

NATIONAL Assessment Centre Services. (1991, 1999)

Date In: 12/06/2018 13:13	Job Description	Date & Time Completed	Done by
Ref No: NA/MSG18010670/K4	SPS Billing		
Veh No: GBF 3050 E	B-roll (within 2hrs, 1807hrs)		
D.O.A: 11/06/2018 17:30	1-Motor Claim Form		
OD / TP / Reporting Office	1-Motor W/O (within 20 hrs, 17 hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Loss Report by PAX/Hand to Owner/VVWSP		

Preferred Wksp / INC Assign Wksp / OW: (		Tel: (		Fax: (	
TP Policy / Wksp: (		Yell No: SHC 6860J, INC ( , ) / Non-INC ( )			
Owner / Driver: (		Tel: (			
Policy No: (		Period: (		Cover Type: (	
Confirmed by: (		Date: (		Time: (	
Insured/Driver Liability: (		%) (Note: BIL Status (WO): NI 0.20%, PI 21.79%, P: 30.11(100%))			
Year of Registration: (		Warranty: YES ( ) / NO ( )			
Excess: (\$		Loading: \$1,000 ( ) / \$2,000 ( )			

General Remarks: \_\_\_\_\_  
 ( ) Work-In Question: Customer's information strictly Confidential & strictly NO info of reporter.  
 ( ) Total Loss Case: To e-mail Insurer URGENTLY.  
 Drive-In ( ) / Towed-In ( ) / Invoice? YES ( ) / NO ( ) / Towing Co ( )

Remarks	UIC (Boiling: 678810016)	Date/Time Sampled	UIC/Consign
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check/Post Repair Inspection ( )			
3) Upload Recovery Photo (Repair Cost > \$3000) ( )			

[illegible]

NA1803691		Invoice Preparation Charge	
Quoted Price		1) AR: Accident Reporting (\$300)	
Client/Owner		2) DA: Damage Assessment (\$100)	INC (40)
Project No:		3) TP: Towing Fee	\$125
Assigned Persons		4) PT: Pull-Through Survey	\$125
		5) PT: Yellow-Through Survey (Recovery)	\$125
		For Columbia and all INC Only (\$250 per 100)	
		6) TR: Bill of Lading	\$125
		7) NTUC: GUD & SMRT Survey	\$125
		8) NTUC: Additional Survey (9000)	
		Q113	
		9) NT: Courtesy Car / Toll Allowance	\$125
		10) NT: Rapid Coordination	\$125
		11) NT: Toll Rental Inspection	\$125
		12) NT: NY / Collect Vehicle Coordination	\$125
		13) NT: (NT) LTR (NT) INC / Central INC	\$125
		14) NT: Mobile	\$125
		Invoice Total	\$1250
		Net Charge	\$1250
		Net Charge	\$1250



## 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	12/06/2018 13:13
Date Of Accident	11/06/2018 17:30
Exact Location Of Accident	ANG MO KIO STREET 64
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3050E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81016113
Alternative Phone No	OFFICE-81016113

### 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	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	7VCC1736740
Cover Note Number	

### Driver

Name of Driver	MUSADAD BIN ABDUL MOTALIB
NRIC No	S8931453D
Date Of Birth	18/09/1989
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81016113
Fax Number	
Contact Number	OTHERS-81016113
Email Address	NOEMAIL

Address	BLK 290A COMPASSVALE CRESCENT #12-06
Postcode	541290
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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	
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

PLS REFER TO THE 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	SHC6860J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	AWANGAHAD BIN ISMAIL
NRIC/Passport Number	S1654828F
Contact Number	97226823
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## 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:

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

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

ANG MO KIO STREET 64

A - GBF3  
B - SHC6

A - GBF3050E  
B - SHC6860J

CAR A DRIVING ALONG THE ROAD, SUDDENLY CAR B DECIDED TO TURN RIGHT and it was stop HALFWAY, DAMAGE OF THE CAR A IS ON THE RIGHT FRONT BUMPER AND THE BONNET IS DAMAGED. THERE IS NO INJURY OCCURS and there is no PASSENGER ON BOTH PARTY.

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



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

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




Transaction ref 20160903143425697988

The owner and vehicle particulars for Vehicle No. GBF3050E as at 08 Sep 2016 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.	: GBF3050E
8.	Effective Date of Ownership	: 08 Sep 2016
9.	Original Registration Date	: 08 Sep 2016
10.	First Registration Date	: 08 Sep 2016
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	: 2016
19.	Primary Colour	: White
20.	Secondary Colour	: -
21.	Passenger Capacity	: 2
22.	Chassis/Trailer Chassis No.	: JTFHT02P500201954 / -
23.	Propellant/Emission Standard	: Diesel / Euro V
24.	Engine No./Motor No.	: 1KD2635541 / -
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	: \$27,952.00
30.	PARF Eligibility	: No
31.	PARF Eligibility Expiry Date	: -
32.	Minimum PARF Benefit	: \$0.00
33.	IU Label No.	: -
34.	COE No.	: 2016090805000520E
35.	COE Expiry Date	: 07 Sep 2026
36.	COE Category	: -
37.	Quota Premium/Prevailing Quota Premium	: \$48,087.00
38.	Actual Quota Premium/PQP Paid	: \$42,854.00
39.	Actual ARF Paid	: \$1,398.00
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	: 07 Sep 2036
45.	Road Tax Amount	: \$213.00
46.	Road Tax Start Date	: 08 Sep 2016
47.	Road Tax End Date	: 07 Mar 2017
48.	Remarks	: This vehicle requires side marking. The vehicle is registered under Early Turnover Scheme.

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8931453D






Name  
**MUSADAD BIN ABDUL MOTALIB**

Race  
**MALAY**

Date of birth  
**18-09-1989**

Sex  
**M**

Country of birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number  
**S8931453D**

Name  
**MUSADAD BIN ABDUL MOTALIB**

Birth Date  
**18 Sep 1989**

Issue Date  
**08 May 2008**




001600492F

3615842




NRIC No. S8931453D

Date of issue  
**22-09-2004**

APT BLK 290A COMPASSVALE CRESCENT #12-06  
SINGAPORE 541290

NRIC No: S8931453D Date: 28/05/2017

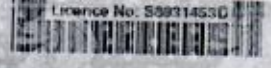
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 2B Motorcycles <= 200 CC	08 May 2008
Class 2A Motorcycles between 201 CC and 400 CC	18 Aug 2019
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	23 Jan 2015

S8931453D S / No. 9000213352

NP 428A

Licence No: S8931453D





**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)

A0633 - 001

22-Aug-17  
Comprehens

Certificate No

- |  |                        |
|--|------------------------|
| 1. Index Mark and Registration Number of Vehicle                               | : 7VCC1736740          |
| 2. Chassis Number of Vehicle   | : GBF3050E             |
| 3. Name of Policyholder  | : JTFHT02P500201954    |
| 4. Effective date of the Commencement of Insurance for the purposes of the Act | : 08 SEP 2017 00:00 AM |
| 5. Date of Expiry of Insurance   | : 07 SEP 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 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 license 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 Lessee's 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 Authorised Person

**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

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)