

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MNA11811363

Date In: 28/8/18-14:02	Job description	Date & Time Completed	Done by
Ref No: NA/MJ/61895697/24	SAS e-filing		
Veh No: 6082224	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 27/8/18-18:40	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: 6082224	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

NA 1805420	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) 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		
	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:-		
QC Checked by (Engr-In-Charge):	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Dat. 1:	9) N12: Idac Mobile 30		
Dat. 2 / 3:	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	28/08/2018 14:07
Date Of Accident	27/08/2018 18:40
Exact Location Of Accident	PIE (TUAS) NEAR BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE232Y
Insured/Policyholder	
Name Of Registered Owner	KOH KIM KENG LANDSCAPING
Co Reg No	52864930B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98567892
Alternative Phone No	OFFICE-98567892
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29090346MKC
Cover Note Number	

Driver

Name of Driver	KOH KIM KENG
NRIC No	S1726353F
Date Of Birth	16/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98567892
Fax Number	
Contact Number	OFFICE-98567892
EMail Address	NOEMAIL

Address	BLK 409 BUKIT BATOK WEST AVENUE 4 #07-160
Postcode	650409
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : MOHD IKHWAN AZMI BIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180827/2183.

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	GBH6025Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MOHD IKHWAN AZMI BIN

Approximate Age

Injuries Sustain

HAND & LEG

Injured person in which vehicle?

GBE232Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

Address

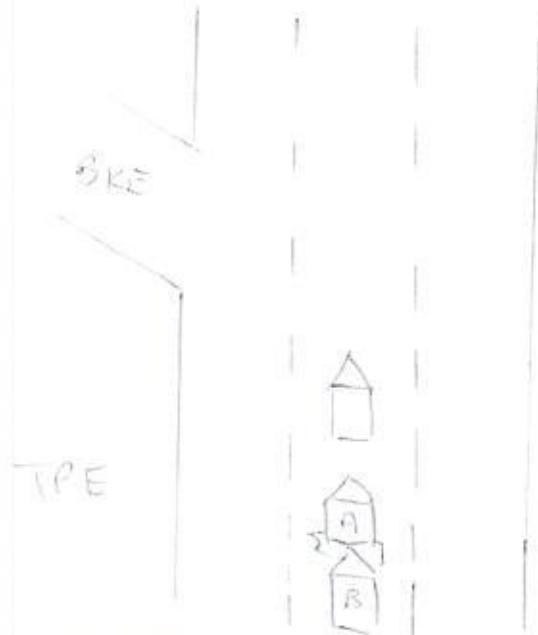
Postcode

SKETCH PLAN

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

Reporting Centre:
Name:
VPIC/FIL No:

SKETCH PLAN



DCA: 27/8/18

A: GBE 2324

B: 4B14 60252

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report



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

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

Personal Particulars

Date of Accident: 27/8/18

Time of Accident: 1840 hrs

Exact Location of Accident: PIE

Owner's Name: Koh Kim Keng Land ^{scaping} NRIC No: _____ HP No: _____

Driver's Name: Koh Kim Keng NRIC No: 51726353 HP No: 98567892

Date of Birth: 16/10/1965 Driving Licence Passing Date: 11/12/85 Occupation: Indoor / Outdoor

Address: 409 Bt Botok West Ave 4 #07-160 (650409)

Relationship of Driver with Insured: Owner Email Address: _____

Vehicle No: GBE 2324 Make & Model: Nissan Cabstar

Insurance Co: MSIG Coverage: Comprehensive Policy No: _____

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / ☒ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / ☒ Work

*Weather Condition? ☒ Clear / Raining / Others: _____ Wet / Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+2 B: 1+0 C: _____ D: _____

*Was Anybody Injured? (☒ Yes / No) If yes,

Name / NRIC / In Vehicle: Mohd Ikwan Azmi Bin hand & back leg

*Was The Accident Reported To The Police?

☐ No ☒ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☐ No ☒ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: GBH 6025Z Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



**SINGAPORE
POLICE FORCE**



T/20180827/2183

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180827/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2018 21:09	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KOH KIM KENG	Address: APT BLK 409 BUKIT BATOK WEST AVENUE 4 #07-160 SINGAPORE 650409		
ID Type / ID No.: NRIC NO / S1726353F	Contact No.: Home/Office: Mobile: 98567892		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 52	Date of Birth: 16/10/1965	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: GARDENER	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/08/2018 18:40	Type of Location:
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TOWARDS TUAS NEAR BKE EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE232Y	PICKUP TRUCK	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5		Slightly Damaged	0
GBH6025Z	PICKUP TRUCK	TOYOTA	DYNA 150 5MT		Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180827/2183

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180827/2183

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH KIM KENG	ID No.	S1726353F
Related Vehicle	GBE232Y (PICKUP TRUCK)	Contact No.	98567892
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 27/8/18 at about 1840hrs

I was driving along PIE towards Tuas near BKE exit on the first lane, i was driving slowly as there were vehicles ahead of me when suddenly another pickup truck collided onto me from the back. One of my workers at the back was injured and conveyed to NTFH hospital.



**SINGAPORE
POLICE FORCE**



T/20180827/2183

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180827/2183

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:
TP /
WONG ZI WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/08/2018 21:09

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES:

Class 3 Motor Cars < 2000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

11 Dec 1999

428A

License No. S1726353F



310

S1726353F

02-10-1999

APT BLK 409 BUKIT BATOK WEST AVENUE 4 #07-160 SINGAPORE 650409

APRIC No. S1726353F

17-03-2001

10 M12




SINGAPORE DRIVERS LICENCE

License Number S1726353F

Name KOH KIM KENG

Birth Date 16 Oct 1965

Issue Date 03 Nov 2008

0016719370




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1726353F

KOH KIM KENG

許金成

CHINESE

18-10-1965

M

SINGAPORE




**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 2 300

Goods Carrying Vehicle - Motor

COMMERCIAL VEHICLE**Comprehensive**

Certificate No. A 29090346 MKC

Excess: S\$600

1. Index Mark and Registration Number of Vehicle

GBE232Y

2. Name of Policyholder

Koh Kim Keng Landscaping

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

18/08/2018

4. Date of Expiry of Insurance

17/08/2019

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