

NATIONAL Assessment Centre Services. (ver 1.2/1/00)

19/04/17 157423

Date In: 29/11/2017 11:51	Job description	Date & Time Completed	Done by
Ref No: NBA/M84102326/1	SAS e-illing		
Veh No: GBB 9243Y	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 28/11/2017 13:15	I-Motor Claim Form		
OD / TP Reporting Only	I-Motor Y/O (within 3hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: (Fax: (
TP Particulars: Yeh No: SHB 2278Y	INC () / Non-INC ()	
Owner / Driver: (Tel: (
Policy No: (Period: (Cover Type: (
Confirmed by: (Date: (Time: (
Insured/Driver Liability: (%)	(Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	Loading: \$1,000 () / \$2,000 ()	

General Remarks:
() Walk-In Customer: Customers Information strictly Confidential & Strictly NO refer of repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:	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

Human's Particulars:	Invoice Preparation Checklist:	Amount (\$)	Amount (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Damaged Portion:	3) TP: Towing Fee (\$40/\$45)		
	4) FT: Follow-Through Survey (\$120)		
	5) RT: Follow-Through Survey (Resurvey) (\$20)		
	Excluding against INC Only (over 10 Jan 2005)		
	6) TR: Re-inspection (\$25)		
	7) NI: (day DA + SMRT Survey (\$160)		
	8) NTUC Additional Services:		
	9) NTUC:		
C Checked by (Engn-In-Charge):	*N3: Courtesy Car / Tpl Allowance (\$5)		
	*N6: Repair Coordination (\$10)		
	*N7: Post Repair Inspection (\$25)		
	*N8: DY / Collision Update Coordination (\$5)		
	TP (NI): TP (Non INC) against INC (\$20)		
	9) NTUC: Mobile (\$10)		
	Invoice dated	Paid Charged	
	Invoice dated	Paid 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 ability.
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 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 Report	29/11/2017 11:51
Date Of Accident	28/11/2017 13:15
Exact Location Of Accident	ALONG RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB9243Y
Insured/Policyholder	
Name Of Registered Owner	OVERSEAS COURIER SERVICE (S) PTE LTD
Co Reg No	197401014Z
Email Address	SHIFAR1802@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82237118
Alternative Phone No	OFFICE-82237118

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCT1734080
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN ABDUL KADER
NRIC No	S8705625B
Date Of Birth	18/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2013
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	SHIFAR1802@GMAIL.COM

Address	BLK 878A TAMPINES AVENUE 8 #15-03
Postcode	521878
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2278Y
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Name of Driver	TAN KHOON SUA
NRIC/Passport Number	S0589852H
Contact Number	97914832
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

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 Police for investigation.
6. The 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 lodgment 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:

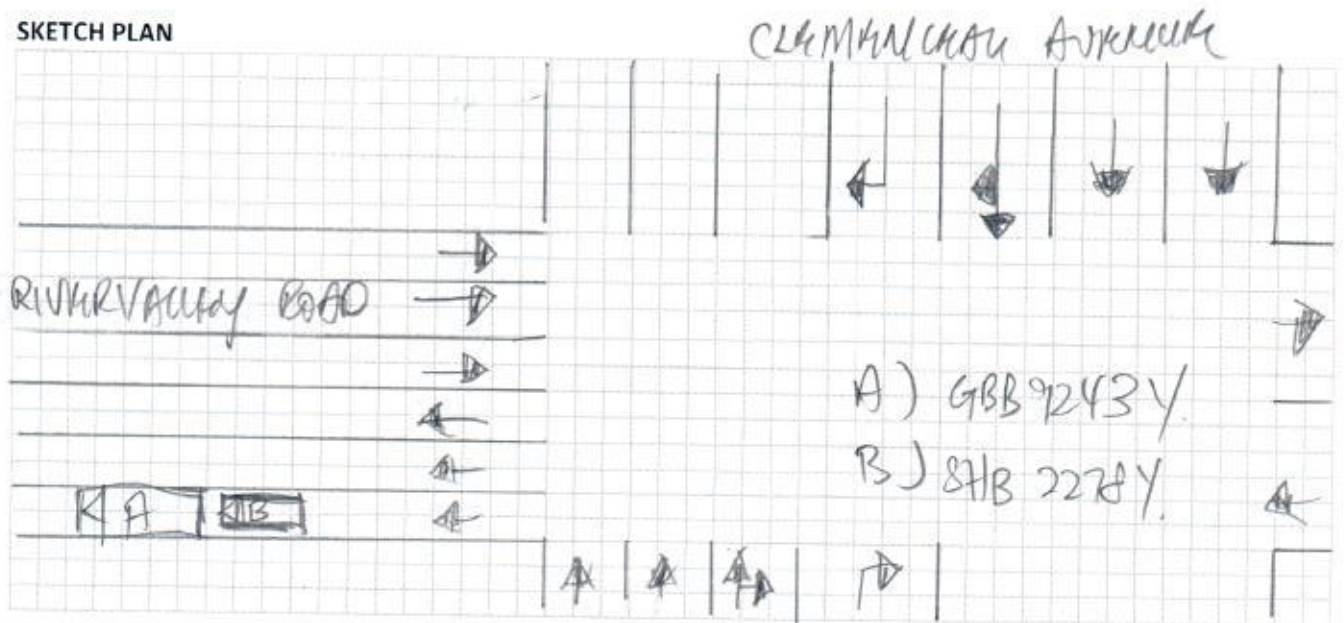
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: _____

Reporting Centre Personnel's Signature
Name: Reyner
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was dropping my friend along river valley road after turning from clemenceau Ave. I on the hazard light and check that it is safe for ~~the~~ the drop off and I stop the vehicle and the person alighted. When I was moving off the taxi hit the rear of my van. That's all

DECLARATION

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

x *Char Sal*
Policyholder's Signature
Date & Time:



Farhan bin Abd Kader
V2
Driver's Signature
(If driver is not the policyholder)
Date & Time:

01/11/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 11 / 2017 (DD/MM/YYYY), TIME: 13 : 15 (HH:MM)

LOCATION: Along River Valley Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G-BB 9243Y
 b) INSURANCE COMPANY: M&G
 c) POLICY NUMBER: TVCT175480
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Hiace
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Delivery
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: OCS (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1974010142 CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Muhammad Farhan bin Abdul Kader (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 38705625R CONTACT: 82237118
 c) ADDRESS: BLK 878A Tampines #Ave 8 #15-03

* d) DATE OF BIRTH: 18 / 02 / 1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 11 Oct 2013

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SHB 2278Y MODEL: Hyundai
 b) DRIVER'S NAME: TAN KHON SUAH
 c) NRIC/FIN/PASSPORT: 8850589852H CONTACT: 97914832

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)
(1)

* No of passenger
(Including driver)
()

1802

email = shirjo's mail co

fax =

VIDEO

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8705625B



Name

MUHAMMAD FARHAN BIN
ABDUL KADER

محمد فرحان بن عبدالقادر

Race

INDIAN

Date of birth

18-02-1987

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number S8705625B



MUHAMMAD FARHAN BIN
ABDUL KADER

Birth Date 18 Feb 1987

Issue Date 11 Oct 2013



NRIC No. S8705625B



Date of issue

16-02-2007

APT BLK 878A TAMPINES AVENUE 8 #15-03
SINGAPORE 521878

NRIC No. S8705625B

Date: 06/11/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 3500kg 11 Oct 2013



License No: S8705625B

TP 425A

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (ICR Reg. No. 2004122126)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)

Motor Vehicles (Third Party Risks And Compensation) Rules, 1960

Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

08 Aug 2017

Third Party

CERTIFICATE No.

: 7VCT1734080

Insured Own Damage Excess: \$2500 (TPPD) &

1. Index Mark and Registration Number of Vehicle

: GBB9243Y

2. Chassis Number of Vehicle

: JTFHT02P600060859

3. Name of Policyholder

: OVERSEAS COURIER SERVICE (S) PTE LTD

4. Effective date of the Commencement of Insurance for the purposes of the Act

: 15 Sep 2017 00:01AM

5. Date of Expiry of Insurance

: 14 Sep 2018

6. Persons or Classes of Persons entitled to drive*

(a) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use in connection with the Policyholder's business.

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

For MSIG Insurance (Singapore) Pte. Ltd.

 Approved Insurer
IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the insurance is terminated during its currency, the Certificate must be returned to the insurer, 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 compulsory insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM MZ.300

GVCT1683270

(For the issuance of Motor Certificate of Insurance only)

MSD/VCT/16-002108-00