

SLO Y 227 J000

Preferred Wksp / INC Assign Wksp / QW: () Tel: () Fax: ()

TP Particulars: () Vch No: 4363.Y 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.
() Total Loss Case : to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()
Done by _____

Remarks	Date	Time	Signature
1) Apply for Transport Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo [Repair Cost > \$3000] ()			

Injury :

[illegible]

Claimant's Particulars:-		2) DA : Damage Assessment (\$100)		INC (\$40/\$45)	
Driver/Owner:		3) TF : Towing Fee		\$120	
Contact No:		4) FT : Follow-Through Survey		\$30	
Damaged Portion:		5) PT : Follow-Through Survey (Re-survey)		\$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*			
C Checked by (Engr-In-Charge):		*N3: Courtesy Car / Tpl Allowance		\$5	
		*N6: Repair Co-ordination		\$10	
		*N7: Post Repair Inspection		\$25	
		*N8: DV / Collect Excess Coordination		\$5	
Auditors Comments:		TP (N11) : TP (Vn INC) against INC		\$20	
L1:		9) N12: Idao Mobile		\$30	
L2/3:		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	19/07/2022 10:26 (SGT)
Reported by	Both
Date of Accident	17/07/2022 12:00 (SGT)
Exact Location of Accident	209 Hougang Street 21, Singapore 530209
Additional Location Information	KOVAN MARKET OPEN CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN9689Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	TOH BON THONG
NRIC No	SXXXX056F
Email Address	toh@alfiah.com.sg
Mobile Phone No	(Phone) +65-91855499
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1798

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300411396 QMX

DRIVER

Name of Driver	TOH BON THONG
NRIC No	SXXXX056F
Date Of Birth	02/01/1963
Occupation	Indoor

Date Of Driving Pass	20/06/1984
Driving experience	38 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91855499
Alt. Phone Number	-
Email Address	toh@alfiah.com.sg
Address	BLK 928 HOUGANG STREET 91 #06-65
Address complement	-
Postcode	530928
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
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

PLEASE REFER TO SKETCH PLAN

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	SKN4363Y
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-96341174

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 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

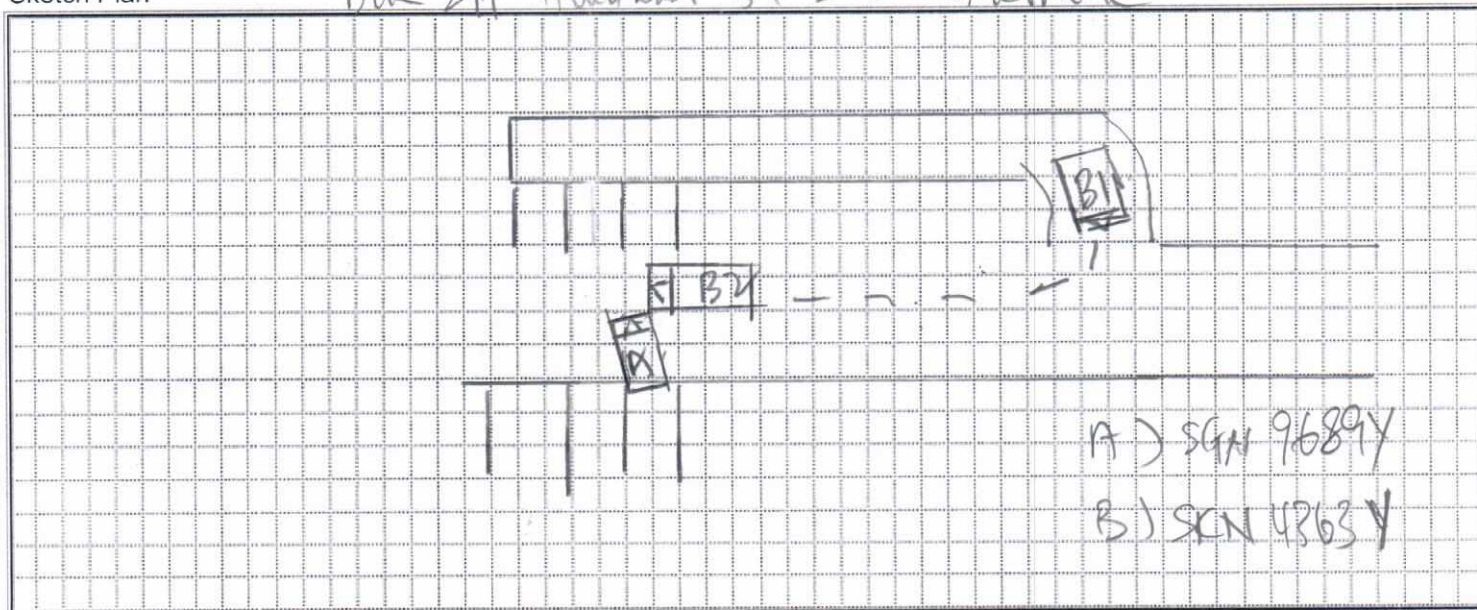
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

BUR 291 HONGKONG ST 21

CAR PARK



Describe Circumstance of the Accident

on 17/07/2022 I WAS AT KOVAM MARKET OPEN CARPARK

I WAS HALFWAY REVERSING INTO THE PARKING LOT.

SUDDENLY I FELT A SOUND FROM THE RIGHT. A CAR
S/N 43634/ BRUSH AGAINST THE FRONT RIGHT SIDE
OF MY CAR S/N 96894.

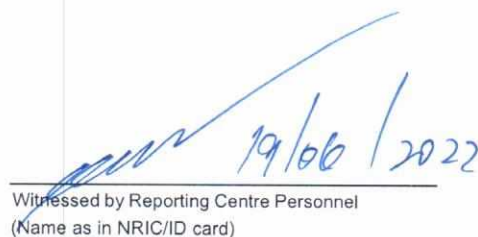
Declaration

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 & Time



19/06/2022

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

ACCIDENT STATEMENT

ACCIDENT DATE: (17/07/22) (DD/MM/YYYY), TIME: (12:00 PM) (HH:MM)

LOCATION: Hong Kong 51 21 BCK 209 Car Park

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKN 9619Y
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A206411396 SMX
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TOYOTA WISH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Toh Hon Thoy (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S15740564 CONTACT: 9155699
 c) ADDRESS: BK 921 Namjong 5791 +06-05 5930924

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: An Shun (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: An Shun

* d) DATE OF BIRTH: (02/01/1967) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 20-06-1984

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) NO
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. 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: SKN 4363Y MODEL: Toyota Camry
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 96741174

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email: Toh Toh 4 Affiah.com.sg
toht at affiah.com.sg
 VIDEO

ALFIAH

**MSIG**

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

MOTORMAX RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

Name	: Toh Bon Thong	Date of Issue	: 14/01/2022
		Policy No.	: A 300411396 QMX
Address	: 928 Hougang Street 91 #06-65 Singapore 530928	Account No.	: 3208
		Period of Insurance	: 25/01/2022 to 24/01/2023
		Premium	: SGD943.02 (inclusive of GST)

RISK NUMBER 1**Insured Details**

Registration No.	: SGN9689Y	Year of Registration	: 2011
Make/Model	: Toyota Wish 1.8 CVT	Capacity	: 1798 C.C.
Engine No.	: 2ZRA665120	Seating Capacity	: 07 (Incl. Driver)
Chassis No.	: JTDGG20W405001598	Off-peak Car	: No
Financial Interest	: Tokyo Century Leasing (Singapore) Pte. Ltd. as Hire Purchase Owners		

Coverage Details

Type of Cover	: Comprehensive	Sum Insured	: Market Value at the Time of Loss
Windscreen	: Unlimited	Windscreen Excess	: SGD100
No Claim Discount	: 50%	NCD Protector	: Not Covered
Annual Premium	: SGD881.33	Good Driver Discount	: 5%
Excess	: SGD500 (Own Damage Excess)		
Authorized Driver(s)	: Toh Bon Thong Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Automobile And Medical Assistance Services Endorsement

The Automobile and Emergency Medical Evacuation and Repatriation Assistance Services are arranged by Us through Our appointed assistance company to assist You in an emergency caused by or arising out of the use of the Insured Vehicle within the Geographical Area unless otherwise stated.

The caller will be required to always identify themselves by their full name and Policy number.

MSIG 24 HOUR EMERGENCY HELPLINE