

ADDITIONAL Assessment Centre Services: (ver 1 Jan 02)

Date In:	14/07/22
Ref No:	CH/MS672006696/35
Veh No:	5MD4645M
D.O.A:	12/07/22
OD (B) / Reporting Only	
TP Insurer:	
Job description	
Date & Time Completed	Done by
SAS e-Milling	
E-mail (within 5hrs, A/C 2hrs)	
I-Motor Claim Form	
I-Motor W/O (within: CD, 2hrs; TP 4hrs)	
I-Photo Uploaded	
Assessment/Survey Report	
Ass't Report by Fax / Hand to Owner/Wksp	

Preferred Wksp / INC Assign Wksp / QW: ( )

Tel: ( ) Fax: ( )

TP Particulars: ( ) Veh No: ( ) INC ( ) / Non-INC ( )

Owner / Driver: ( )

Policy No: ( ) Period: ( ) Cover Type: ( )

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

Insured/Driver Liability: ( ) % [Note-Bst. 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: ( ) ( ) Hotline: 0788 6616

( ) Apply for Transport Allowance ( ) / Courtesy Car ( )

( ) QC Check / Post Repair Inspection

( ) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury: ( )

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) NI: ID30 DA + SWRT Survey \$160

8) NTUC Additional Services: ( )

ON:

\* NS: Courtesy Car / Tpl Allowance \$5

\* NG: Repair Co-ordination \$10

\* NT: Post Repair Inspection \$25

\* NS: DV / Collision Excess Coordination \$5

TP (NI1): TP (Non-INC) against INC \$20

9) NI2: ID30 Mobile \$30

Invoice dated: ( )

Pass Charged: ( )

Pass Charged: ( )

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) NI: ID30 DA + SWRT Survey \$160

8) NTUC Additional Services: ( )

ON:

\* NS: Courtesy Car / Tpl Allowance \$5

\* NG: Repair Co-ordination \$10

\* NT: Post Repair Inspection \$25

\* NS: DV / Collision Excess Coordination \$5

TP (NI1): TP (Non-INC) against INC \$20

9) NI2: ID30 Mobile \$30

Invoice dated: ( )

Pass Charged: ( )

Pass Charged: ( )

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$40/\$45

4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

6) TR: Re-inspection \$75

7) NI: ID30 DA + SWRT Survey \$160

8) NTUC Additional Services: ( )

ON:

\* NS: Courtesy Car / Tpl Allowance \$5

\* NG: Repair Co-ordination \$10

\* NT: Post Repair Inspection \$25

\* NS: DV / Collision Excess Coordination \$5

TP (NI1): TP (Non-INC) against INC \$20

9) NI2: ID30 Mobile \$30

Invoice dated: ( )

Pass Charged: ( )

Pass 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	13/07/2022 10:55 (SGT)
Reported by	Both
Date of Accident	12/07/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MANDAI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4645M
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO MIAO XIN
NRIC No	SXXXX241D
Email Address	XIAOHUAIREN84@GMAIL.COM
Mobile Phone No	(Phone) +65-96433304
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1582

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A80472467QMY

#### DRIVER

Name of Driver	TEO MIAO XIN
NRIC No	SXXXX241D
Date Of Birth	25/06/1984
Occupation	Indoor

Date Of Driving Pass	08/10/2003
Driving experience	18 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96433304
Alt. Phone Number	-
Email Address	XIAOHUAIREN84@GMAIL.COM
Address	BLK 891 TAMPINES AVE 8 #16-84
Address complement	-
Postcode	520891
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	Collision - Change/cross lane
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### 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
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD9379T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

### 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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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 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

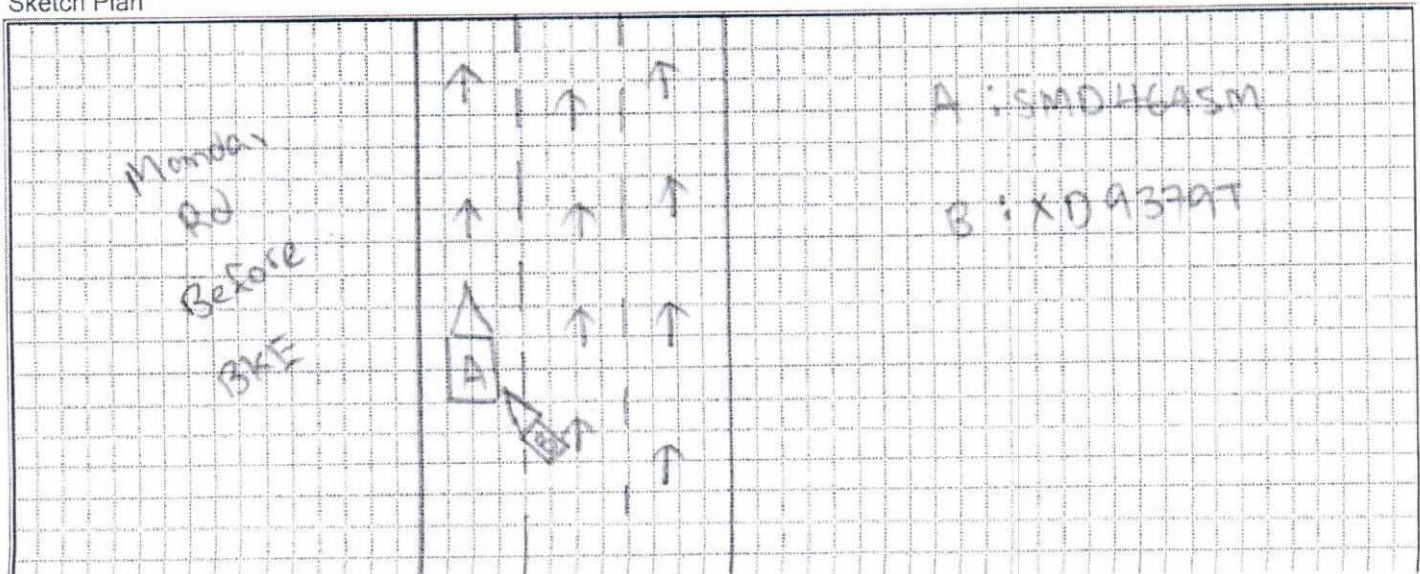
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



Describe Circumstance of the Accident

I was travelling along mandai Rd before BKE, bearing the number plate (SMD 4645M), Suddenly I felt an impact from the rear. When I got down, I realised vehicle B (XD 9379T) hit onto my car.

Declaration

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



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

13/07/22



Date of Accident : 12/07/2022 Accident Time: 8:40 a.m (24-HR-FORMAT)  
Accident Place : Mandai Road  
Vehicle Reg. No (Car plate No.) : SMD4645M Vehicle Make/Model: Hyundai elantra  
Insurance Company : MSIG Policy No. A 80472467 QMY  
Name of Registered Owner : Company / Individual Teo miao xin  
ID of Registered Owner : Co Reg No: \_\_\_\_\_ Owner's NRIC No: S8419241D  
: Co Contact No: \_\_\_\_\_ Owner's Contact No: 9643 3304  
DRIVER'S Name : Teo miao xin DRIVER'S NRIC No: S8419241D  
DRIVER'S Date of Birth : 25/06/1984 DRIVER'S License Pass Date 08/10/2003  
Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : APT BLK 891 Tampines avenue 8 #16-84  
DRIVER'S Contact No./ Alt No. : 1) 96433304 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)  
Email Address : xiaohuaren84@gmail.com  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only | Claim Other Party | Claim Own Insurance  
Number of Passengers (including Driver): 1 Name & Gender: Teo miao xin (F)  
Was the accident reported to the police? YES \ NO  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any injuries, if yes(name of the injured person) \_\_\_\_\_

**Other Party Driver's Particulars (if any)**

Vehicle Reg No: XD 9379T	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: \_\_\_\_\_

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH



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

ORIGINAL

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 PLUS  
Comprehensive

Certificate No. A 80472467 QMY

Excess : SGD500  
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SMD4645M

2. Name of Policyholder  
Teo Miao Xin

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
21/08/2021

4. Date of Expiry of Insurance  
20/08/2022

5. Persons or Classes of Persons entitled to drive\*

Teo Miao Xin

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 CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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:  
JNT Connections

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

YINTT04001072017904100