

Date In: 08/02/05 19:02	Job description	Date & Time Completed	Done by
Ref No: NBA/M848002628/4	SAS e-Milling		
Veh No: YP 4736D	E-mail (within 2hrs, A/C 2hrs)		
D.O.M: 08/02/05 09:45	E-Motor Claim Form		
OD / TP / Rejoining Only	E-Motor W/O (within 24hrs, TP 2hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Yeh No: **SHD 2624** INC () / Non-INC ()

Owner / Driver: () Tel: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: BSL Status (WO): NI 0-20%; P: 21-79%; P: 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-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: ()

Removals: INC Hotline: 6788 0016 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

NIA 41800872

Customer Particulars	Invoice Preparation Checklist	Wksp Bill	TP Bill
Driver/Owner:	1) AR: Accident Reporting (\$20)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$150		
	5) RT: Follow-Through Survey (Resurvey) \$50		
	Forchliming against INC Only (wef 10 Jan 2002)		
	6) TR: Re-inspection \$15		
	7) NI: Issue DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	Q11		
	NI: Courtesy Car / Tol Allowance \$5		
	NI: Repair Coordination \$10		
	NI: Post Repair Inspection \$15		
	NI: DV / Collision Under Coordination \$5		
	TP (NI) / TP (Non INC) against INC \$30		
	TP: NI: Issue Mobile \$10		
	Invoice dated	Not Charged	
	Invoice dated	Not Charged	

C. Checked by (Bug-In-Charge):

Inspector's Comments:

1/2/2

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 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	08/02/2018 19:02
Date Of Accident	08/02/2018 09:45
Exact Location Of Accident	ALONG ALEXANDRA ROAD BEFORE DEPOT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4736D
Insured/Policyholder	
Name Of Registered Owner	EUGENE SHIP FURNISHERS
Co Reg No	08049400E
Email Address	ADMIN@EUGENEMARINE.COM.SG
Mobile Phone No	(LOCAL) +65-97190042
Alternative Phone No	OFFICE-62523101

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB71ER4SDEC (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO OFFICE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29034866 MKC
Cover Note Number	

Driver

Name of Driver	CHIANG THIM FOOK
NRIC No	S0064224Z
Date Of Birth	10/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1976
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97190042
Fax Number	
Contact Number	OFFICE-62523101
Email Address	ADMIN@EUGENEMARINE.COM.SG

Address	BLK 62 CIRCUIT ROAD #07-295
Postcode	1337
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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	SHD262U
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OLIVEIRO JERRERY
NRIC/Passport Number	S0484688E
Contact Number	98071575
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

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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 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. 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: 08/02/18
1415 Hrs.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

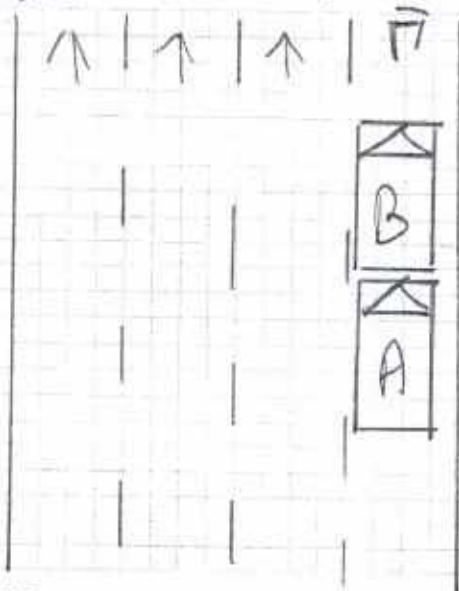
Name:

NRIC/FIN No.:

SKETCH PLAN

Along Alexandra Road B/F Depot Road.

A) YP 4736D
B) SHD 262U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 09:45 AM on 08.02.18, while driving along the Alexandra road toward Depot road the front going Taxi vide No. SHD262U suddenly applied the brake eventually my lorry hit the back portion of the taxi.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

an 28/02/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 08/02/2018 (DD/MM/YYYY), TIME: 09:45AM (HR:MM)

LOCATION: Along Alexandra Road, Before Depot Road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YPA736D
 b) INSURANCE COMPANY: MSTG
 c) POLICY NUMBER: A 29034866 MLC
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MITSUBISHI
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: OTW to office
 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: EUGENE SHIP FURNISHAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 88049400E CONTACT: 62523101
 c) ADDRESS: #01-52 DEPOT LANE IND. ESTATE

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (Including driver)
(1)

- DRIVER
 a) NAME: CHIANG THIM FOOK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S0064224Z CONTACT: 97190042
 c) ADDRESS: APT BLK 62 CIRCUIT ROAD
#07-205 S-133T
 * d) DATE OF BIRTH: 10/05/1953 (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) DATE OF DRIVING PASS: 04.03.1976

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) CLEAR
 b) ROAD SURFACE: (DRY / WET / OTHERS) DRY
 6. WAS ANYBODY INJURED (YES / NO)
 7. a) REPORTED TO POLICE (YES / NO)
 IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

No of passenger
 (Including driver)
(1)

- a) VEHICLE NUMBER: SHD 262 U MODEL: RENAULT
 b) DRIVER'S NAME: OLIVEIRO JEFFERY
 c) NRIC/FIN/PASSPORT: 30484688E CONTACT: 98071575

9. THIRD PARTY VEHICLE

No of passenger
 (Including driver)
()

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = admin @ eugenemarinoe.com.sg

fax = 62566811

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0064224Z



CHIANG THIM FOOK

Race
CHINESE
Date of Birth
10-05-1953 Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0064224Z
Name
CHIANG THIM FOOK

Birth Date 10 May 1953
Issue Date 05 Jan 2007





NPIC No S0064224Z



Group Date of Issue
A1 22-06-1991

Address
APT 311, 62 CIRCUIT ROAD
#07-298
SINGAPORE 1332

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

PASS DATE
Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg 04 Mar 1976

NP 425A





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

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.2.300

Goods Carrying Vehicle - Sch 1

COMMERCIAL VEHICLE
Comprehensive

Certificate No. A 29034866 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle
YP4736D

2. Name of Policyholder
Eugene Ship Furnishers

3. Effective Date of the Commencement of Insurance for the purposes of the Act
25/10/2017

4. Date of Expiry of Insurance
24/10/2018

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 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 hire or reward or 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.

* 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


for Chief Executive Officer

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA418019827 Vehicle Registration No: YP4736D
Name (as shown in NRIC): CHIANG THIM Fook NRIC/FIN/Passport No: S0064224Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore()

Contact (Tel): _____ Mobile No.: 9719 0042

Email Address: _____

Date of Accident: 08/08/2018 Time of Accident: 09:45

Place of Accident: Along ANSONIA ROAD b/f DEPOT ROAD

Insurance Company: MSL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME TO ELEGANT SHIP FURNISHINGS

Policyholder / Driver's Signature
Date:

 23/08/2018
Reporting Centre Personnel's Signature
Name: Poh Li Aun
NRIC/FIN No.:
Date: