

SNOP22130006

03/01/2022 20:04
 XBA/MSK220000614
 82968CD
 02/01/2022 00:05

OD

1- Motor Claim Form
 1- Motor W/O
 1- Photo Uploaded
 Assessment/Survey Report
 Ass't Report by EAX/ Hand to Owner/ Wksp

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: SFD 4866D INC () 1- Non-INC ()

Owner / Driver () Tel ()

Policy No () Period () Cover Type ()

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

Insured/Driver Liability () (Note- Est Status (W/O) 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 referral/repair

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

Drive-In () / Towel-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 (Engg-In-Charge): ()

Auditors' Comments:-

Est 1: ()

Est 2: ()

Est 3: ()

Invoice Preparation Checklist

	Est (\$)	And (\$)
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)		
3) TF: Towing Fee (\$40)		
4) FT: Follow-Through Survey (\$120)		
5) FT: Follow-Through Survey (Resurvey) (\$20)		
6) FR: Re-inspection (\$150)		
7) SI: Basic DA - SMART Survey (\$150)		
8) NT: Additional Services		
9) NT: Additional Services		
10) NT: Additional Services		
11) NT: Additional Services		
12) NT: Additional Services		
13) NT: Additional Services		
14) NT: Additional Services		
15) NT: Additional Services		
16) NT: Additional Services		
17) NT: Additional Services		
18) NT: Additional Services		
19) NT: Additional Services		
20) NT: Additional Services		

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 20:04 (SGT)
Date of Accident	02/01/2022 00:05 (SGT)
Exact Location of Accident	Queensway, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	S2968CD
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EMBASSY OF THE REPUBLIC OF INDONESIA
Company Reg No	SXXXXX029F
Email Address	procurement@indonesianembassy.sg
Mobile Phone No	(Phone) +65-87495417
Alternative Phone No	+65-87495417

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?	Yes
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	A 300357621 MKC
Cover Note Number	-

DRIVER

Name of Driver	FIDZRIL YUSMAN BIN MOHAMED YASIN
NRIC No	SXXXX262B

Date Of Birth	03/12/1977
Occupation	Outdoor
Date Of Driving Pass	12/03/1999
Driving experience	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87495417
Alt. Phone Number	-
Email Address	fidzrilyusman@gmail.com
Address	BLK 585 WOODLANDS DRIVE 16 #09-72
Address complement	-
Postcode	730585
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	DRIZZLING
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?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210102/2039

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	SFH4866D
Vehicle Manufacturer	Mazda
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG QUAN SENG

NRIC No	SXXXX872F
Contact Number	(Phone) +65-96395586
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

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5. **Any false reporting may be referred to the Police for investigation.**
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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.



Policyholder's Signature / Date & Time

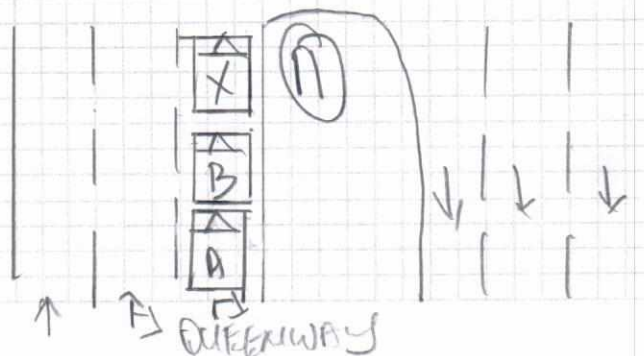
Sketch Plan

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

Witnessed by Reporting Centre Personnel

QUEENSWAY

A) S2968 CD
B) SFH 48660



Describe Circumstances of the Accident

Report to Police Report 7/20220102/289

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

3/1/22 1725

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

03/02/2021

Witnessed by Reporting Centre Personnel

ACCIDENT STATEMENT

ACCIDENT DATE: (07/07/2022) (DD/MM/YYYY), TIME: (00:05) (HH:MM)

LOCATION: Queensway RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S2968 LD
b) INSURANCE COMPANY: MSIGA
c) POLICY NUMBER: A30E357821 MHC
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: 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: EMBASSY OF THE REPUBLIC OF INDONESIA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S69DP0029F CONTACT: 81495497
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ADZEL (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7736762B CONTACT: 81495497
c) ADDRESS:

* d) DATE OF BIRTH: (2/12/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/03/1999

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) DRIZZLE

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: WOODLAND RD 87

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SFD 4866D MODEL: MAZDA 5

b) DRIVER'S NAME: ADZEL

c) NRIC/FIN/PASSPORT: S1579072F CONTACT: 96395586

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

Email = PROCUREMENT @ INDONESIAN EMBASSY . SG.
VIDEO



SINGAPORE POLICE FORCE



T/20220102/2039

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20220102/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2022 15:12		Vide Report No.:		Station Diary No.: 72	
Informant's Particulars					
Name of Informant: FIDZRIL YUSMAN BIN MOHAMED YASIN			Address: APT BLK 585 WOODLANDS DRIVE 16 #09-72 SINGAPORE 730585		
ID Type / ID No.: NRIC NO / S7736262B			Contact No.: Home/Office: Mobile: 87495417		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 03/12/1977	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2022 00:05	Type of Location: Bend
Location: QUEENSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
S2968CD	Car				Slightly Damaged	0
SFH4866D	Car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20220102/2039

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Report No. T/20220102/2039

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Driver				
Name	FIDZRIL YUSMAN BIN MOHAMED YASIN		ID No.	S7736262B
Related Vehicle	S2968CD (Car)		Contact No.	87495417
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	ONG QUAN SENG		ID No.	S1579872F
Related Vehicle	SFH4866D (Car)		Contact No.	96395586
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 02/01/2022, at about 0005hrs, I was driving my vehicle (S2968CD) along Queensway. It was a red light junction and the vehicle in front of me (SFH4866D) was stationary at the traffic light. However, I was unable to brake in time and the head of my vehicle collided into the rear of the vehicle in front of me.

Nobody was injured.

No Traffic Police and No ambulance was at scene.

My vehicle has a dent at the front of my vehicle.



**SINGAPORE
POLICE FORCE**



T/20220102/2039

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Report No. T/20220102/2039

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report
L /
Sgt 2 CHAN JIA HUI, EUNICE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
DSP (2) YIP YEW SENG NELSON
Contact No.: 65476182

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:
02/01/2022 15:12

Classification Of Case:

**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.** A 300357621 MKC**Excess :** SGD1,500**Windscreen Excess :** SGD100

1. Index Mark and Registration Number of Vehicle
S2968CD

2. Name of Policyholder
Embassy of the Republic of Indonesia

3. Effective Date of the Commencement of Insurance for the purposes of the Act
03/10/2021

4. Date of Expiry of Insurance
02/10/2022

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