

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()		Fax: ()	
IP Particulars:		Veh No: <i>FBP45582</i>		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 ()			

() **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. ()

Injury : _____

		Invoice Preparation Checklist		Ant (\$)	Ant (\$)
				1st Bill	Add Bill
Claimant's Particulars :-		1) AR : Accident Reporting (\$30);			
		2) DA : Damage Assessment (\$100); INC (\$80)			
Driver/Owner:		3) TF : Towing Fee \$40/\$45			
		4) FT : Follow-Through Survey \$120			
Contact No:		5) RT : Follow-Through Survey (Resurvey) \$30			
		For claiming against INC Only (wef 10 Jan 2005)			
Damaged Portion:		6) TR : Re-inspection \$75			
		7) N1 : Idac DA + SMRT Survey \$160			
		8) NTUC Additional Services:-			
C Checked by (Engr-In-Charge):		Q1:-			
		* N5: Courtesy Car / Tpt Allowance \$5			
		* N6: Repair Co-ordination \$10			
		* N7: Post Repair Inspection \$25			
		* N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-		TP (N11) : TP (N-11 INC) against INC \$20			
at 1:		9) N12: Idac Mobile 30			
at 2 / 3:		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	31/05/2022 11:44 (SGT)
Date of Accident	30/05/2022 11:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	QUEEN STREET(INFRT OF BLK 269B)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP2098R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FOO WENG KIT(FU YONGJIE)
NRIC No	SXXXX648C
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-98222846
Alternative Phone No	+65-98222846

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ALTIS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 80470966 QMX
Cover Note Number	-

DRIVER

Name of Driver	FOO WENG KIT(FU YONGJIE)
NRIC No	SXXXX648C

Date Of Birth	21/08/1976
Occupation	Outdoor
Date Of Driving Pass	30/09/2005
Driving experience	16 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98222846
Alt. Phone Number	+65-98222846
Email Address	abc8627e@gmail.com
Address	BLK 415A FERNVALE LINK
Address complement	#17-32
Postcode	791415
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Side Swipe
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

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	FBP4558Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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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 :

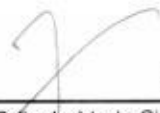
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

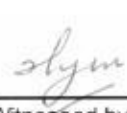
(collectively the "Purposes")

(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.


30/05/2022
Policyholder's Signature / Date & Time


30/05/2022
Driver's Signature (If driver is not the policyholder) / Date & Time


31/05/22
Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: SKP 2098R
Veh B: FBR 4558E

BJK 209B
Cheng Yan court



Describe Circumstances of the Accident


Handwritten notes in the 'Describe Circumstances of the Accident' section:

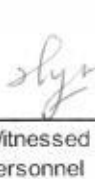
the Maha
to
start

Declaration

We declare the foregoing particulars are true in every respect.

 30/05/2022
Policyholder's Signature / Date & Time

 30/05/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 31/05/22
Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SKP2098R) WAS TRAVELLING STRAIGHT ON QUEEN STREET (INFRONT OF BLOCK 269B CHENG YAN COURT). SUDDENLY VEHICLE B (FBP4558Z) FROM THE PARKING LOT REVERSE AND COLLIDED ONTO MY VEHICLE LEFT HAND SIDE. AFTER I ALIGHTED I REALISE THAT MY DAMAGE PORTION WAS FROM THE LEFT HAND SIDE MIRROR UNTIL THE REAR LEFT HAND DOOR.

VEHICLE A : SKP2098R

VEHICLE B : FBP4558Z

 Foo Wey Kai
30/05/2022

SINGAPORE ACCIDENT STATEMENT

Accident Date: 30/5/22	Time: 11:40 hrs	(hh:mm) 24 hr format
Location: Queen St (Infront of Block 269B)		
Vehicle Number: SKP 2098R		
Insured Name: Foo Weng Kit		
NRIC / FIN: S7624648C	Contact Number: 9822 2846	
Make: Toyota	Model: Calais Altis	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company: MSIG		
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number: A80470966 amx		
Name of Driver: (<input checked="" type="checkbox"/>) Same as Insured		
NRIC / FIN: -		
Contact Number: -		
Date of Birth: 21/08/1976		
Driving Pass Date: 30/09/2025		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address: abc8627e@gmail.com () NO EMAIL		
Address of Driver: Blk 46A Fernvale Link #17-32 (S) 791415		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party: Name / Nric Contact		
Veh B: FBP 4558Z		
Veh C:		
Veh D:		
Veh E:		
Veh F:		

* Driver any



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

Certificate of Insurance

COPY

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.X.1
Individual Ownership

MOTOR MAX
Comprehensive

Certificate No. A 80470966 QMX

Excess : SGD500
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKP2098R

2. Name of Policyholder
FOO WENG KIT (FU YONGJIE)

3. Effective Date of the Commencement of Insurance for the purposes of the Act
25/08/2021

4. Date of Expiry of Insurance
24/08/2022

5. Persons or Classes of Persons entitled to drive*

FOO WENG KIT (FU YONGJIE)

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 social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 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 offence 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.



Signature / Date

Counter-Signatory:
Assure Pte Ltd

MSIG Insurance (Singapore) Pte. Ltd.
Approved Insurers

Amy Ler
Senior Vice President, Agencies

This certificate is not valid unless it is signed for & on behalf of the Company and Counter-Signed by a duly authorised representative of the Counter-Signatory.