

NATIONAL Assessment Centre Services			
Date In: 27/16/22	Job description	Date & Time Completed	Done by
Ref No: CA/MSG/22006107/r3	SAS e-filing		
Veh No: SNC52534	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/06/22 1450	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: SMD 3152m	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 repaier.		
() Total Loss Case: to e-mail Insurer URGENTLY.		
Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co. ()		

Remarks	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Date/Time	Actions

Claimant's Particulars	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
		Int. Bill	Add'l
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
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		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*N5: Courtesy Car / Tp 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: Idao Mobile 30		
	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 27/06/2022 17:24 (SGT)
Reported by Driver
Date of Accident 26/06/2022 14:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information ROUNDABOUT ARTILLERY AVE 4 ALLANBROOKE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNC5253Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WEDIA LOGISTIC & SUPPLY
Company Reg No 5XXXX385D
Email Address MARYLIN2101@GMAIL.COM
Mobile Phone No (Phone) +65-86665126
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 400001002 MCX

DRIVER

Name of Driver MOHAMMAD FAIRUZ BIN SALIM
NRIC No SXXXX625H
Date Of Birth 18/10/1982
Occupation Outdoor

Date Of Driving Pass	02/11/2017
Driving experience	4 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87843455
Alt. Phone Number	-
Email Address	MARYLIN2101@GMAIL.COM
Address	BLK 44 BENDEMEER ROAD #05-1466
Address complement	-
Postcode	330044
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	Collision - Roundabout
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

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

REFER TO REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND3152M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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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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 purposes(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.

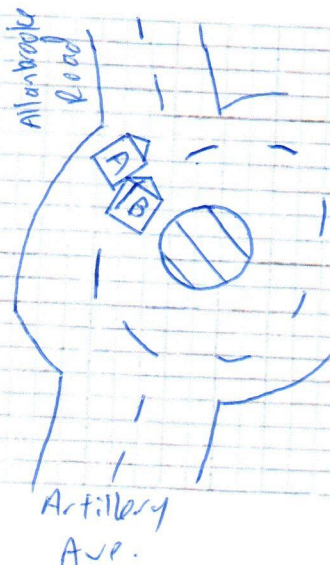


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



(A) - SNC5253Y

(B) - SND3152M

Describe Circumstances of the Accident

On the 26/06/2022 @ about 2.50 p.m, along roundabout from Artillery Ave. to Allanbrooke Road. I was travelling on the extreme left lane of the above mentioned roundabout, and suddenly a Vehicle (B) on the inner lane of the roundabout cut into my lane to exit the roundabout to Allanbrooke Road without caution and proper lookout and collided into the right rear portion of my Vehicle (A) causing damages to my Vehicle.



Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 27/06/22
Witnessed by Reporting Centre Personnel

VEHICLE NO: SNC5253Y

MAKE & MODEL: Hyundai Accent AUTO/MANUAL

DATE OF ACCIDENT	26 / 06 / 2022	*C.C.	1,600
TIME OF ACCIDENT	2.50 AM / PM		
LOCATION OF ACCIDENT	Roundabout of Artillery Ave & Allanbrooke Road		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / <u>PRIVATE HIRE</u>		
NAME OF OWNER	Weida Logistics & Supply		
EMAIL: marylin 2101@gmail.com	Office:	MOBILE: 8666 5126	
NRIC	53338385D		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY:	YES / <u>NO</u> ?		
INSURANCE CO.	MSIG		
TYPE OF COVERAGE	<u>Comprehensive</u> / Third Party / Third Party Fire & Theft		
POLICY NO.	A400001002 MCX		
NAME OF DRIVER	AS ABOVE / IF <u>NO</u> : Mohamad Fairuz Bin Salim		
NRIC	58235625H		
DATE OF BIRTH	18 / 10 / 1982		
ANY PASSENGER	<u>YES</u> / NO : 3		
NAME OF PASSENGER	2 male , 1 female		
GENDER OF PASSENGER	MALE / FEMALE		
OCCUPATION	<u>Outdoor</u> / <u>Indoor</u>		
DATE OF DRIVING PASS	02 / 11 / 2017		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Mobile: 87843455		Office:
EMAIL:			
ADDRESS	Blk 44 Bendemeer Road #05-1466 S(330044)		
DOES DRIVER OWN OTHER VEHICLES?	<u>NO</u> / If yes: Reg No.		INSURER:
RELATIONSHIP	Employee / If No: <u>Hire</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other:		
ROAD SURFACE	<u>Dry</u> / Wet / Other:		
ANY INJURIES	<u>No</u> / If yes: <u>Who?</u>		
CONVEYED BY AMBULANCE	<u>No</u> / If yes: <u>Who?</u>		
POLICE REPORT	<u>No</u> / If yes: <u>Where?</u>		
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>NO</u> / IF YES: WHO?		
VEHICLE B NO.	SND 3152 <u>AM</u> Any Passenger: <u>unknown</u>		
NAME			
CONTACT NO.			
VEHICLE C NO.	Any Passenger:		
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 / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
Who is Reporting	<u>Driver</u> / Owner / Both		
Original Language Used	<u>English</u> / Mandarin / Others:		
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / <u>NO</u>		



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**
SNC5253Y

2. **Name of Policyholder**
Weida Logistics & Supply

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
27/10/2021

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

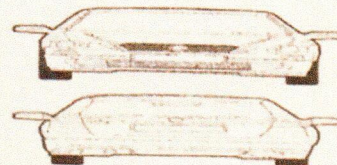
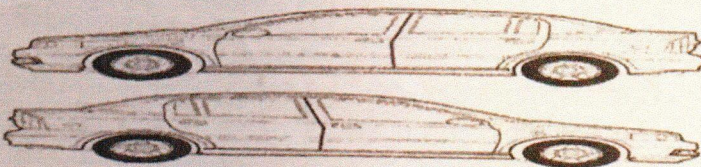
WEIDA LOGISTICS AND SUPPLY

BUSINESS REGISTRATION NO: 53338385D TEL : 81026357

RENTAL AGREEMENT

16/11 recd deposit \$200/-
17/11 con \$15
Bal \$4000 up
1 week rental \$440
Total \$53

HIRER'S NAME:	Mohammad Fairuz Bin Sahin	
NRIC NO.:	S 82356254	CONTACT NO.:
ADDRESS:	Apt Bkt 44 Bendemeer Road #05-1466 (330044)	
VEHICLE REG. NO.:	SNC 5253Y (Brand new)	MAKE & MODEL:
COMMENCING START DATE:	17/11/2021	TIME: 12.00 pm
COMMENCING END DATE:	18/11/2022	TIME: 12.00 pm
RENTAL FEE:	#64 (incl con) x 7 days = \$448/week	
DEPOSIT:	#750/2	CASH / BANK TRANSFER / CHEQUE
FUEL:	*RENTAL PAYMENT ON EVERY FRIDAY (CUT OFF ON FRIDAY)	
FUEL MARKED	*DEPOSIT WILL BE RETURNED BY CHEQUE OR IBANKING TO BE REFUNDED WITHIN 2 WEEKS AFTER RETURNED	
	*VEHICLE DELIVERED WITH LTA COMPLIANCE PHC DECAL <input checked="" type="checkbox"/>	
	*VEHICLE REPAIRS TO BE DONE AT OUR AUTHORISED WORKSHOP ONLY. NO THIRD PARTY WORKSHOP IS ALLOWED.	
	*CAR TO BE RETURNED IN THE SAME CONDITION AS AT TIME OF HANDOVER	



☐ CAR CLEANED, VACUUMED, WASHED

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

REMARKS

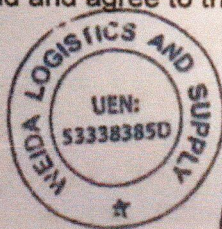
If vehicle return before commencing end date, deposit of \$750/- will be forfeited. Additional of \$30 for any late payment of rental, subsequent \$10 per day will be chargeable to Hirer. **WEIDA LOGISTICS AND SUPPLY** reserve the rights to repossess the vehicle without notice and the deposit will be 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.

1 st party excess	SGD \$ 800/-
3 rd party excess	SGD \$ 800/-
Malaysia excess double	SGD \$ NA

(WEST ONLY)
HIRER TO INFORM US 3 DAY'S IN ADVANCE BEFORE TRAVELLING

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

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



Hirer's Signature
NAME: Mohammad Fairuz
DATE: Bin Sahin

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SLOX226R0004 Vehicle Registration No: SNC 5253Y
Name (as shown in NRIC): Mohammad Fairuz NRIC/FIN/Passport No: S8235625H
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Blk 44 Bendemeer Road #05-1466 Singapore (330044)
Contact (Tel): 8784 3455 Mobile No.: -
Email Address: Marylin 2101@gmail.com
Date of Accident: 26/06/22 Time of Accident: 1450
Place of Accident: Round About of Artillery Ave 4 Allanbrooke Road
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Vehicle category - Private hirer

Policyholder / Driver's Signature
Date:

 27/06/22
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: