NATIONAL Assessment Centre	Services 100	: Ja-750j					
Date In: 15   12   2017   13:01	Job description	2-UF-202-7	Date & Time Completed	Done	)/.		
Re[No NA/MSG17023820/K4	SAS e-filing			!			
Veli No WC4623M	E-mail (within Shes.	AIC 2hrs)					
DOA 14/12/2017 18:05	i-Motor Claim F	orm					
	I-Motor W/O (Within: OD 2hrs, TP 4hrs)						
OD TP Pepoting Only	i-Photo Uploaded						
	Assessment/Surve	y Report		ļ			
TP Insurer:	Ass't Report by F	ax / Hand	o Owner/Wksp	<u> </u>			
Preferred Wksp / INC Assign Wksp / QW: (			Tel:	Fax:	)		
TP Particulars: Veh No: W	C9772H	INC (	)/Non-INC( )				
Owner / Driver: (	6		Tel:				
Policy No: ( ) Perio		)	Cover Type: (				
Confirmed by : (	and the second s	Date:		100%]			
	The state of the s	Committee of the Commit	0%; P: 21-79%. F: 80	-1-5070]			
I cal of registration (		)/NO(	)				
Excess: (\$ ) Loading: \$1,000	0 ( ) / \$2,000 (	)					
General Remarks:-	AND THE PROPERTY OF THE		ARTHUR AND THE	1 775	MICA IN CASE		
( ) Walk-In Customer: Customer's inform	nation strictly Confid	dential & S	trictly NO refer of repaire	er.			
( ) Total Loss Case : to e-mail Insurer	URGENTLY.						
Drive-In ( )/ Towed-In ( ); Invoice:	Market Street Control Control Control Control	( );	Towing Co. (				
			Date&Time Completed	Done	by		
Secondary Appropriate Commence	ourtesy Car ( )	California	200				
1) reppty for Transport	( )						
2) QC Check / Post Repair Inspection	( )						
<ol> <li>Upload Resurvey Photo [Repair Cost &gt; \$30</li> </ol>	000] ( )						
Injury:							
Date/Time Actions	15-00-00-00-00-00-00-00-00-00-00-00-00-00				10.		
Date/Time Actions	St. Manual Avena Astronomy	52.03.000CTX50.43					
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	7-7 6	Invoice P	eparation Checklist	Anit (5)	Add Bin		
NALIOI	1 7 1	I) AR : Accid	A SERVICE AND THE PROPERTY OF THE PARTY OF T	THE BILL	Add On		
laimant's Particulars :-		2) DA : Dama	ge Assessment (\$100); IN	C (\$30)			
CONTRACTOR CONTRACTOR AND		3) TF : Towin	g Fee Through Survey	\$120			
Oriver/Owner:		t. VT . Follow	Through Survey (Resurvey)	2005)	-		
Contact No:		6) TR : Re-in	g against INC Only (wef 10 Jan spection	3/3			
Damäged Portion:		7) N1 : Idac I	A + SMRT Survey	\$160			
	4	OD.	ditional Services.				
QC Checked by (Engr-In-Charge):		*N5: Cour	tesy Car / Tpt Allowance	\$5 510			
		• N6: Repair Co-ordination 510					
Auditors' Comments :-		*N8: DV	Collect Excess Coordination	\$5 \$20			
Cat. 1:	- Maria - 17	TP (N11)	: TP (Non INC) against INC	30			
		Invoice date	Fee Chi	. 10	1		
Cat 2/3:		Invoice date	d Fee Chi	irge4			

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.

COLUMN TO SERVICE STATE OF THE	ACCIDENT STATEMENT
Date Of Report	15/12/2017 13:01
Date Of Accident	14/12/2017 18:05
Exact Location Of Accident	MARINA EAST DRIVE CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	WC4623M
Insured/Policyholder	
Name Of Registered Owner	APEX TRANSPORT LLP
Co Reg No	A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94772336
Alternative Phone No	OFFICE-94772336
Vehicle Particulars	
Manufacturer	ISUZU
Model	24
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 28985078 MKF
Cover Note Number	
Driver	
Name of Driver	YOW YU TAK
NRIC No	S1334237G
Date Of Birth	03/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1976
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94772336
Fax Number	
	-TIFE

OTHERS-94772336

NOEMAIL

Address

**BLK 2 EUNOS CRESCENT** 

#06-2539

Postcode

400002

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

SIDE SWIPE

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

WC9772H

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Details of Witness**

Name

Phone Number

**Email Address** 

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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)
  - (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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signatur

GIARMIC SketchPlanForm\_V3

Maring East

Drive

Carpark

A-wc4623M

B-wc9772H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving inside Maring East Dr

1	Jehicle A was Carpark. Wh stopped. Ve atop and i	driving	inside	W	arina	East	- Dr
	Carpark. Wh	ile B	ntering	the	contro	wk a	and
	stopped. Ve	hicle B	came	ih	and	move	Horwar
	stop and 1	reversed	and	hit	Vehi	de A	
	right side	portio	ч.				
	J						
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+							
_							

## 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1334237G





YOW YU TAK

游

CHINESE

Date of birth 03-10-1958

SINGAPORE



5719536



NING No. S1334237G

08-03-2017

APT BLK 2 EUNOS CRESCENT #06-2539 SINGAPORE 400002

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

27 Jan 1977 27 Jan 1977 27 Jan 1977 12 Apr 1976

26 Jun 1981

Motorcycles =< 200 cc
Motorcycles between 201 cc and 400 cc
Motorcycles > 400 cc
Motorcycles > 400 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg
Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry
load or passengers and the unladen weight =< 7250kg
Motor vehicles not constructed to carry load
and the unladen weight > 7250kg

Licence No:S13342370

Class 4



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

# Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)

THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.301 Goods Carrying Vehicle -Sch II COMMERCIAL VEHICLE - FLEET

Comprehensive

Certificate No. B 28985078 MKF

Excess: SGD1,500

1. Index Mark and Registration Number of Vehicle

WC4623M

2. Name of Policyholder

Apex Transport LLP

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/07/2017

4. Date of Expiry of Insurance

30/06/2018

5. Persons or Classes of Persons entitled to drive\*

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 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 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

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

  (3) Use for the carriage of passengers for hire or reward.
- Limitations rendered inoperative by Section 8 of the Motor Vehicles (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.

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 offence 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

TAMA

for Chief Executive Officer