

NATIONAL Assessment Centre Services

Date In: 13/02/2018 15:02	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: NA/MSG18002903/K4	E-mail (within 8hrs, A/C 2hrs)		
Veh No: GBD2348P	i-Motor Claim Form		
DOA: 07/02/2018 14:00	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: FORKLIFT	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Date:	Time:
Insured/Driver Liability: (% [Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 80-100%]	
Year of Registration: (Warranty: YES () / NO ()	
Excess: (\$	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
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

Claimant's Particulars:-	NA 1801095	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:		1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
Contact No:		2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:		3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):		4) FT: Follow-Through Survey \$120		
		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:-		
		OD:		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (Non INC) against INC \$20		
		9) N12: Idac Mobile \$30		
		Invoice dated	Fee Charged	
		Invoice dated	Fee Charged	
Auditors' Comments:-				
Cat 1:				
Cat 2/3:				

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	13/02/2018 15:02
Date Of Accident	07/02/2018 14:00
Exact Location Of Accident	ALPS AVE CHANGIAIRFREIGHCARGOAGENTBLDC#01-27/28/29
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2348P
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90993652
Alternative Phone No	OFFICE-90993652

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCC1732120
Cover Note Number	

Driver

Name of Driver	POH LAY KOON (FU LIKUN)
NRIC No	S8137349C
Date Of Birth	19/11/1981
Occupation	INDOOR
Date Of Driving Pass	08/12/2004
Driving Experience	13 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90993652
Fax Number	
Contact Number	OTHERS-90993652
Email Address	NOEMAIL

Address BLK 289D PUNGGOL PLACE
#14-845
Postcode 824289
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident
Was any body injured in the Accident? YES
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? YES
If Yes, Please state which Police Station
Police Station Name GEYLANG N.P.C
Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180213/2077

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 FORKLIFT
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	POH LAY KOON (FU LIKUN)
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	GBD2348P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

- 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:
NRIC/FIN No.:

SKETCH PLAN

ALPS AVENUE
Changi Airfreight
Centre Cargo Agent
Building C
#01-27/28/29

WARE HOUSE



A - GBD2348P
B - Forklift

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
1/20180213/2077

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.:



SINGAPORE POLICE FORCE



T/20180213/2077

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20180213/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2018 14:21	Vide Report No.:	Station Diary No.: 98
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Informant's Particulars

Name of Informant: POH LAY KOON			Address: APT BLK 289D PUNGGOL PLACE #14-845 SINGAPORE 824289	
ID Type / ID No.: NRIC NO / S8137349C			Contact No.: Home/Office:	Mobile: 90993652
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 36	Date of Birth: 19/11/1981	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Operation Coordinator in Logistic			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2018 14:00	Type of Location: Loading area
Location: Along Road 1 ALPS AVENUE				
Changi Airfreight Centre Cargo Agent Building C #01-27/28/29				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD2348P	Van				Slightly Damaged	0
	Forklift					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBD2348P	MSIG INSURANCE (SINGAPORE) PTE. LTD.	7VCC1732120	14/08/2017	13/08/2018



**SINGAPORE
POLICE FORCE**



T/20180213/2077

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Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180213/2077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver			
Name	POH LAY KOON	ID No.	S8137349C
Related Vehicle	GBD2348P (Van)	Contact No.	90993652
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	07/02/2018	Date Discharge	07/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/02/2018 at about 1400hrs, I parked my company van GBD2348P directly in front of the warehouse of Changi Airfreight Centre Cargo Agent Building C #01-27/28/29 as directed by the forklift driver. I then came out of my van. I then forget to take my documents and proceed back to my company van and open up the left front side of the door. Out of sudden, I was hit by my company van on my right side of my waist. I then went to the back of my company van and discovered a forklift from speedmark air transportation Pte Ltd. had collide onto my rear company van which cause the van to move and hit me on my right side of my waist. I did not ask for the forklift driver particulars as he was from my company working partner. I then went to Changi General Hosiptal and was given 3 days of medical certificate.



**SINGAPORE
POLICE FORCE**



T/20180213/2077

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Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20180213/2077

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /

Staff Sgt MOHAMMAD ZAKI BIN ABUDAL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt STEPHANIE CHEUNG TSZ YING

Contact No.: 65470000

Signature Of Informant:

Date/Time:

13/02/2018 14:21

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Transaction ref 20140814132934340258

The owner and vehicle particulars for Vehicle No. GBD2348P as at 14 Aug 2014 are as follows:

1.	Name	: KST AUTO RENTAL PTE LTD
2.	Identification No. Type	: Company
3.	Identification No.	: 200806860W
4.	Place Of Passport Issue	: -
5.	Registered Address	: 3021A UBI ROAD 1 #01-42 SINGAPORE 408715
6.	Mailing Address	: -
7.	Vehicle No.	: GBD2348P
8.	Effective Date of Ownership	: 14 Aug 2014
9.	Original Registration Date	: 14 Aug 2014
10.	First Registration Date	: 14 Aug 2014
11.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
12.	Vehicle Scheme	: Normal
13.	Attachment 1	: No Attachment
14.	Attachment 2	: -
15.	Attachment 3	: -
16.	Vehicle Make	: TOYOTA
17.	Vehicle Model	: TOYOTA HIACE VAN TURBO 5 DR MANUAL
18.	Year of Manufacture	: 2014
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: JTFHT02P200143205 / -
23.	Propellant	: Diesel
24.	Engine No./Motor No.	: 1KD2413715 / -
25.	Engine Capacity(cc)/Power Rating(kW)	: 2982 / -
26.	Maximum Power Output(kW/bhp)	: - / -
27.	Unladen Weight(kg)	: 1740
28.	Maximum Laden Weight(kg)	: 2800
29.	Open Market Value	: \$27,502.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2014081405000926M
35.	COE Expiry Date	: 13 Aug 2024
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$42,932.00
38.	Actual Quota Premium/PQP Paid	: \$5,406.00
39.	Actual ARF Paid	: \$1,376.00
40.	CO2 Emission(g/km)	: 216.00
41.	Actual CEVS Rebate Utilised	: -
42.	CEVS Surcharge Paid	: -
43.	Actual Green Vehicle Rebate Utilised	: -
44.	Vehicle Lifespan Expiry Date	: 13 Aug 2034
45.	Road Tax Amount	: \$213.00
46.	Road Tax Start Date	: 14 Aug 2014
47.	Road Tax End Date	: 13 Feb 2015
48.	Remarks	: This vehicle requires side marking.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8137349C



Name

POH LAY KOON
(FU LIKUN)

傅 丽 坤

Race

CHINESE

Date of birth

19-11-1981

Sex

M

Country of birth

SINGAPORE

S8137349C

REPUBLIC OF SINGAPORE DRIVING LICENCE

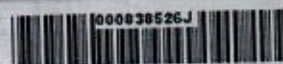
Licence Number S8137349C

Name

POH LAY KOON
(FU LIKUN)

Birth Date: 19 Nov 1981

Issue Date: 15 Sep 2003



4893383

NRIC No. S8137349C



Date of issue
11-10-2012

Address

APT BLK 289D PUNGGOL PLACE
#14-845
SINGAPORE 824289

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE

Class 2b Motorcycles <= 200 CC
Class 2c Motorcycles between 201 CC and 400 CC
Class 3 Motor cars <= 3,000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg

17 Oct 2002
13 Apr 2004
08 Dec 2004

S8137349C

S / No. 9000015817



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 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)

29-Jul-2017
 Third Party

A0633 - 001

Certificate No

- | | | | |
|--|---|-------------------------|----------|
| | : | 7VCC1732120 | |
| 1. Index Mark and Registration Number of Vehicle | : | GBD2348P | |
| 2. Chassis Number of Vehicle | : | JTFHT02P200143205 | |
| 3. Name of Policyholder | : | KST Auto Rental Pte Ltd | |
| 4. Effective date of the Commencement of Insurance for the purposes of the Act | : | 14 AUG 2017 | 00:00 AM |
| 5. Date of Expiry of Insurance | : | 13 AUG 2018 | |
| 6. Person or Classes of Persons entitled to drive* | | | |

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their permission.

Named Lessee: AS PER LIST PROVIDED TO MSIG

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 or the specified Lessees' business

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

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees 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 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.

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.



Not valid unless countersigned by Authorized Person

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 400 (Commercial Vehicle)

(For the Issuance of Motor Certificate of Insurance only)