

[Wed 1 Jan'03]

Reporting Only

Tel:

Fax:

Confirmed by : (

Year of Registration: () Warranty: YES () / NO ()

Percent: (\$) Loading: \$1,000 () / \$2,000 ()

Annual Report

Total Loss Case : to e-mail Insurer URGENTLY.

INQ ROUTING 6788 4616	Date & Time Complete	Done by
-----------------------	----------------------	---------

15144752

Child's Particulars

www.kluweronline.com

$$2 \leq \alpha \leq 20$$

UNIT-801 POSITION:

Checked by (Bugs-In-Charge):

11018 Comments:

Invoice Declaration Checklist	Am. (\$)	Am. (\$)
	TR Bill	Adj. 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 (Re-survey) \$30		
For claimant against INC Only (w/o 10 Jan 2005)		
6) TR : Re-inspection \$75		
7) N1 : Idau DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*N5: Courtesy Car / Tpl Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11) : TP (N11 INC) against INC \$20		
9) N12: Idau 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	10/12/2018 17:41
Date Of Accident	08/12/2018 11:15
Exact Location Of Accident	JUNC OF MOULMEIN RD & CTE(SLE/TPE)SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY7442Y
Insured/Policyholder	
Name Of Registered Owner	TAN TOCK SENG HOSPITAL PTE LTD
Co Reg No	-
Email Address	KADIR_MOHIDIN@TTSH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63578995

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	-
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 28864154 MKF
Cover Note Number	

Driver

Name of Driver	MOHD ZAABA BIN AHMAD
NRIC No	S2161926D
Date Of Birth	21/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	15/10/1989
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96787610
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 699 HOUGANG ST 52 #03-01
Postcode	530699
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	SIDE SWIPE
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS MAKING A U-TURN FROM MOULMEIN RD. AFTER I MAKE A U-TURN SUDDENLY VEH(B) BEARING REG NO SGF5886 FROM CTE(SLE/TPE) SLIP RD CAME OUT WITHOUT LOOKING FOR ONCOMING VEH AND COLLIDED ONTO MY VEH.

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	SGF588G
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN CHIANG HENG
NRIC/Passport Number	S1110195Z
Contact Number	92207468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

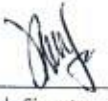
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.

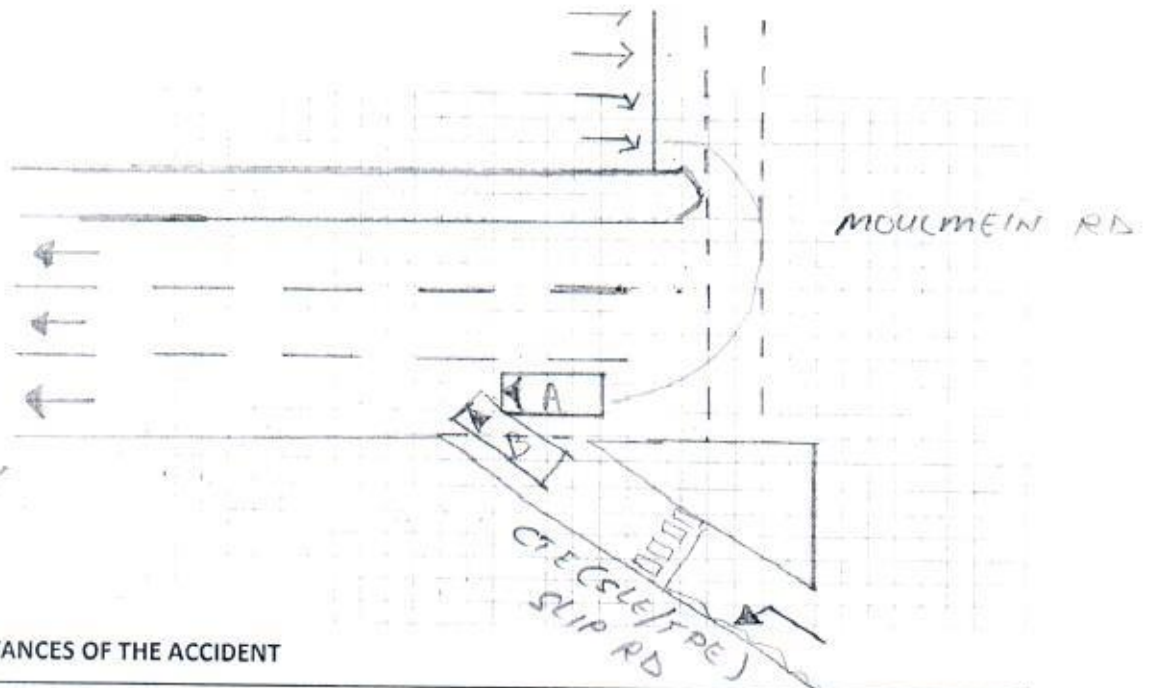
TAN TOCK SENG HOSPITAL PTE LTD
NO : 11 JALAN TAN TOCK SENG
SINGAPORE 308433
D&D : 63596995/4
TEL : 62568011
FAX : 63578992

Policyholder's Signature
Date & Time:

 10/12/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 10/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



A - SGY7442Y
B - SGF588G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

TAN TOCK SENG HOSPITAL PTE LTD
NO : 11 JALAN TAN TOCK SENG
SINGAPORE 308433
DID : 63596995/4
TEL : 62566011
FAX : 63578992

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

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

ACCIDENT STATEMENT

ACCIDENT DATE: (8 / 12 / 2018) (DD/MM/YYYY), TIME: (11 : 15) (HH:MM)

LOCATION: A Junction of Mouldmein Rd and CTE (SLE/TPE)
slip road.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGY 7442 X
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MERCEDES : VAN (313)
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: working
 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: Tan Teck Seng hospital Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 63578995
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mohd. Zaaba Bin Ahmad (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2161926/D CONTACT: 96787610
 c) ADDRESS: Blk 699 #03-01 Hougang ST-52
Singapore 530699
 *d) DATE OF BIRTH: (21 / 12 / 1989) (DD/MM/YYYY)
 e) OCCUPATION: (INDOOR / OUTDOOR)
 f) YEARS OF DRIVING EXPERIENCE: 15 Oct 1989

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: SGF 588G MODEL: TOYOTA ACTIS
 b) DRIVER'S NAME: TAN CHIANG HENG
 c) NRIC/FIN/PASSPORT: S1110195Z CONTACT: 92207468

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

*No of passenger
 (including driver)
(1)


*No of passenger
 (including driver)
()

*No of passenger
 (including driver)
()

10 / 12 / 18
 waiting for ci

Email = madzaaba@gmail.com
 fax =
 video =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2161926D



Name
MOHD ZAABA BIN AHMAD



محمد زعبا بن احمد

Race
JAVANESE

Date of Birth
21-12-1956

Sex
M

Country of Birth
MALAYSIA




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2161926D

Name
MOHD ZAABA BIN AHMAD

Birth Date 21 Dec 1956

Issue Date 08 Mar 2003

2370028



NRIC No. S2161926D



Blood Group B+

Date of issue 11-09-1994

APT BLK 690 HOUGANG STREET 52 #03-01
SINGAPORE 630099
NRIC No: S2161926D

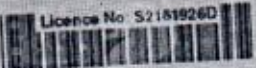
Date: 22-09-1998

No: 2624638

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

Class	Description	Valid DATE
Class 2B	Motorcycles not exceeding 200 cc	06 Jul 1985
Class 2A	Motorcycles between 201 cc and 400 cc	29 Apr 1997
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Oct 1989
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	25 Feb 2002

Licence No. S2161926D



NP 428A

LKK Paya Ubi

From: Kadir Mohidin S/O P S Khan Mohamed (TTSH) <kadir_mohidin@ttsh.com.sg>
Sent: Monday, 10 December 2018 5:51 PM
To: LKK Paya Ubi
Subject: RE: SGY 7442 Y Accident Reported at IDAC Ubi Today around 10am {National Assessment Centre Service}51 Ubi Ave 1 ,#01-25 ,Paya Ubi Indusraial Park

Hi

MSIG officer name:-
Jocelyn Ng (6594 2539) or
irene Tan (6594 2541)

Regards
Kadir Mohidin PSKM
Supervisor
Hospitality & Environmental Services
DID: +65 6357 8995 | Mobile: +65 9720 8675 | Fax: +65 6357 8992 | <http://www.ttsh.com.sg>
TAN TOCK SENG HOSPITAL ~ A COMMUNITY OF CARE ~ A MEMBER OF THE NATIONAL HEALTHCARE GROUP
This email may contain information that is confidential and/ or copyright. If you are not the intended recipient, please notify the sender immediately.

From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: 10 December 2018 3:12 PM
To: Kadir Mohidin S/O P S Khan Mohamed (TTSH)
Subject: RE: SGY 7442 Y Accident Reported at IDAC Ubi Today around 10am {National Assessment Centre Service}51 Ubi Ave 1 ,#01-25 ,Paya Ubi Indusraial Park

Hi

We need the copy the certificate of insurance.Is without the copy we need the MSIG officer name.

Best Regards,
Roslinda | Admin
National Assessment Centre Services (LKK Group)
Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Kadir Mohidin S/O P S Khan Mohamed (TTSH) [mailto:kadir_mohidin@ttsh.com.sg]
Sent: Monday, 10 December 2018 3:03 PM
To: LKK Paya Ubi
Subject: RE: SGY 7442 Y Accident Reported at IDAC Ubi Today around 10am {National Assessment Centre Service}51 Ubi Ave 1 ,#01-25 ,Paya Ubi Indusraial Park

Thank You

We have already check and they gave us the number {MSIG Policy No.: B28864154MKF for the above vehicle {SGY 7442 Y }

Is these ok ?

Regards

Kadir Mohidin PSKM

Supervisor

Hospitality & Environmental Services

DID: +65 6357 8995 | Mobile: +65 9720 8675 | Fax: +65 6357 8992 | <http://www.ttsh.com.sg>

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From: LKK Paya Ubi [<mailto:rspu@lkkauto.com>]

Sent: 10 December 2018 2:52 PM

To: Kadir Mohidin S/O P S Khan Mohamed (TTSH)

Subject: RE: SGY 7442 Y Accident Reported at IDAC Ubi Today around 10am {National Assessment Centre Service}51 Ubi Ave 1 ,#01-25 ,Paya Ubi Indusraial Park

Email is from external source.

Do not click on links or open files if unsure of sender.

Hi

Owner have to check with MSIG insurance,for our side we can't check.

Best Regards,

Roslinda | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Bik 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Kadir Mohidin S/O P S Khan Mohamed (TTSH) [mailto:kadir_mohidin@ttsh.com.sg]

Sent: Monday, 10 December 2018 1:54 PM

To: RSPU@LKKAUTO.COM

Subject: Re : SGY 7442 Y Accident Reported at IDAC Ubi Today around 10am {National Assessment Centre Service}51 Ubi Ave 1 ,#01-25 ,Paya Ubi Indusraial Park

Hi ,

Insurance had already renewed begining from 1/12/02018 .

Pls can help to check with MSIG

Thank You

Kadir Mohidin PSKM

Supervisor

Hospitality & Environmental Services

DID: +65 6357 8995 | Mobile: +65 9720 8675 | Fax: +65 6357 8992 | <http://www.ttsh.com.sg>

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