

NATIONAL Assessment Centre Services

Date In: 24/01/2022	Job description	Date & Time Completed	Done by
Ref No: CA/MSG 22000830/m4	SAS e-filing		
Veh No: SMQ 9554R	E-mail (w/den 3hrs, ABC 2hrs)		
D.O.A: 22/01/2022 15:00	i-Motor Claim Form		
OD: TP (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: SKD 2413C	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 (\$30)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q11:		
	*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		
	Invoice dated	Fee Charged	
	Invoice dated	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	24/01/2022 14:00 (SGT)
Date of Accident	22/01/2022 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9554R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WEIDA LOGISTICS & SUPPLY
Company Reg No	5XXXX385D
Email Address	Marylilm2101@gmail.com
Mobile Phone No	(Phone) +65-83993593
Alternative Phone No	+65-83993593

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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 - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1317

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	TEO GUANG JIE
NRIC No	SXXXX868A

Date Of Birth	24/11/1995
Occupation	Outdoor
Date Of Driving Pass	27/10/2014
Driving experience	7 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83993593
Alt. Phone Number	-
Email Address	Marylilm2101@gmail.com
Address	BLK 532 BUKIT BATOK STREET 51
Address complement	#07-148
Postcode	650532
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

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	SKD2413C
Vehicle Manufacturer	-

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLX5066J
Vehicle Manufacturer	-
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

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1. Please report correctly the details of the accident to speed up the claims process.
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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 firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 firms/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 be disclosed by any of the Insurers and/or GIA to their third party service providers or agents, including their law firms/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

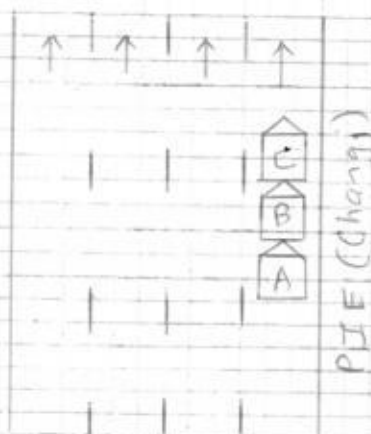
Sketch Plan



(A) = 5MR9554R

(B) = 5K02413C

(C) = 52X5066J



Describe Circumstances of the Accident

On the 22/1/2022 @ about 3.00p.m. along
PJE (Changi). I was travelling on the extreme
right lane of the above mentioned before the
CTE (SLE) exit when my front vehicles slowed down
and stopped, I jammed on my brakes but I was
unable to stop in time and my vehicle (A) collided into
the rear portion of the vehicle (B) in front, and
when I alighted, I realised it was a chain accident
of 3 cars in total.



Declaration

(We declare the foregoing particulars are true in every respect)



Policy holder's Signature Date &
Time



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

24/1/2022

Witnessed by Reporting Centre
Personnel

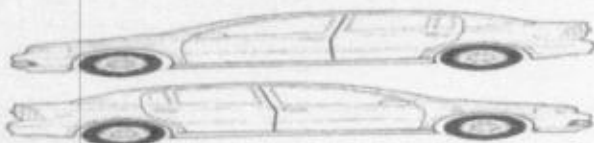
WEIDA LOGISTICS AND SUPPLY

BUSINESS REGISTRATION NO: 53338385D TEL: 81026357

RENTAL AGREEMENT

HIRER'S NAME: <u>Teo Guang Jie</u>	
NRIC NO: <u>S9542868A</u>	CONTACT NO: <u>8399-3593</u>
ADDRESS: <u>App Bk 532 Bukit Batok Street 51 #07-148 (650532)</u>	
VEHICLE REG. NO: <u>SMQ 9554R</u>	MAKE & MODEL: <u>Honda Fit 1.3</u>
COMMENCING START DATE: <u>31/12/21</u>	TIME: <u>3.40pm</u>
COMMENCING END DATE: <u>05/2/22</u>	TIME: <u>1.00pm (return location to be advised)</u>
RENTAL FEE: <u>\$52/- x 7 days = \$364 / week</u>	
DEPOSIT: <u>\$1,000/-</u> CASH / BANK TRANSFER / CHEQUE	
FUEL: <u>FUEL MARKED</u>	<div><div>*RENTAL PAYMENT ON EVERY FRIDAY (CUT OFF ON FRIDAY) (WEEKLY ADVANCE RENTAL) MONDAY MONDAY</div><div>*DEPOSIT WILL BE RETURNED BY CHEQUE OR IBANKING TO BE REFUNDED WITHIN 2 WEEKS AFTER RETURNED</div><div>*VEHICLE DELIVERED WITH LTA COMPLIANCE PHC DECAL <input checked="" type="checkbox"/></div><div>*VEHICLE REPAIRS TO BE DONE AT OUR AUTHORISED WORKSHOP ONLY. NO THIRD PARTY WORKSHOP IS ALLOWED.</div><div>*CAR TO BE RETURNED IN THE SAME CONDITION AS AT TIME OF HANDOVER</div></div>

The management seeks the co-operation of all hirers to take care of our vehicles and it is also your responsibility to ensure best care while our car is in your possession.



photos

☒ CAR CLEANED, VACUUMED, WASHED

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

REMARKS

If vehicle return before commencing end date, deposit of \$1,000/- 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.

1st party excess

SGD \$ 3,000/- (own damage)

3rd party excess

SGD \$ 3,000/- (third party)

** Malaysia excess double

SGD \$ NA

(WEST ONLY)
HIRER TO INFORM US 3 DAYS IN ADVANCE
BEFORE TRAVELLING

VEHICLE TO BE TOWED TO
OUR WORKSHOP. ALL CHARGES
RELATING TO THIS TOWING WILL BE
PAID BY HIRER.

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



Hirer's Signature

NAME: Teo Guang Jie

DATE: 31/12/21

VEHICLE NO: 5M89554R

MAKE & MODEL: Honda Fit Hybrid AUTO/MANUAL

DATE OF ACCIDENT	22.01.2022	CC: 1, 300 (1317cc)
TIME OF ACCIDENT	3.00 (15:00) AM / PM	
LOCATION OF ACCIDENT	PIE (Changi)	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	Weida Logistics & Supply	
EMAIL: marylin2101@gmail.com	Office:	MOBILE:
NRIC	533383850	
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY	
FLEET POLICY:	YES / NO ?	
INSURANCE CO	MSIG	
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft	
POLICY NO.	A400001002 MCX	
NAME OF DRIVER	AS ABOVE / IF NO: Teo Guang Jie	
NRIC	59542868A	
DATE OF BIRTH	24 / 11 / 1995	
ANY PASSENGER	YES / NO: 2	
NAME OF PASSENGER	1 male, 1 female name unknown.	
GENDER OF PASSENGER	MALE / FEMALE	
OCCUPATION	Outdoor / Indoor	
DATE OF DRIVING PASS	27 / 10 / 2014	
GENDER	Male / Female	
CONTACT NO.	Mobile: 83493593 Office:	Home:
EMAIL		
ADDRESS	Blk 532 Bukit Batok St. 51 #07-14B S(650532)	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.	INSURER:
RELATIONSHIP	Employee / If No: Hire /	
WEATHER CONDITION	Clear / Raining / Other:	
ROAD SURFACE	Dry / 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.	SKD 2413C	Any Passenger: unknown
NAME		
CONTACT NO.		
VEHICLE C NO.	SLX 5066J	Any Passenger: unknown
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 / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
AT —		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	



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**

SMQ9554R

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