NATIONAL Assessment Centre Services. [wef 1 Jan'05]

Date In: 03/12/18

Ref No: NA/ins6180216901/3

Veh No: SBM5346D

DOA: 03/12/18 1955

OD: (1) * Reporting Only

TP Insurer:

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 5hrs, AIC 2hrs)		
I-Motor Claim Form		
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/Wksp		

Endorsed Wksp / INC Assign Wksp / QW: (Tel: Fax:)

Veh Particulars: Veh No: SJS9863Z 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
( ) Apply for Transport Allowance ( ) / Courtesy Car ( )		
( ) QC Check / Post Repair Inspection ( )		
( ) Upload Resurvey Photo [Repair Cost > $3000] ( )		

Injury :

Date/Time	Actions

NA/1808086

Claimant's Particulars:-

Driver/Owner:

Contact No:

Assigned Portion:

Checked by (Engr-In-Charge):

Auditors' Comments:-

Invoice Preparation Checklist		Amt ($) / Bill	Amt ($) / 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 : Idao DA + SMRT Survey	$160		
8) NTUC Additional Services:-			
OD*			
*N5: Courtesy Car / Tpt Allowance	$5		
*N6: Repair Coordination	$10		
*N7: Post Repair Inspection	$25		
*N8: DV / Collect Excess Coordination	$5		
TP (N11) : TP (Non INC) against INC	$20		
9) N12: Idao 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 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	03/12/2018 14:24
Date Of Accident	02/12/2018 19:55
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBH5346D
Insured/Policyholder	
Name Of Registered Owner	CFI TRANSPORT PTE LTD
Co Reg No	-
Email Address	GFORCE.ELLE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91593833
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	WORK
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 29087307 MKC
Cover Note Number	
Driver	
Name of Driver	LOW PANG KEE
NRIC No	S1791689J
Date Of Birth	12/04/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/05/1985
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94824289
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 589D MONTREAL DRIVE #04-112
Postcode	754589
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	SJS9863Z
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO SWEE HONG
NRIC/Passport Number	S1811550F
Contact Number	93850546
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH8890D

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident, as these will be used in 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 Record 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.
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:

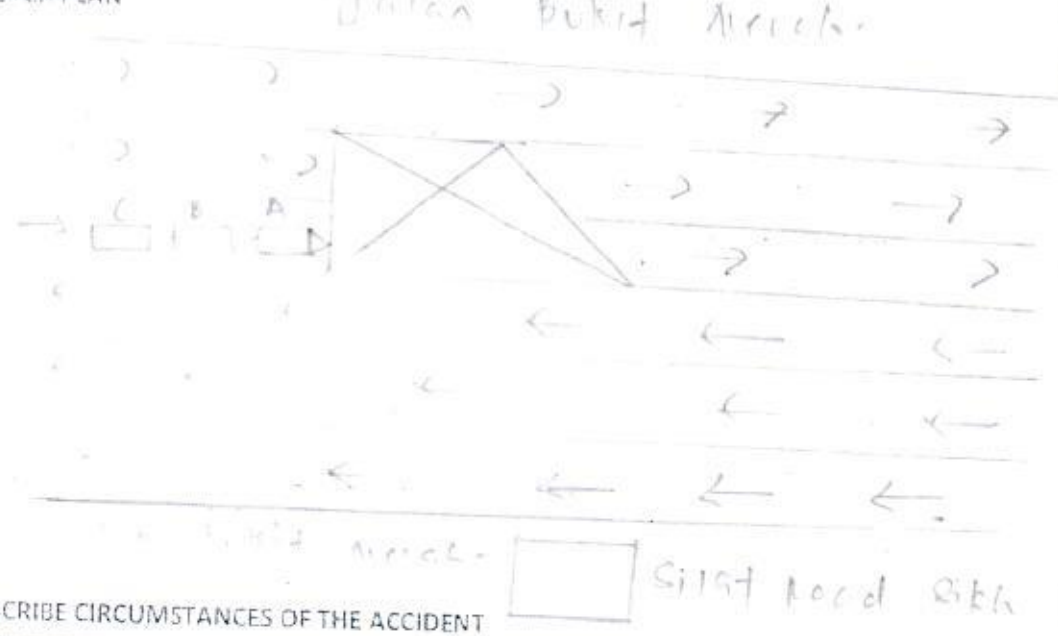
Driver's Signature
(if driver is other than policyholder)
Date & Time:

CFI TRANSPORT PTE LTD Co Reg No 201806390H

03/12/18

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2 december 2018, around this timing 19-55 pm, i was driving along Jalan Bukit Merah toward kampong Bahru, got traffic light. the light turn to red then i stop, suddenly car B bang into my rear side. I go out to check my vehicle than i notice got 2 car behind of my van was involved in this accident. then we all take photo of the accident and exchange the particulars.

DECLARATION

1) 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:

03/12/18

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

Date of Accident : 2/12/18 Accident Time: 1955 (24-HR-Format)

Accident Place : JALAN BUKIT MERAH

Vehicle. No. (Car Plate No.) : GBH5346D Make/Model: ~~Nfit~~ NISSAN NV 350

Insurace Company : _____ Policy No: _____

Owner or Company Name /IC No. : _____

Owner or Company Contact No. : _____ Owner's Hp 91593832 Company Tel

DRIVER'S Name / IC No. : LOW PANG KEE

DRIVER'S Date Of Birth : 120467 DRIVER'S License Pass Date 10/5/85

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ (Employee) Others: _____

DRIVER'S Address : 136K589D #04-112 MONTREAL DR

DRIVER'S Contact No./ Alt No. :1) 94824289 2) _____

DRIVER'S Occupation : INDOOR \ (OUTDOOR) (e.g. working inside or outside office)

Email Address : _____

Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ (Claim Other Party) \ Claim Own Insurance

Number of Passengers (Including Driver): ONE

Was there any video Captured by car camera: YES (NO)
Exact purpose for which vehicle was being used at the time of accident: Private use \ (Work purpose)
Any Injury (If YES, Pls state): BACK & NECK

Other Party Driver's Particular (if any)

Vehicle. No: SJS 9863Z

Vehicle Make\Model: KIA

Name Driver: HO SWEE HONG

IC No. Driver/Contact: S1811550F
93850546

Vehicle. No: GBH 8890D

Vehicle Make\Model: TOYOTA DYNA

Name Driver: GUNASAGER MUNAINDY

IC No. Driver/Contact: S2746351G

* NEW - Passenger's name & gender:

03/12/18
waiting for CI

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1791689J

LOW PANG KEE

劉 邦 其

Race
CHINESE

Date of birth
12-04-1967

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S1791689J

Name
LOW PANG KEE

Birth Date 12 Apr 1967

Issue Date 08 Jun 2006

001423658J

3860388

NRIC No. S1791689J

Date of issue
07-03-2006

APT BLK 589D MONTREAL DRIVE #04-112
SINGAPORE 754589
NRIC No: S1791689J Date: 26/07/2015

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

		PASS DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	10 May 1985

NP 428A

Licence No: S1791689J

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.X.300
Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE
Comprehensive

Certificate No. A 29097307 MKC

Excess : SGD600

1. **Index Mark and Registration Number of Vehicle**
   GBH5346D
2. **Name of Policyholder**
   CFI Transport Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
   30/06/2018
4. **Date of Expiry of Insurance**
   29/06/2019
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.
   (3) 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 those 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

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

COMMERCIAL VEHICLE — THE SCHEDULE

Policy Number	Period of Insurance	Place of Issue
A 29087307 MKC	30/06/2018 to 29/06/2019	SINGAPORE
Name and Address of Insured		**Date of Issue**
CFI Transport Pte Ltd 65 Ubi Crescent #03-03 Singapore 408559		03/07/2018
		Account Number
		156456

Premium	GST		Total Due
SGD1,657.21	SGD116.00		SGD1,773.21

RISK NUMBER 1 **COMMERCIAL VEHICLE**

BUSINESS

Moving Services

FINANCIAL INTEREST

United Overseas Bank Limited
as Hire Purchase Owners

SCOPE OF COVER Comprehensive

INTEREST INSURED

ITEM	0001		
REGISTRATION NO.	GBH5346D	**SUM INSURED**	MARKET VALUE
MAKE/MODEL	Nissan -as detailed below	**NO CLAIM DISCOUNT**	NIL
ENGINE NUMBER	YD25425392A	**EXCESS**	SGD600
CHASSIS NUMBER	JN1MC2E26Z0009161	**WINDSCREEN**	UNLIMITED
YEAR OF MFG	2017	**ANNUAL PREMIUM**	SGD1,657.21
CAPACITY	1.50 TONS		
SEATING CAPACITY	2 (INCL. DRIVER)		

AUTHORISED DRIVERS

Any other person provided he is driving on the Insured's order or with the Insured's permission.