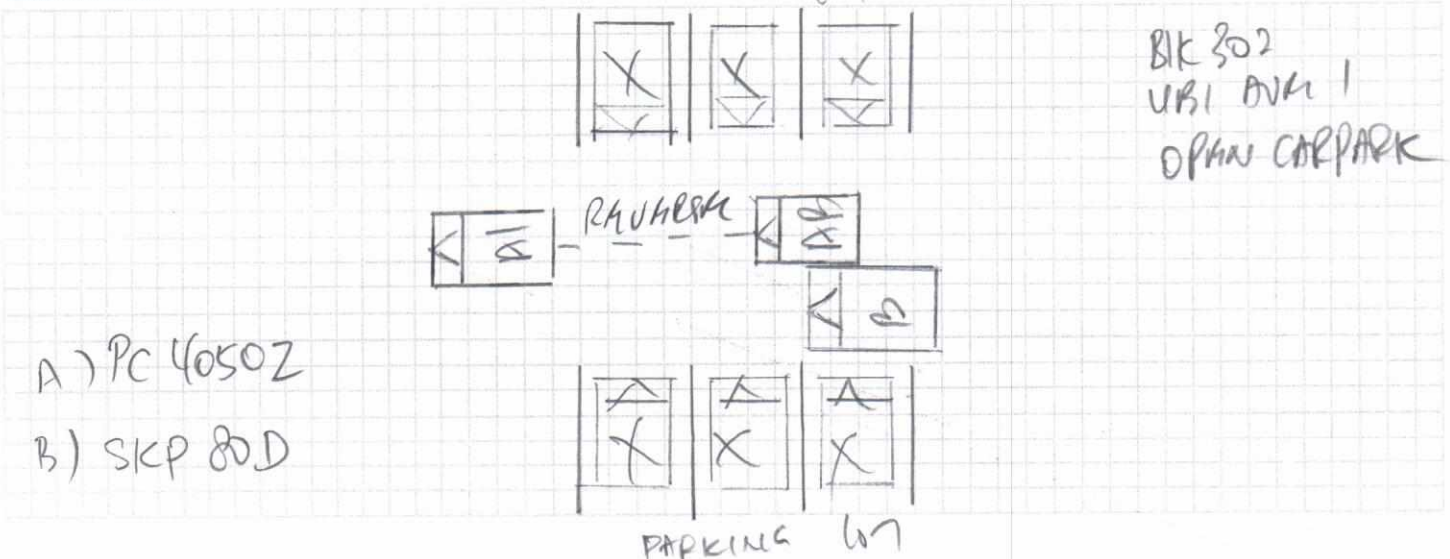
  
Driver's Signature (if driver is not the policyholder) / Date & Time

03/01/2022  
10.20 a.m.

  
Witnessed by Reporting Centre Personnel

03/01/2022

### Sketch Plan





### Describe Circumstances of the Accident

It's heavy rain I was parked my van at the  
302 Whi Ave I opened space car park I was hit a Car  
SKP-807 was park along the road. I can't  
see the car where come from.

### Declaration

We declare the foregoing particulars are true in every respect.

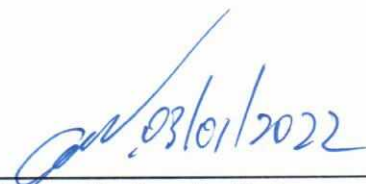


Policyholder's Signature / Date &  
Time



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

03/01/2022  
10.20 am



Witnessed by Reporting Centre  
Personnel

# ACCIDENT STATEMENT

ACCIDENT DATE: (31/12/2021) (DD/MM/YYYY), TIME: (13:00) (HH:MM)

LOCATION: 302, UBI AVE 1 Open space car park

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC4050 X  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: B300351754 MKC  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA WACE  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: working  
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: MARITIME TRANSPORT SVCS PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: CONTACT: 62578144  
c) ADDRESS: 221 HENDERSON RD, #06-17  
HENDERSON BUILDING, S

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: WONH KHIEZ BINH (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1614390A CONTACT: 88609186  
c) ADDRESS: 70, Lorik Teluk Kurau Singapore 425687

\*d) DATE OF BIRTH: (14/02/1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 24/12/1980

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: SKP80D MODEL: Mercedes

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 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 300351754 MKC

Excess : SGD1,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
PC4050Z

2. Name of Policyholder  
Mariteam Transport Services Pte. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
14/09/2021

4. Date of Expiry of Insurance  
13/09/2022

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



Transaction ref 20150914122251906240

The owner and vehicle particulars for Vehicle No. PC4050Z as at 14 Sep 2015 are as follows:

|     |  |   |
|-----|--|---|
| 1.  | Name                                   | : MARITEAM TRANSPORT SERVICES PTE. LTD.                               |
| 2.  | Identification No. Type                | : Company   |
| 3.  | Identification No.                     | : 200402055D  |
| 4.  | Place Of Passport Issue                | : -   |
| 5.  | Registered Address                     | : 1 PEARL BANK<br>#01-05<br>PEARL BANK APARTMENTS<br>SINGAPORE 169016 |
| 6.  | Mailing Address                        | : -   |
| 7.  | Vehicle No.                            | : PC4050Z   |
| 8.  | Effective Date of Ownership            | : 14 Sep 2015   |
| 9.  | Original Registration Date             | : 14 Sep 2015   |
| 10. | First Registration Date                | : 14 Sep 2015   |
| 11. | Vehicle Type                           | : Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus                    |
| 12. | Vehicle Scheme                         | : Public Service Vehicle (Others)                                     |
| 13. | Attachment 1                           | : No Attachment   |
| 14. | Attachment 2                           | : -   |
| 15. | Attachment 3                           | : -   |
| 16. | Vehicle Make                           | : TOYOTA  |
| 17. | Vehicle Model                          | : HIACE COMMUTER GL 3.0 AT 2WD 4DR                                    |
| 18. | Year of Manufacture                    | : 2015  |
| 19. | Primary Colour                         | : White   |
| 20. | Secondary Colour                       | : -   |
| 21. | Passenger Capacity                     | : 13  |
| 22. | Chassis/Trailer Chassis No.            | : KDH2230024785 / -   |
| 23. | Propellant/Emission Standard           | : Diesel / JPN 2009   |
| 24. | Engine No./Motor No.                   | : 1KD2536833 / -  |
| 25. | Engine Capacity(cc)/Power Rating(kW)   | : 2982 / -  |
| 26. | Maximum Power Output(kW/bhp)           | : - / -   |
| 27. | Unladen Weight(kg)                     | : 2140  |
| 28. | Maximum Laden Weight(kg)               | : 2990  |
| 29. | Open Market Value                      | : \$37,072.00   |
| 30. | PARF Eligibility                       | : No  |
| 31. | PARF Eligibility Expiry Date           | : -   |
| 32. | Minimum PARF Benefit                   | : \$0.00  |
| 33. | IU Label No.                           | : -   |
| 34. | COE No.                                | : 2015091405000925K   |
| 35. | COE Expiry Date                        | : 13 Sep 2025   |
| 36. | COE Category                           | : -   |
| 37. | Quota Premium/Prevailing Quota Premium | : \$49,535.00   |
| 38. | Actual Quota Premium/PQP Paid          | : \$41,653.00   |
| 39. | Actual ARF Paid                        | : \$1,854.00  |
| 40. | CO2 Emission(g/km)                     | : -   |
| 41. | Actual CEVS Rebate Utilised            | : -   |
| 42. | CEVS Surcharge Paid                    | : -   |
| 43. | Actual Green Vehicle Rebate Utilised   | : -   |
| 44. | Vehicle Lifespan Expiry Date           | : 13 Sep 2035   |
| 45. | Road Tax Amount                        | : \$319.00  |
| 46. | Road Tax Start Date                    | : 14 Sep 2015   |
| 47. | Road Tax End Date                      | : 13 Mar 2016   |
| 48. | Remarks                                | : This is a public service vehicle.                                   |