

NATIONAL Assessment Centre Services (part 1 of 2) **560428100001**

Date In: 26/01/2023 14:22	Job description	Date & Time Completed	Done by
Ref No: CB01M8623000784/Y	SAS e-filing		
Veh No: SUW 8346 R	E-mail (within 3hrs, AIC this)		
D.O.A: 20/01/2023 15:00	i-Motor Claim Form		
OD: (79) / Reporting Only	i-Motor W/O (Whats: OD this, TP this)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whisp		

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

TP Particulars: Veh No: **SUW 8346 R** INC () / Non-INC ()

Owner / Driver: () Tel: ()

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 repeller.

() Total Loss Case: (0 e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: () (INC to call: 0788 0010) 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	Action

Invoice Preparation Checklist	Yes/No	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$50)	
3) TP: Towing Fee (\$10/\$40)		
4) PT: Follow-Through Survey (\$120)		
5) FT: Follow-Through Survey (Resurvey) (\$50)		
*Enrolment applies INC Only (exp 12 Jan 2023)		
6) TR: Ref/Resurvey (\$70)		
7) NI: New DA + SMRT Survey (\$140)		
8) NTUC Additional Fee (\$10)		
9) DV: ()		
*NI: Courtesy Car / Trip Allowance		\$5
*NI: Repair Coordination		\$10
*NI: Post Repair Inspection		\$15
*NI: DV / Collect Excess Coordination		\$3
*TP (NI): TP (Non-INC) against INC		\$10
10) NI: Other charges		10
Invoice filed		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 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 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 26/01/2023 14:22 (SGT)
Reported by Both
Date of Accident 20/01/2023 15:00 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS PIE CHANGI
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU5921U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL LATIFF HAJARA MARLIYA
NRIC No SXXXX355A
Email Address hajarahameed@gmail.com
Mobile Phone No (Phone) +65-94494100
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Skoda
Model Kodiaq
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 1395

INSURANCE COMPANY

Name of Insurance Company MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number A 300650840 QMY

DRIVER

Name of Driver WAVOO ABDUSALAM SHAHUL HAMEED
NRIC No SXXXX790E
Date Of Birth 03/05/1974
Occupation Indoor

Date Of Driving Pass	04/09/2002
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94484000
Alt. Phone Number	-
Email Address	sazzhameed@gmail.com
Address	27 JALAN SEMPADAN #02-14
Address complement	-
Postcode	457401
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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	SLH8346R
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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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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.

Handwritten signature

Policyholder's Signature / Date & Time

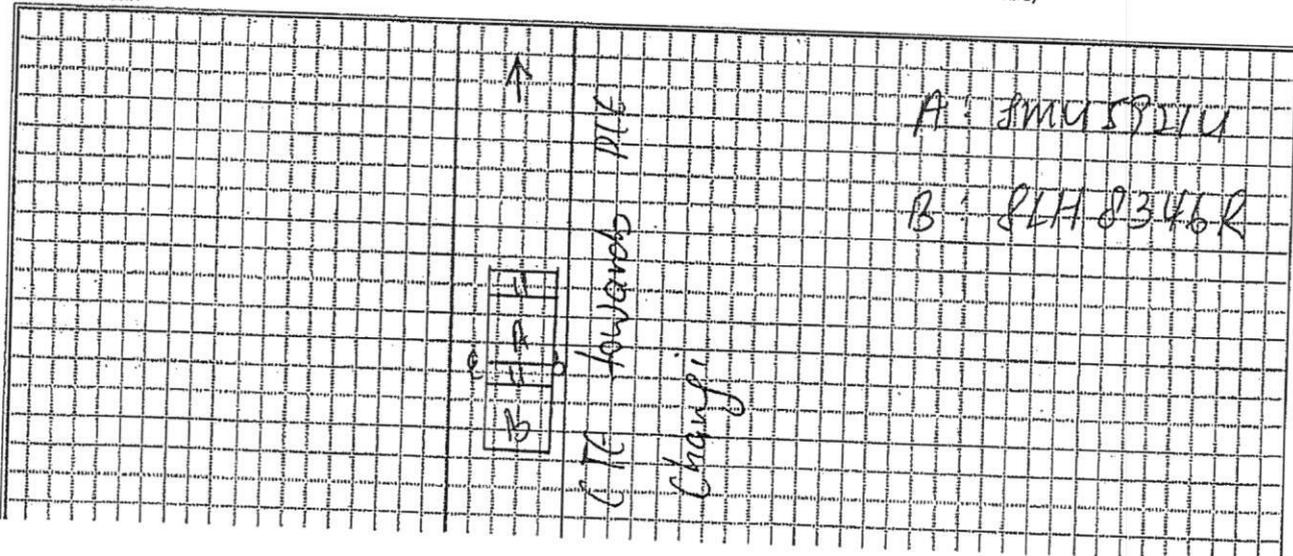
Handwritten signature

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

Handwritten date: 16/01/2023

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

Sketch Plan



Describe Circumstance of the Accident

I was travelling straight along CTE towards PIE Changi. Out of sudden, I felt an impact from my vehicle rear portion. When I got down, I saw vehicle (B) collided onto me.

Declaration

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

Hui

Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 16/01/2023

Witnessed by Reporting Centre Personnel

Date of Accident : 20/01/23 Accident Time: 1500 (24-HR-FORMAT)
 Accident Place : CTE towards PIE Changi
 Vehicle Reg. No (Car plate No.) : SMU59214 CC: 1.4 Vehicle Make/Model: Skoda Kodiaq
 Insurance Company : MS16 Policy No. A300650840@MY
 Name of Registered Owner : Company / Individual Abdul Latiff Hajara Marliya
 ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: S7976355A
 OWNER EMAIL ADDRESS: hajarahameed@gmail.com Co Contact No: _____ Owner's Contact No: 94494100
 DRIVER'S Name : Wavoo Abdusalam DRIVER'S NRIC No: S7483790E
 DRIVER'S Date of Birth : 03/05/74 DRIVER'S License Pass Date 04/09/02
 Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 27 Jalan Sempadan #02-14 S(457401)
 DRIVER'S Contact No./ Alt No. : 1) 944 84000 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)
 Email Address : razzhameed@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; _____
 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: <u>PLH 8346R</u>	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
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 PLUS Comprehensive

Certificate No. A 300650840 QMY

Excess : SGD1,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SMU5921U

2. Name of Policyholder
Abdul Latiff Hajara Mariya

3. Effective Date of the Commencement of Insurance for the purposes of the Act
20/08/2022

4. Date of Expiry of Insurance
19/08/2023

5. Persons or Classes of Persons entitled to drive*
Abdul Latiff Hajara Marliya, Wavoo Abdusalam Shahul Hameed

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 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 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 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

Mack Eng
Chief Executive Officer