

# NATIONAL Assessment Centre Services

(wef 1 Jan 2003)

May 4/851888

Date In: 23/1/2008 12:16	Job description	Date & Time Completed	Done by
Ref No: N3A/M861802+202/Y	SAS e-filing		
Veh No: GBB 4194M	E-mail (w/1000 3hrs, AIC 2hrs)		
D.O.A: 22/1/2008 11:30	I-Motor Claim Form		
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: YN5691C	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:	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )	
2) QC Check / Post Repair Inspection ( )	
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )	

Injury: ( )
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Date/Time	Action

Client's Particulars:	Invoice Particulars
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/145
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120
	5) FT: Follow-Through Survey (Resurvey) \$30
	For claiming against INC Only (wef 10 Jan 2003)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + 5MRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*NS: Courtesy Car / Tpt Allowance \$5
	*NG: Repair Co-ordination \$10
	*NI: Post Repair Inspection \$25
	*NB: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	9) NI2: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	23/11/2018 12:16
Date Of Accident	22/11/2018 11:30
Exact Location Of Accident	CHOA CHU KANG 230KV S'PORE POWERGRID SUBSTATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB4194M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POWER AUTOMATION PTE LTD
Co Reg No	199504994R
Email Address	WEIMING.DIONG@PA.COM.SG
Mobile Phone No	(LOCAL) +65-98733976
Alternative Phone No	OFFICE-98733976

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO-1.9 D CARGO JTD (M)
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	A 28674051 MKC
Cover Note Number	

### Driver

Name of Driver	DIONG WEI MING
NRIC No	S8784209F
Date Of Birth	30/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2012
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98733976
Fax Number	
Contact Number	OTHERS-98733976
Email Address	WEIMING.DIONG@PA.COM.SG

Address	BLK 672B YISHUN AVENUE 4 #05-552
Postcode	762672
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	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)	0

#### 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

PLEASE REFER TO SKETCH PLAN

#### 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.



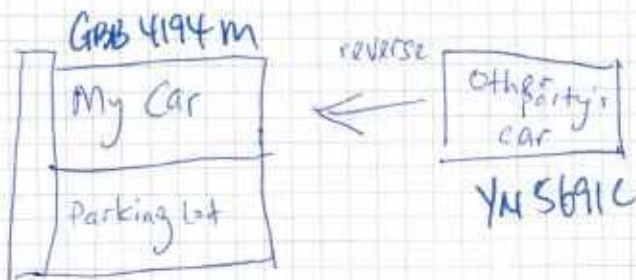
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Choa Chu Kang 230kV Singapore Powergrid Substation



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22th Nov 2018 at 11:30 am, other party's van was entering the Choa Chu Kang 230kV Singapore Powergrid substation. My car was parked inside the station at 10:15 am. During this time, the other party's van was moving towards my ~~car~~ car and was preparing to park. When the driver was preparing to reverse and park inside the parking lot, he ~~did~~ reversed and bumped into my car. As the result, my car plate was damaged.

## 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

Name:

NRIC/FIN No.

# ACCIDENT STATEMENT

ACCIDENT DATE: 22/11/2018 (DD/MM/YYYY). TIME: 11.30 (HH:MM)

LOCATION: Choa Chu Kang 230kV Singapore powerGrid Substation

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GBB 4194 M

b) INSURANCE COMPANY: MSIG

c) POLICY NUMBER: A 28624051 MKC

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: FIAT DOBLO 1.9 MJTD

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: WORKING TO VAN WAS PROTECTED

i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

a) NAME: POWER AUTOMATION PTE LTD (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: 199504994R CONTACT: \_\_\_\_\_

c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

a) NAME: DIONG WEI MING (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S8784209 F CONTACT: 98233976

c) ADDRESS: APT BIK 072B YISHUN AVENUE 4 #05-552

SINGAPORE 762672

\* d) DATE OF BIRTH: 30/08/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 30/12/2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: YN 5691C MODEL: Mercedes Sprinter

b) DRIVER'S NAME: Muhamad Helmy bin Ahmad noor

c) NRIC/FIN/PASSPORT: S8029399A CONTACT: 9231 1462

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = weiming.diong@pa.com.sg

Fax = \_\_\_\_\_

✓ 1080

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8784209F**



Name

**DIONG WEI MING**

Race

**CHINESE**

Date of birth

**30-08-1987**

Sex

**M**

Country/Place of birth

**MALAYSIA**



K07D4201

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8784209F**

Name

**DIONG WEI MING**

Gett Date: **30 Aug 1987**

Issue Date: **30 Dec 2015**



002507862G

SG  
50

9385925



NRIC No: **S8784209F**



Nationality

**MALAYSIAN**

Date of issue

**06-11-2015**

APT BLK 872B YISHUN AVENUE 4 #05-552  
SINGAPORE 782872

NRIC No: **S8784209F**

Date: **20/01/2017**

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

EFFECTIVE DATE

Class 2B  
Class 3

Motorcycles  $\leq 200$  cc  
Motor cars with unladen weight  $\leq 3000$ kg with  $\leq 7$   
passengers, exclusive of driver; and other motor  
vehicles with unladen weight  $\leq 2500$ kg

14 Apr 2012  
14 Apr 2012



Licence No: **S8784209F**

NP 428A

**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 CST 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.Z.300  
 Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE  
 Comprehensive

Certificate No. A 28674051 MKC

Excess: SGD750

1. Index Mark and Registration Number of Vehicle  
 GBB4194M

2. Name of Policyholder  
 Power Automation Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 20/02/2018

4. Date of Expiry of Insurance  
 19/02/2019

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

**Register New Vehicle (Acknowledgement)****MV007****Vehicle Particulars**

Vehicle No.:	G8B4194M	Vehicle Scheme:	Normal
Vehicle Type:	A50 - Goods (Closed) Van/Van Panel (Delivery)		
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	FIAT	Vehicle Model:	DOBLO CARGO 1.9MJTD
Chassis No.:	ZFA22300005592032	Engine No.:	223B10005864727
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Diesel	Passenger Capacity:	1
Engine Capacity:	1910 cc	Power Rating:	-
Unladen Weight:	1300 kg	Maximum Laden Weight:	2010 kg
Primary Colour:	Beige	Secondary Colour:	-
First Registration Date:	20 Feb 2009	Original Registration Date:	20 Feb 2009
Manufacturing Year:	2008	Open Market Value:	\$20,855.00
PARF Eligibility:	No	Minimum PARF Benefit:	\$0.00
No. of Transfers:	0		

**Owner Particulars**

Owner Name:	POWER AUTOMATION PTE LTD
Owner ID Type:	Company
Owner ID:	199504994R
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	111
Registered Street Name:	SOMERSET ROAD
Registered Unit No.:	-
Registered Building Name:	-
Registered Postal Code:	238164
COE No. / Expiry Date:	2009030105000222M / 19 Feb 2019
COE Bid Category:	C - Goods Vehicle & Bus
QP Paid:	\$2,590.00

**Transaction Details**

Business Transaction Ref. No.:	20090220151916893456
Business Transaction Date:	20 Feb 2009
Business Transaction Time:	15:19:16

**Message**

The above vehicle has been successfully registered.

The excess COE deposit of \$6,000.50 will be refunded to the Motor Firm.

There will be a delay of notification delivery to the recipient due to need for validation with the source agency.

OK