

NATIONAL Assessment Centre Services (Call 1-800-555-5555) **SL0Y2360001**

Date In: 12/06/2023 17:28
 Ref No: CBXMSGG230059674
 Vch No: 8740 7960P
 D.O.A: 10/06/2023 10:20

Job Description: SAS e-filing
 E-mail (withh this AIC 2013)
 i-Motor Claim Form
 i-Motor W/O (with: OD form, or 1012)
 i-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax / Hand to Owner/Whse

Done by: _____
 Date & Time Completed: _____

TP Insurer: (79) Reporting Only

Preferred Wksp / INC Assgn Wksp / OW: ()
 TP Particulars: Vch No: 8740 7960P INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: ()
 Insured/Driver Liability: () 93 (Note: Inc Status (WO): 10:0-30%, P: 21-70%, P: 90-110%)
 Year of Registration: () Warranty: YES () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks: ()
 () Walk-In Customer / Customer's Information strictly Confidential & Strictly NO 1st of repair.
 () Total Loss Case : to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Cost ()
 Remarks: ()
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Resurvey Photo (Repair Cost > \$3000) ()

Injury: _____
 Date of Injury: _____
 Location: _____
 Description: _____

Invoice Preparation Charge	Amount
1) All Accident Payments (\$300)	
2) DA - Damage Assessment (\$1000)	330 (\$36)
3) Towing Fee	\$100
4) P.T. Follow-Up Service (\$100)	\$100
5) P.T. Follow-Up Survey (Barney)	\$30
6) TIR - Despatch	\$70
7) N.I. Day 1 Shift Survey	\$140
8) RTUC Additional Services	
9) N.I. Courtesy Car / Tot Allowance	\$50
10) N.I. Repair Coordination	\$100
11) N.I. Post Repair Inspection	\$20
12) N.I. BY / Collect Excess Coordination	\$20
13) P.T. (1) TP (Non-INC) Evalua INC	\$0
14) P.T. (2) TP (Non-INC) Evalua INC	\$0

Checked by (Engr-In-Charge): _____
 Date: _____

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	12/06/2023 17:28 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 10:20 (SGT)
Exact Location of Accident	Pasir Ris Street 12, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ7960P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAP BOO SAN
NRIC No	SXXXX318Z
Email Address	ellen.ruizhen@gmail.com
Mobile Phone No	(Phone) +65-90081029
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	S320I
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	2996

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300503761 QMY

DRIVER

Name of Driver	WU BO
NRIC No	SXXXX799C
Date Of Birth	15/06/1971
Occupation	Indoor

Date Of Driving Pass	19/08/2009
Driving experience	13 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96653033
Alt. Phone Number	-
Email Address	ellen.ruizhen@gmail.com
Address	6 CHIN TERRACE
Address complement	-
Postcode	503877
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	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	SMS5436P
Vehicle Manufacturer	Renault
Vehicle Model	Scenic
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUSTAKIM BIN AHMAT BOHARI
Contact Number	(Phone) +65-93384247

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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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;

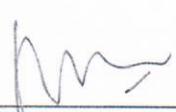
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

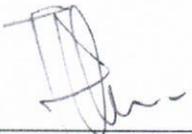
(collectively the "Purposes")

(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

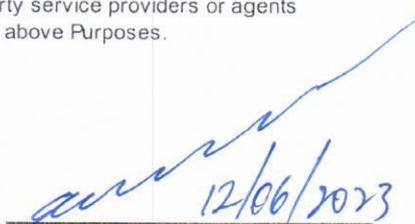
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

12/06/2023

Sketch Plan

PASIR RIS STREET 12



A) SMQ 7960 P.
B) SMS 5436 P.

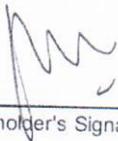


Describe Circumstances of the Accident

On 10.06.2023 at about 10:20 hrs, I was at the traffic light of Pasir Ris Street 12. When the traffic ^{light} turn green I drive straight and out of sudden, I felt an impact on my right. I realised that SMS 5436P had collided onto my front right portion.

Declaration

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


Witnessed by Reporting Centre Personnel

Date of Accident : 10-06-2023 Accident Time: 10:20 (24-HR-Format)
 Accident Place : PASIR RIS STREET 12
 Vehicle No. (Car Plate No.) : SMQ 7960P Make/Model: MERC 5320L
 Insurance Company : MSI Policy No: A300503761 QMY
 Owner or Company Name /IC No. : YAP BOO HAN / S1638318Z
 Owner or Company Contact No. : 90081029 Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : WU BO / S7173799C
 DRIVER'S Date Of Birth : 15/06/1971 DRIVER'S License Pass Date 19/08/2009
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
 DRIVER'S Address : 6 CHIN TERRACE SINGAPORE 503877
 DRIVER'S Contact No./ Alt No. : 1) 96653033 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : ellen.ruizhen@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
 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 Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: <u>SMS 5436P</u>	Vehicle No: _____
Vehicle Make/Model: <u>Ren. SCENIC</u>	Vehicle Make/Model: _____
Name Driver: <u>MUSTAKIM BIN AHMAT BOHAR</u>	Name Driver: _____
IC No. Driver/Contact: <u>93384247</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

**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 PLUS RENEWAL CERTIFICATE

POLICYHOLDER INFORMATION

Name : Yap Boo San Address : 6 Chin Terrace Singapore 509877	Date of Issue : 25/11/2022 Policy No. : A 300503761 QMY Account No. : 6144 Period of Insurance : 02/12/2022 to 01/12/2023 Premium : SGD1,271.67 (inclusive of GST)
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RISK NUMBER 1

Insured Details

Registration No. : SMQ7960P Make/Model : Mercedes Benz S320L (R19 LED) Engine No. : 27682431035854 Chassis No. : WDD2221622A479758 Financial Interest : Mercedes-Benz Financial Services Singapore Ltd as Hire Purchase Owners	Year of Registration : 2019 Capacity : 2996 C.C. Seating Capacity : 05 (Incl. Driver) Off-peak Car : No
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Coverage Details

Type of Cover : Comprehensive Windscreen : Unlimited No Claim Discount : 50% Annual Premium : SGD1,188.48 Excess : SGD1,000 (Own Damage Excess) Authorized Driver(s) : Yap Boo San Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.	Sum Insured : Market Value at the Time of Loss Windscreen Excess : SGD100 NCD Protector : Covered Good Driver Discount : 5%
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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