

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 08/09/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18016387/13	SAS e-filing		
Veh No: G8E11492	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 07/09/18 1545	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: **5XV2246Z** 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

NA1805735

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2 / 3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	ON*		
	*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	08/09/2018 14:06
Date Of Accident	07/09/2018 15:45
Exact Location Of Accident	HAVELOCK ROAD TWDS UPP PICKERING STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE1149Z
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	-
Email Address	KSTTEAM@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67415520

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	7VCC1736760
Cover Note Number	

Driver

Name of Driver	TEE HOCK CHOONG
Passport No/FIN	F7718187M
Date Of Birth	04/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2017
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83884993
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 263 TAMPINES ST 21 #05-136
Postcode	520263
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
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

PLS REFER TO THE POLICE REPORT: T/20180908/2071

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FRONT ONLY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKV2246Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY CHUAN YI
NRIC/Passport Number	S9520703J
Contact Number	98233621
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.

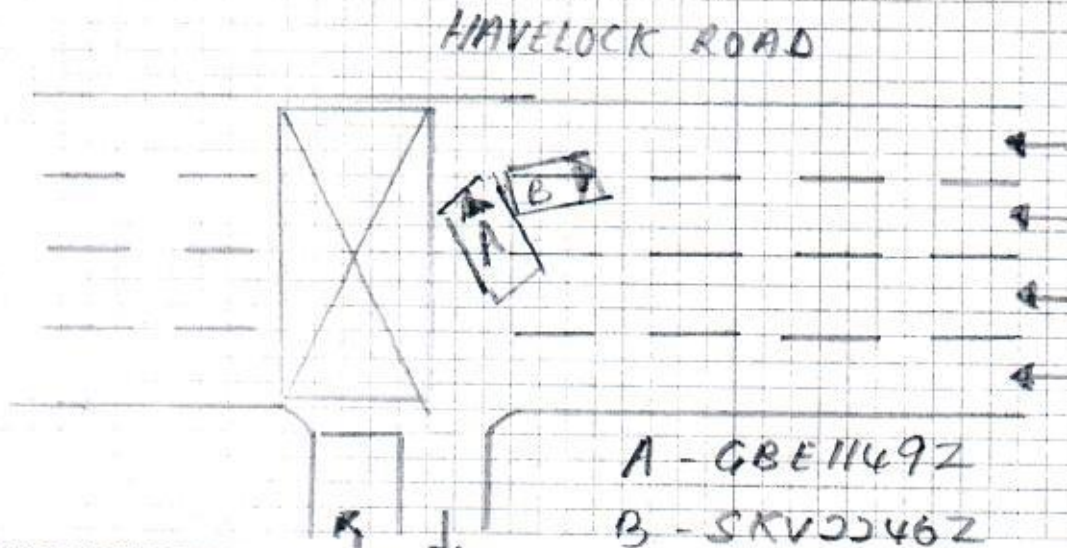


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 5/20180908/2071

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 08/09/18

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



SINGAPORE POLICE FORCE



T/20180908/2071

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

1 of 3

Report No. T/20180908/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 12:57		Vide Report No.: A/20180907/0130		Station Diary No.:	
Informant's Particulars					
Name of Informant: TEE HOCK CHOONG			Address: APT BLK 263 TAMPINES STREET 21 #05-136 SINGAPORE 520263		
ID Type / ID No.: FIN NO / F7718187M			Contact No.: Home/Office: Mobile: 83884993		
Nationality:			Email:		
Sex: Male	Age: 42	Date of Birth: 04/09/1976	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: No	Date/Time of Accident: 07/09/2018 15:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HAVELOCK ROAD UPPER PICKERING STREET				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE1149Z	Van					0
SKV2246Z	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180908/2071

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

2 of 3

Report No. T/20180908/2071

CONTINUATION OF REPORT

Driver				
Name	TEE HOCK CHOONG		ID No.	F7718187M
Related Vehicle	GBE1149Z (Van)		Contact No.	83884993
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	TAY CHUAN YI		ID No.	S9520703J
Related Vehicle	SKV2246Z (Car)		Contact No.	98233621
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 ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS STATIONARY AT THE STATED LOCATION ON THE SECOND LANE OUF OF 4. THERE WERE MANY VEHICLES AHEAD OF ME. SO I STOPPED BEHIND A YELLOW BOX AT THAT LOCATION. WHILST STATIONARY, THE CAR MENTIONED ABOVE COLLIDED INTO ME FROM THE RIGHT SIDE OF MY VAN. NO ONE WAS INJURED , SO WE JUST EXCHANGED PARTICULARS.

THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20180908/2071

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

3 of 3

Report No. T/20180908/2071

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 /
KHALED AMR HASSAN MOHSSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
Sr Staff Sgt MU WEI JUN
Contact No.: 65476225

Signature Of Informant:

Date/Time:
08/09/2018 12:57

Classification Of Case:
 **SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature: 

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **F7718187M**

Name: **TEE HOCK CHOONG**

Birth Date: **04 Sep 1976**

Issue Date: **29 Oct 2015**

Valid Till: **28/10/2020**

Barcode: 002488050E

SG 50

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer: **TRANSNATIONAL SUPPLY CHAIN LOGISTICS PTE LTD**

Sector: **SERVICE**

Name: **TEE HOCK CHOONG**

Occupation: **DRIVER**

Work Permit No.: **5 34118201**

Date of Application: **14-11-2016**

Date of Issue: **05-12-2016**

Date of Expiry: **04-12-2018**

Barcode: L7456088

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	23 Aug 2017

F7718187M

S / No. 9000302093

Licence No: F7718187M

NP 428A

VISIT PASS
Immigration Regulations

Name: **TEE HOCK CHOONG**

Date of Birth: **04-09-1976** Sex: **M** Nationality: **MALAYSIAN**

FIN: **F7718187M** Date of Issue: **05-12-2016** Date of Expiry: **04-12-2018**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**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-2017
 Comprehensive

Certificate No

1. Index Mark and Registration Number of Vehicle	: 7VCC1736760
2. Chassis Number of Vehicle	: GBE1149Z
3. Name of Policyholder	: VSKYBAM20Z0109541
4. Effective date of the Commencement of Insurance for the purposes of the Act	: KST Auto Rental Pte Ltd
5. Date of Expiry of Insurance	: 09 SEP 2017 00:00 AM
6. Person or Classes of Persons entitled to drive*	: 08 SEP 2018

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 in 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 licensing 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 Lessees' 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

Approved Insurer

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, a

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)