

NATIONAL Assessment Centre Services part 1 of 2 **MMVA 118053402.**

Date In: 23/4/18 15:30	Job description	Date & Time Completed	Done by
Ref No: MMVA MSG 18007438/h4.	SAS e-filing		
Veh No: YM 5869 M	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 14/4/18 15:00	i-Motor Claim Form		
OD: TP / <u>Reporting Only</u>	i-Motor W/O (Within OD 2hrs, TP 4hrs)		
	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: SLK 4844E.	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

MA1802565 Claimant's Particulars:- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments:- Sat 1: Sat 2/3	Invoice Preparation Checklist 1) AR: Accident Reporting (\$30); 2) DA: Damage Assessment (\$100); INC (\$80) 3) TF: Towing Fee \$40/\$45 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) N1: Idac DA + SMRT Survey \$160 8) NTUC Additional Services:- QP: *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 \$0	Amt (\$) 1st Bill 30.00	Amt (\$) Add Bill
	Invoice dated Invoice dated	Fee Charged Fee 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 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 23/04/2018 15:30
 Date Of Accident 14/04/2018 15:00
 Exact Location Of Accident JUNC OF W COAST HWY & HARBOUR DR
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YM5869M
Insured/Policyholder
 Name Of Registered Owner ANG KEE FISH TRADERS
 Co Reg No -
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-67736209

Vehicle Particulars

Manufacturer MITSUBISHI
 Model FUSO
 Exact Purpose for which vehicle was being used at time of accident WORKING
 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 FIRE AND/OR THEFT
 Fleet Policy NO
 Policy Number P 28898245 MKC
 Cover Note Number -

Driver

Name of Driver YAO HAI DONG
 NRIC No G2901240M
 Date Of Birth 18/01/1990
 Occupation OUTDOOR
 Date Of Driving Pass 21/03/2017
 Driving Experience 1 YEAR AND 0 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-93803681
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	BLK 721 CLEMENTI AVE 2 #01-176
Postcode	120721
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	AFTER RAINED
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	
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 ATTACHED STATEMENT.

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	SLK4844E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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

李兆海

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

Handwritten signature of Reporting Centre Personnel.

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

SKETCH PLAN

W Coast Hwy

Harbour Dr

A = YM 5869 M
B = SLK4844E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop at the traffic Junction of
W Coast Hwy & Harbour Dr. Veh B was in front
of me. My Veh Accidentally Rolled forward
touch onto Veh B Rear Portion.

DECLARATION

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

A

Policyholder's Signature
Date & Time



姚海荣

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

[Signature]

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

MOTOR ACCIDENT REPORTINGDate of Accident: 14 / 4 / 18 Time of Accident: 15 : 00 (24HRS)Exact location of Accident : W Coast Hwy traffic Junc with Harbour Dr.**Particulars of (Vehicle A)**Vehicle No. : YM 5869M. Vehicle Make & Model: _____Policyholder Name: Ang Kee Fish Traders. NRIC / Company Reg No : _____Policyholder Contact: 6773 6209 Email: _____Name of Driver : Yao haidong NRIC/ FIN: G2901240M.Driver Contact: 4380 3681 Email: _____Occupation: Indoor / Outdoor Pass Date of Driving : _____Relationship with Insured: Owner / Spouse / Parents / Children / Friend / Hirer / EmployeeBIK 721 Clement: Ave 2 #01-176 CSJ 120721 Other: _____Insurance Company : MSIG. Policy No. : _____

Cover Type: _____ Effective Date: _____ Expiry Date: _____

Type of Accident: _____ Number of Passangers(Including driver): 1Purpose of reporting: (Please circle one only) Own Damage / 3rd Party / Reporting OnlyPurpose for which vehicle is used at time of accident : (Please circle one only) Private Use / Work PurposeWeather & Road Conditions: Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & WetWas there any video captured by car camera? Yes / No Any foreign vehicle involved: Yes / NoWas anybody injured in the Accident (MC 3 Days or more, police report is required): Yes / No

If yes, which police station ? _____

Name of Witness (1) (if any) : _____ NRIC (1) : _____

Contact of Witness : _____

Name of Witness (2) (if any) : _____ NRIC (2): _____

Contact of Witness : _____

Details of (Vehicle B)

Name of Driver : _____ NRIC / FIN : _____

Vehicle No. : _____ Vehicle Make & Model : _____

Insurance Company : _____ Policy No. : _____ Contact: _____

Details of (Vehicle C)

Name of Driver : _____ NRIC / FIN : _____

Vehicle No. : _____ Vehicle Make & Model : _____

Insurance Company : _____ Policy No. : _____ Contact: _____

Details of (Vehicle D)

Name of Driver : _____ NRIC / FIN : _____

Vehicle No. : _____ Vehicle Make & Model : _____

Insurance Company : _____ Policy No. : _____ Contact: _____

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
HA LI FA PTE LTD

Name:
YAO HAI DONG

Work Permit No.:
0 77142134

Sector:
MANUFACTURING

K0127412

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G 2901240 M**

Name:
YAO HAI DONG

Birth Date: **18 Jan 1990**
Issue Date: **20 Dec 2016**
Valid Till: **19/12/2021**

002640580G

VISIT PASS
Immigration Regulations

Name:
YAO HAI DONG

FIN:
G2901240M

Date of Birth: **18-01-1990** Sex: **M**

Nationality:
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

06-02-2020

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

		EFFECTIVE DATE
C	Class 3: Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver, and motor tractors/vehicles \leq 2500 kg	21 Mar 2017

G2901240M **S / No. 9000239041**

Licence No: G2901240M

N/P 428A



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.Z.300
Goods Carrying Vehicle - Sch 1

COMMERCIAL VEHICLE
Third Party Fire & Theft

Certificate No. P 28898245 MKC

1. Index Mark and Registration Number of Vehicle

YM5869M

2. Name of Policyholder

Ang Kee Fish Traders

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

13/04/2018

4. Date of Expiry of Insurance

12/04/2019

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