

NATIONAL Assessment Centre Services:

(wef 1 Jan'08)

Slow 22560001

Date In: 06/05/2022 11:31	Job description	Date & Time Completed	Done by
Ref No: 038/MSK 22004186/Y	SAS e-filing		
Veh No: PC 710YH	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 08/05/2022 06:45	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: SU 836YS	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	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
	5) FT: 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:-		
	OD*		
	*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	
	Invoice dated	Fee Charged	

L.I:

t. 2 / 3:

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	06/05/2022 11:31 (SGT)
Date of Accident	05/05/2022 06:45 (SGT)
Exact Location of Accident	KPE, Singapore
Additional Location Information	(ECP) TOWARDS KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7104H
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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 - Claiming third party
Vehicle Category	Bus
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	12 YEARS AND 1 MONTH
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	SLL8364S
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	FELIX OOI AIK SIONG
NRIC No	SXXXX452I
Contact Number	(Phone) +65-98458787
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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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

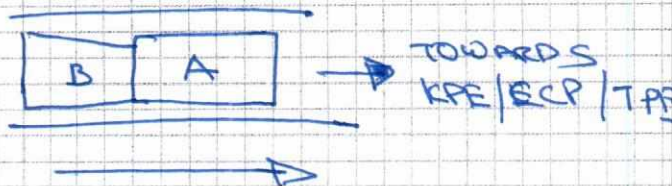
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Driver's Signature (If driver is not the policyholder) / Date & Time

06/05/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



A) PC 7104H

B) SLL 83648

Describe Circumstances of the Accident

On 5th MAY 2022, @0645HRS, WHILST DRIVING TOWARDS
KPE/ECF TOWARDS TPE, 01 VEHICLE SLL 83645, KNOCK AGAINST BEHIND
MY REAR VEHICLE DUE I ALREADY GIVE BRAKE WARNING.

UPON ALIGHTING FROM VEHICLE, SAID DRIVER SAYING SORRY
DUE TO HIS TOO NEAR TO ME. CLAIMING THAT HE WANTED TO CLAIM
BY INSURANCE. PHOTO OF ACCIDENT TAKEN ACCORDINGLY

Declaration

We declare the foregoing particulars are true in every respect.



BENSON CHIEF
Policyholder's Signature / Date &
Time

[Signature]

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

[Signature]

06/05/2022

1116hrs

Witnessed by Reporting Centre
Personnel

[Signature] 06/05/2022

ACCIDENT STATEMENT

ACCIDENT DATE: 05/05/2011 (DD/MM/YY), TIME: 06:55 (HH:MM)
LOCATION: Along KPE/ECR towards TPE

1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: PC7104H
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 3300318282-MRC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: 1990/AH-105
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME:
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
j) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
a) NAME: m/s/tem rajabhat svs pl
b) NRIC/FIN/PASSPORT: 6621844
c) ADDRESS: 121 HENDALAN RD #60-17 HENDALAN BLDG
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
3. DRIVER
a) NAME: FRANCIS BIN SAMUD (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7382797
c) ADDRESS: 515898, CHOA CHU LING DRIVE #04-304
4. 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)
5. IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
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: SLR 8364S
b) DRIVER'S NAME: FAIZ COI AHK SIONG
c) NRIC/FIN/PASSPORT: 581354521
d) MODEL: TOYOTA MT 5
e) CONTACT: 98458287
9. THIRD PARTY VEHICLE
a) VEHICLE NUMBER:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT:
d) MODEL:
e) CONTACT:
10. No of passengers (including driver)
11. No of passengers (including driver)

04/05/11
VINDO



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