

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA18055343

Date In: 27/4/18-13:16	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18007834/24	SAS e-filing		
Veh No: 6217222	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 5/4/18-18:30	i-Motor Claim Form		
OD / TP / Reporting Only	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: JJ297R	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%. P: 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:-	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

NAR02663	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	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:-		
	Q1*		
	*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	

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	27/04/2018 13:16
Date Of Accident	05/04/2018 18:30
Exact Location Of Accident	JUNC CRESCENT RD & MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ1722Z
Insured/Policyholder	
Name Of Registered Owner	JUN HENG TRADING
Co Reg No	48938100J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63464857

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN 5DR(D)
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
Fleet Policy	NO
Policy Number	A28871729TMV
Cover Note Number	

Driver

Name of Driver	LEE HOK CHIAU
NRIC No	S1377570B
Date Of Birth	02/03/1959
Occupation	OUTDOOR
Date Of Driving Pass	16/01/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91126626
Fax Number	
Contact Number	OFFICE-91126626
Email Address	NOEMAIL

Address	BLK 63 SIMS PLACE #17-227
Postcode	380063
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	NO COLLISION
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?	
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)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 74 MARINE DRIVE #01-35 , POSTCODE: 440074 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4409999 - FAX NO: 64474182
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180425/2138.

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	SJZ97R
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)

1

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:

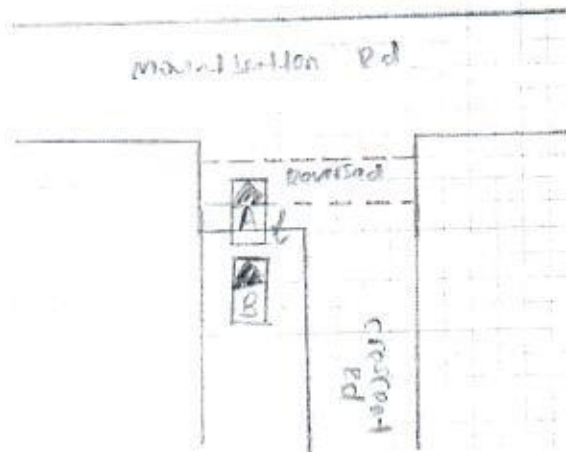
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 俊興貿易
JUN HENG TRADING
50 EAST COAST ROAD, #01-50 & 75
ROXY SQUARE SHOPPING CENTRE
SINGAPORE 428769
Policyholder's Signature
Tel : 65 - 6348 4857 H/F : 9112 6626
Date & Time:


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


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

SKETCH PLAN



A: 627222

U: 502978

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report # 9120180425/2138.

DECLARATION

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

JUN HENG TRADING
50 EAST COAST ROAD, #01-50 & 75
ROXY SQUARE SHOPPING CENTRE
SINGAPORE 428789
Policyholders' 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/20180425/2138

1 of 3

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

Report No. T/20180425/2138

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/04/2018 17:58	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: LEE HOK CHIAU			Address: APT BLK 63 SIMS PLACE #17-227 SINGAPORE 380063		
ID Type / ID No.: NRIC NO / S1377570B			Contact No.: Home/Office: Mobile: 91126626		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 02/03/1959	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/04/2018 18:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 CRESCENT ROAD				
junction of crescent road traffic light				
Weather: Drizzling		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Others			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ1722Z	Van				No Damage	1
SJZ97R	Car				No Damage	0



**SINGAPORE
POLICE FORCE**



T/20180425/2138

2 of 3

Police Station Of Origin:

Marine Parade NPP

74 Marine Drive #01-35 SINGAPORE 440074

Tel No: 1800-4409999

Report No. T/20180425/2138

CONTINUATION OF REPORT

Brief Details.

On 05/04/2018, while I was driving along crescent road junction, I stopped too far out of the junction line so I decided to reverse my Van by a little. Behind me was a car, I was not sure if I did touch until the vehicle behind me because if I will to hit until the car behind me, the driver should have come down to speak to me but none of this happen. So when the light turns green, I proceed to drove off. But on the 11/04/2018, I received a letter stating that I have hit until a vehicle (SJZ97R). I have already informed my insurance company and they requested me to lodge a police report.



SINGAPORE
POLICE FORCE



T/20180425/2138

3 of 3

Police Station Of Origin:
Marine Parade NPP
74 Marine Drive #01-35 SINGAPORE 440074
Tel No: 1800-4409999

Report No. T/20180425/2138

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 /

Sgt 2 TAN JUN JIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

25/04/2018 17:58

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: (5 / 4 / 18) (DD/MM/YYYY), TIME: (18 : 30) (HH:MM)

LOCATION: Junc Crescent Rd & Montbatten Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: G217222
- b) INSURANCE COMPANY: MSIG
- c) POLICY NUMBER: _____
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: _____
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: Working
- 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: _____ (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: _____ CONTACT: 62464857
- c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: Lee Hok Chiam (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S13725708 CONTACT: 91126626
- c) ADDRESS: _____

*d) DATE OF BIRTH: (2 / 3 / 1959) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 16 / 1980

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: S5297R MODEL: _____
- b) DRIVER'S NAME: _____
- c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
- e) DRIVER'S NAME: _____
- f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger (including d) (2)

* male

* No of passenger (including d) (1)

* No of passenger (including d) ()

email =

fax =

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1377570B**

Name **LEE HOK CHIAU**

Birth Date **02 Mar 1959**

Issue Date **08 Sep 2003**

000812755D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1377570B**

Name **LEE HOK CHIAU**

李鹤剑

Race **CHINESE**

Date of Birth **02-03-1959**

Sex **M**

Country of Birth **SINGAPORE**




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

Class	Description	Valid Until
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	16 Jan 1980

NP 428A

Licence No: **S1377570B**



1131870

S1377570B

AP1 BLK 63 SIMS PLACE #17-227
SINGAPORE 380063

NRIC No: **S1377570B**

Date: **11/11/2016**

Group Category **O+** Date of issue **22-07-1993**




1516

Singapore) Pte. Ltd.
 10, Sun Centre 2, Singapore 068807
 Tel: +65 6827 7800
 Fax: +65 6827 7800
 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.

COMMERCIAL VEHICLE - TP
 Third Party

Form M.2.300
 Goods Carrying Vehicle - Sch I

Certificate No. A 28871729 TMV

1. Index Mark and Registration Number of Vehicle
 GZ1722Z

Name of Policyholder
 Jun Heng Trading

Effective Date of the Commencement of Insurance for the purposes of the Act
 09/01/2018

4. Date of Expiry of Insurance
 08/01/2019

5. Persons or Classes of Persons entitled to drive*

Any other person provided he is driving on the Policyholder's order or with
 Policyholder's permission.

* Provided that the person driving is permitted in accordance with the licensing or other laws or laws or regulations to
 the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of
 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
 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
 certificate must be returned to the Insurer within 7 days of the termination or if the Certificate has been lost or
 statutory Declaration to that effect must be made. Failure to comply with this obligation is an offence under the Mo
 third-Party Risks and Compensation) Act (Cap. 189).