

VAJIC All Assessment Centre Services

Date In 02/02/2023	Job description	Date & Time Completed	Done by
Ref No CA/MS423001041/d4	SAS e-filing		
Veh No SLV9375B	E-mail (within 2hrs. A/C 2hrs)		
DOA 01/02/2023 0848	I-Motor Claim Form		
OD/ (TP) Reporting Only	I-Motor W/O (Within: OD 2hrs. TP 4hrs)		
TP Insurer	I-Photo Uploaded		
Preferred Wksp / INC Assign Wksp / QW: (Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

TP Particulars:	Veh No: FBP 391M	INC () / Non-INC ()	Tel:	Fax:
Owner / Driver: (
Policy No: (Tel: ()	
Confirmed by: (Cover Type: ()	
Insured / Driver Liability: (Date: ()	Times: ()
Year of Registration: (
Excess: (\$			Warranty: YES () / NO ()	
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: (INC hotline: 6788 6616)	Date & Time Completed	Done by
Apply for Transport Allowance () / Courtesy Car ()		
QC Check / Post Repair Inspection ()		
Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: -

e/Time: -

Actions: -

Customer's Particulars	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Owner:	1) AR: Accident Reporting (\$30);		
ct No:	2) DA: Damage Assessment (\$100); INC (\$80)		
ged Portion:	3) TF: Towing Fee \$40/\$45		
hecked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
rs' Comments:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON:		
	* N5: Courtesy Car / Tpl Allowance \$5		
	* N6: Repair Co-ordination \$10		
	* N7: Post Repair Inspection \$2		
	* N8: BV / Collect Repair Coordination \$5		

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	02/02/2023 08:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/02/2023 08:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	EXIT 6 MERGING TO PIE TOWARDS CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV9375B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JIAN WEN ERIC
NRIC No	SXXXX355G
Email Address	cerichere@hotmail.com
Mobile Phone No	(Phone) +65-93681619
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	D 300096519 QMY

DRIVER

Name of Driver	TAN JIAN WEN ERIC
NRIC No	SXXXX355G
Date Of Birth	26/02/1983
Occupation	Indoor

Date Of Driving Pass	24/02/2005
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-93681619
Alt. Phone Number	-
Email Address	cerichere@hotmail.com
Address	APT BLK 2 TOH YI DRIVE
Address complement	# 10-165
Postcode	590002
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 THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP391M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MUHAMED IDRIS S/O MOHIDIN GHANI
NRIC No	SXXXX123Z

Contact Number	(Phone) +65-94572570
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

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

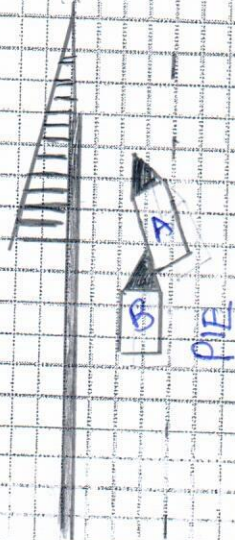
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

Exit 6 Merging to PIE towards Cheng?

A - SLV 9375B

B - FBP 391M



Describe Circumstance of the Accident

I was driving ^{along} ~~toward~~ PIE (Toward Changi) before exit 6 merging to PIE. ~~The~~ I was driving on the second lane and the traffic is busy. I turned on my left indicator light with intention to filter left.

Upon checking my left mirror and blind spot, I proceed to filter left. Suddenly in the process of filtering ~~first~~ lane between lane 2 and lane 3, a motorbike ~~that~~ sped up and hit my car in the rear ~~left~~ ^{left} between rear lights and fuel top-up casement.

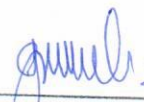
I immediately park my car alongside and help the motorist to the side border. The motorist sustain ^{slight} abrasion on the hands. ~~He~~ When asked whether to report police or ambulance. He expressed not to as he wish to go to clinic to check his injuries himself. ~~His motorbike sustain~~ scratches and a small crack but is able to start. There are some scratches and crack on his motorbike.

Declaration

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

 / 01/02/23
Policyholder's Signature / Date & Time

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

 2/2/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

ACCIDENT STATEMENT

ACCIDENT DATE: (01/02/2023) (DD/MM/YYYY), TIME: (08:48) (HH:MM)

LOCATION: Ex 6 Merging to PIE towards changi

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLV 9375 B
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: D 300096519 QMY
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: Toyota Vios (Auto) / manual
 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: TAN JIAN WEN ERIC (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8341355G CONTACT: 9368 1619
 c) ADDRESS: APT BLK 2 TOW YI DRIVE # 10-165, S590002

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: AS ABOVE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT:
 c) ADDRESS:

* d) DATE OF BIRTH: (26/12/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 24/02/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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: FBP 391M MODEL:
 b) DRIVER'S NAME: Muhamed Idris s/o Mahidin ghanj
 c) NRIC/FIN/PASSPORT: S80181232 CONTACT: 9457 2570

9. THIRD PARTY VEHICLE

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

Email = cerichere@hotmail.com

Video = yes

**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

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.** D 300096519 QMY**Excess : SGD500****Windscreen Excess : SGD100**

1. **Index Mark and Registration Number of Vehicle**
SLV9375B

2. **Name of Policyholder**
Tan Jian Wen Eric

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
23/01/2023

4. **Date of Expiry of Insurance**
22/01/2024

5. **Persons or Classes of Persons entitled to drive***
Tan Jian Wen Eric

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