

Date In: 30/5/18 15:28	Job description	Date & Time Completed	Done by
Ref No: MA1MSG18009726164	SAS e-filing		
Veh No: 53245	E-mail (within 5hrs, A/C 2hrs)		
D.O.A: 30/5/18 10:45	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'n Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: ( ) 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

MA1803410

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		Est Bill	Adf Bill
1) AR: Accident Reporting (\$30)		30.00	
2) DA: Damage Assessment (\$100), INC (\$10)			
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) NI: Idm DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
QI:			
*N5: Courtesy Car / Tpl Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Co-ordination	\$5		
TP (N11) - TP (Non INC) against INC	\$20		
9) N11: Idm Mobile	\$0		
Invoice date /	Fee Charged		
Invoice date /	Fee Charged		

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref. 1:

Ref. 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 willful 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	30/05/2018 15:28
Date Of Accident	30/05/2018 10:45
Exact Location Of Accident	LOYANG WAY 100 METERS B4 SELARANG CAMP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	5324S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	INDECO ENGINEERS (PTE) LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90239730

### Vehicle Particulars

Manufacturer	ISUZU
Model	DMAX PICKUP
Exact Purpose for which vehicle was being used at time of accident	INSPECTION
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	B 27368493 MTR
Cover Note Number	-

### Driver

Name of Driver	RUBANI BIN SAKIMIN
NRIC No	S2010156C
Date Of Birth	27/07/1949
Occupation	OUTDOOR
Date Of Driving Pass	15/03/1978
Driving Experience	40 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86432784
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 899B WOODLANDS DR 50 #04-276
Postcode	731899
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	COLLIDED INTO PROPERTY
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?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

## SKETCH PLAN

### 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 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:

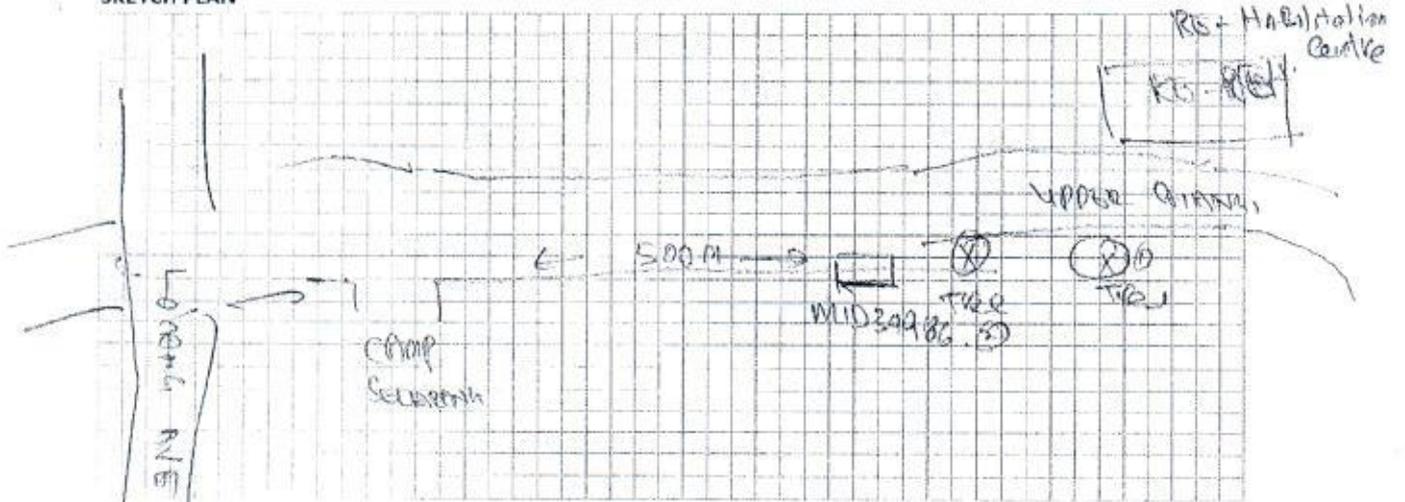
  
Ru BMW 1 -

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:



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

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



**SINGAPORE  
POLICE FORCE**



T/20180530/2038

1 of 3

Report No. T/20180530/2038

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/05/2018 12:49	Vide Report No.:	Station Diary No.: 34
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: RUBANI BIN SAKIMIN		Address: APT BLK 899B WOODLANDS DRIVE 50 #04-276 SINGAPORE 731899	
ID Type / ID No.: NRIC NO / S2010156C		Contact No.:	Mobile: 86432784
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 68	Date of Birth: 27/07/1949	Type of Informant: Driver
Race: Javanese		Language: English	Institution / School Name:
Occupation: STORE KEEPER		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 30/05/2018 10:45	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 LOYANG AVENUE LOYANG WAY Along Loyang Avenue towards Loyang Way 100 meters before Selarang Camp				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against Tree - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
MID34986	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180530/2038

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20180530/2038

**CONTINUATION OF REPORT**

Driver			
Name	RUBANI BIN SAKIMIN	ID No.	S2010156C
Related Vehicle	MID34986 (Lorry)	Contact No.	86432784
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 30/05/2018 at 1045hrs I was driving towards Selarang Camp on Loyang Avenue. I was previously at Paya Lebar Air Base doing my normal routine. I made a bend from the Loyang Avenue towards Loyang Way it was then that I realized that I had turned too much. I tried to steer back to the lane road but due to panicking I accelerated and instead ended up going up the curb before eventually colliding the front left side of my vehicle to a nearby tree and subsequently going back down the curb.

I made a check with the damage of the vehicle, the front left hand side of the bumper was dented and the front left hand side of the rims was no longer circular and is damaged.

There was no passengers with me at that point of time. I sustained no injury and did not need any medical attention. There was no sign of ambulance or police during the time of accident. I then called a Tow-truck to the vehicle as it was no longer operable.



**SINGAPORE  
POLICE FORCE**



T/20180530/2038

3 of 3

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180530/2038

**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: G1 <i>Khim Na'm</i> Sgt 2 REGINA LUI YU-TING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2018 12:49
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

Authentication Stamp  
NP168

 **SINGAPORE  
POLICE FORCE**



SIGNATURE

# ACCIDENT STATEMENT

ACCIDENT DATE: (30/05/18) (DD/MM/YYYY), TIME: (10:40) (HH:MM)

LOCATION: ALBION 4000 CHANGI RD, NEAR TO SERALANG CAMP

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: 53248 Seralang camp  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: ISUZU DMAX PICKUP  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: INSPECTION  
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: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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: TRES MODEL: N/C  
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: \_\_\_\_\_

\* wanting Insurance cert

\* driving License & IC

\* sketch with stamp & signature

\*

email =

fax =

RON KHEE HUAT

90239730

64881674

INDECO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S2010156C



Name: RUBANI BIN SAKMIN  
Race: JAVANESE  
Date of birth: 27-07-1949  
Sex: M  
Country/Place of birth: MALAYSIA



S2010156C

REPUBLIC OF SINGAPORE DRIVING LICENCE



RUBANI BIN SAKMIN  
Date of issue: 27 Jul 1949  
Valid until: 08 Dec 2003

S2010400000

5323689



DATE OF ISSUE: 04-07-2014

AP1 BLK 899B WOODLANDS DRIVE 50  
#04-276  
SINGAPORE 731899

NRIC No. S2010156C

YOU ARE HERE TO DRIVE THE FOLLOWING CLASSES

CLASS	DESCRIPTION	ISSUE DATE
Class 2B	Motorcycles not exceeding 200 cc	22 Oct 1977
Class 2A	Motorcycles between 201 cc and 400 cc	22 Oct 1977
Class 2	Motorcycles exceeding 400 cc	22 Oct 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Mar 1978
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	14 Dec 1980

TP 428A

License No. S2010156C



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7800, Fax +65 6827 7800  
Co. Reg. No. 20D412212G 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.26  
Motor/T - Demonstration Driving

MOTOR TRADE INSURANCE  
Third Party

Certificate No. B 27368493 MTR

1. Index Mark and Registration Number of Vehicle

Any Motor Vehicle the property of the Policyholder or in his custody or control while bearing Trade Registration Plate Numbers 4074S, 4364S, 2109S, 2110S, 3689S, 4234S, 4249S, 4250S, 3810S, 5145S, 5146S, 5147S, 5151S, 5152S, 5153S, 5154S, 5155S, 5156S, 5324S. All steam-driven vehicles are excluded.

2. Name of Policyholder

Indeco Engineers (Pte) Ltd

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

01/09/2017

4. Date of Expiry of Insurance

31/08/2018

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

(1) In respect of vehicles being used for purposes of demonstration -

Any other person provided he is driving with the Policyholder's permission and is accompanied by the Policyholder or a person in the Policyholder's employ.

(2) In respect of vehicles being used for other Motor Trade purposes:-

\*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 only for Motor Trade purposes.  
The Policy does not cover use for hire or reward racing pace-making reliability trial or speed-testing.  
N.B. Use solely for "Breakdown" purposes is not deemed to be use 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

  
for Chief Executive Officer