

NATIONAL Assessment Centre Services.

[wef 1 Jan'05] **NA18132197**

Date In: 11/10/18-16:44	Job description	Date & Time Completed	Done by
Ref No: NA/M/618018499/14	SAS e-filing		
Veh No: 60612453	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 11/01/18-12:30	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 <u>Fax / Hand to Owner/Wksp</u>		

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% P: 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

NA1806487

Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments :-

Lat. 1:

Lat. 2 / 3:

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

1) AR : Accident Reporting (\$30);

2) DA : Damage Assessment (\$100); INC (\$80)

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) N1 : Idac DA + SMRT Survey \$160

8) NTUC Additional Services:-

QJ*

*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 \$0

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 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. 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	11/10/2018 16:44
Date Of Accident	11/10/2018 12:30
Exact Location Of Accident	SLIP RD PIE (CHANGI) TWDS TAMPINES AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1745S
Insured/Policyholder	
Name Of Registered Owner	TECK SENG ENTERPRISES (21) PTE LTD
Co Reg No	200210304K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67423035

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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	8VCC1799990
Cover Note Number	

Driver

Name of Driver	BI CHUN JIN
Passport No/FIN	G8460008W
Date Of Birth	16/05/1990
Occupation	OUTDOOR
Date Of Driving Pass	06/09/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83286479
Fax Number	
Contact Number	OFFICE-83286479
EMail Address	NOEMAIL

Address	14 KAKI BUKIT PLACE EUNOS TECHPARK
Postcode	416192
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 BICYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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.	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 - 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/20181011/2116.

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.

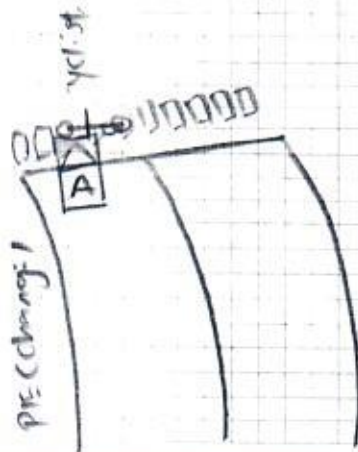


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A: 6B617455

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20181011/2116.

DECLARATION

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

TECK SING ENTERPRISES (21) PTE LTD
新加坡 德盛企業(21) 私人有限公司
Tel: 6742 3035
Fax: 6744 6921
SINGAPORE

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.:



SINGAPORE POLICE FORCE



T/20181011/2116

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

1 of 3

Report No. T/20181011/2116

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/10/2018 15:23	Vide Report No.: E/20181011/0092	Station Diary No.:
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Informant's Particulars

Name of Informant: BI CHUNJIN			Address: C/O 14 KAKI BUKIT PLACE EUNOS TECHPARK SINGAPORE 416192		
ID Type / ID No.: FIN NO / G8460008W			Contact No.: Home/Office: Mobile: 83286479		
Nationality: CHINESE			Email:		
Sex: Male	Age: 28	Date of Birth: 16/05/1990	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: MANUFACTURE OF STICKER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/10/2018 12:30	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE(AP) TAMPINES AVE 5				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBG1745S	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20181011/2116

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

2 of 3

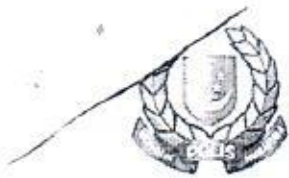
Report No. T/20181011/2116

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION,

ON 11 OCT 2018 AT AROUND 1230HRS, I WAS TRAVELLING ALONG PIE(AP) AT THE JUNCTION OF TAMPINES AVE 5. UPON REACHING THE JUNCTION, I WAS MAKING A LEFT TURN. WHILE I MAKING LEFT TURN TOWARDS TAMPINES AVE 5 THE CYCLIST SUDDENLY DASH OUT FROM MY RIGHT TO MY LEFT AND I COULD NOT STOP IN TIME AND COLLIDED ONTO THE CYCLIST. AFTER THAT, I WENT DOWN TO CHECK THE CONDITION OF THE CYCLIST AND THE PASSERBY HELP TO CALLED THE POLICE FOR ME. AFTER THAT POLICE AND AMBULANCE CAME I WAS NOT INJURED BUT THE CYCLIST WAS CONVEYED TO HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20181011/2116

3 of 3

Report No. T/20181011/2116

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

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 /
TAN KOK RAY


Signature Of Interpreter:
Not applicable


Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
11/10/2018 15:23

Classification Of Case:
 SINGAPORE
POLICE FORCE

Signature: 

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8460008W**

Name: **BI CHUN JIN**

Birth Date: **16 May 1990**

Issue Date: **05 Sep 2014**

Valid Till: **04 Sep 2019**

0023425298



S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TECK GENG ENTERPRISES (21) PTE. LTD.

Name:
BI CHUNJIN

S Pass No.
0 73139894

Sector:
MANUFACTURING

K0601743



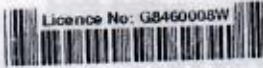
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg

EFFECTIVE DATE
05 Sep 2014

Licence No: **G8460008W**

NP 428A



VISIT PASS
Immigration Regulations

Name:
BI CHUNJIN

FIN
G8460008W

Date of Birth
16-05-1990

Sex
M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

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

Download SQWorkPass App to check status




**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
 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)

17 May 2018

Comprehensive

A0633-001

CERTIFICATE No.

: 8VCC1799990

Insured Own Damage Excess:\$600

1. Index Mark and Registration Number of Vehicle : GBG1745S
 2. Chassis Number of Vehicle : JN1SC2F24Z0859685
 3. Name of Policyholder : TECK SENG ENTERPRISES (21) PTE LTD



4. Effective date of the Commencement of Insurance for the purposes of the Act : 15 Jun 2018 00:01AM
 5. Date of Expiry of Insurance : 14 Jun 2019

6. Persons or Classes of Persons entitled to drive*

(a) Any person who is driving on the Policyholder's order or with their permission.

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 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

- (i) Use for hire or reward or for racing pace-making reliability trail 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 Vehicle (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.****Approved Insurer**

Not valid unless countersigned by Authorized 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 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.300

(For the Issuance of Motor Certificate of Insurance only)