Date In 10 /8 /18 /5:02					
10 / 4 / 10 / 13.02	Jeb description	20	Date &Time Completed	Done	by
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Veh No. Yr 3423 0		in Shrs, AIC 2hrs)			*
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Section Recognition Section 199	i-Motor W	O (Within: OD Zhr	s, Tr 4hrs)		a h a partir de la
OD TP ' Repating Only	i-Photo Up	loaded	1		
	Assessment/	Survey Report			
TP insurer:	Ass't Report	by Fax/Hand	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (	and the same of th		Tel: F	ax	)
TP Particulars: Veh No:	Barrier.	INC (	)/Non-INC( )		
Owner / Driver: (	ourner.		Tel	)	
Policy No: ( ) P	eriod: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability (%)	[Note-Est Status	(WO): N: 0-2	0%; P. 21-79%. F. 80-1	00%]	
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1,	000 ( )/\$2,00	00()			
General Remarks:-					
( ) Walk-In Customer : Customer's infe	ormation strictly C	onfidential & St	rictly NO refer of repairer.	5 11 11 11 11 11 11	
( ) Total Loss Case : to e-mail Insur	rer URGENTLY				
Drive-In ( )/ Towed-In ( ); Invoice	e: YES( )/	NO( );T	owing Co: (	W-	)
Remarks: (INC horline: 6788 6616)			Date&Time Completed	Done	by
1) Apply for Transport Allowance ( )/	Courteey Car (	`			
	COURTEDAY CALL	1			
	Courtesy Car (	)			
2) QC Check / Post Repair Inspection	(	)			
QC Check / Post Repair Inspection     Upload Resurvey Photo [Repair Cost > S	(	)			
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## 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 witholding 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

	ACCIDENT STATEMENT
Date Of Report	10/08/2018 15:02
Date Of Accident	08/08/2018 10:30
Exact Location Of Accident	BEDOK RESERVOIR CARPARK B
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YL7953U
Insured/Policyholder	
Name Of Registered Owner	PACIFIC INTEGRATED LOGISTICS PTE LTD
Co Reg No	
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98164686
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 27881764 TMV
Cover Note Number	
Driver	
Name of Driver	TAN TIEN CHYE
NRIC No	S1149372F
Date Of Birth	17/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	30/08/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91772544
Fax Number	
Contact Number	
EMail Address	NOEMAIL

BLK 913 HOUGANG ST 91 #06-34 Address

Postcode

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

COLLIDED INTO PROPERTY Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : UNKNOWN

> GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

NO

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOVERNMENT

BARRIER

Name of Driver

NRIC/Passport Number

Contact Number

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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:
  - 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.

TId

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.:

Bedoll Reservoir Carpark B.	
	A = YL 7953 (
To n 10	
Tampines Ave 10.	

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	40	Statemen t	
		/		

# 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

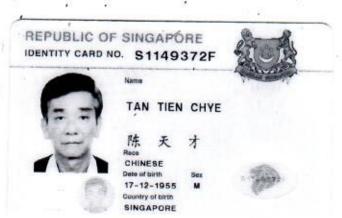
NRIC/FIN No.:

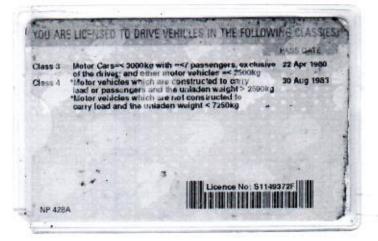
I WAS DOING DELIVERY, WHILE TRAVELLING ALONG TAMPINES AVE 10, SUDDENLY I FEEL MY LORRY BRAKE MALFUNCTION, FOR SAFETY TO OTHER ROAD USER, I TURN INTO BEDOK RESERVOIR CARPARK B TO PARKED MY LORRY, WHEN ENTER TO THE CARPARK, MY LORRY ROLLED FORWARD HIT ONTO THE BARRIER.

# ACCIDENT STATEMENT

1	. DETAILS OF VEH	HICLE		
	a) VEHICLE NU	MBER: YL 799	5 3 U	
		COMPANY: M		
	c)POLICY NUM			
		14.00 (4.00) (4.00)	HIRD PARTY / THÍRD PARTY	FIRE &THEFTI
	e)MAKE & MOD	20500 141 151		
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		USING AT ACCIDENT T		/
			WN INSURANCE (YES/NO)	
			LAIM / REPORTING ONLY)	
2.	INSURED / POLICE			
			Logistics (MALE,	FEMALE)
	b) NRIC/FIN/PAS	SSPORT:	CONTACT: 9	816486
	c) ADDRESS:			
a 5			20 20 30	- 22
	* CONTINUE TO	3.d IF DRIVER ALSO PO	DLICY HOLDER	-
Jo of passenga	DRIVER			
included in the N	a)NAME: To	an Tien chup	(MALE)	FEMALE)
including driver)	b)NRIC/FIN/PAS	SPORT:	CONTACT: 9	177 2549
(2)	c)ADDRESS:			
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rý .	e)OCCUPATION	I: (INDOOR / OUTDOO	R)	
14	e)OCCUPATION f)YEARS OF DRIV	I: (INDOOR / <u>OUTDO</u> O /ING EXPRERIENCE:	PR)	
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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. 2.301

Goods Carrying Vehicle -Sch II

COMMERCIAL VEHICLE - TP

Third Party

Certificate No. B 27881764 TMV

1. Index Mark and Registration Number of Vehicle YL7953U

2. Name of Policyholder

Pacific Integrated Logistics Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act 01/06/2018

Date of Expiry of Insurance

31/05/2019

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.

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 racing pace-making reliability trial or speed-testing. (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(3) Use for the carriage of passengers 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 (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

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer