

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA19002453

Date In: 2/1/19 - 1/2/9	Job description	Date & Time Completed	Done by
Ref No: NA19002453/24	SAS e-filing		
Veh No: 6DC1803	E-mail (within 3hrs, AIG 2hrs)		
D.O.A: 4/1/19 - 14/30	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 Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 4H034830	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

NA19002453	Invoice Preparation Checklist	Am't (\$) Inc Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	ON*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Cat 1:	9) N12: Idac Mobile 30		
Cat 2 / 3:	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	07/01/2019 11:29
Date Of Accident	04/01/2019 14:30
Exact Location Of Accident	AYE TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC1180S
Insured/Policyholder	
Name Of Registered Owner	OVERSEAS RESOURCES PTE LTD
Co Reg No	197800760Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96267175
Alternative Phone No	OFFICE-96267175

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO
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	D28720181MKC
Cover Note Number	

Driver

Name of Driver	OW CHONG MENG
NRIC No	S1245325F
Date Of Birth	19/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90672703
Fax Number	
Contact Number	OFFICE-90672703
EMail Address	NOEMAIL

Address	BLK 8 ST. GEORGE'S LANE #04-257
Postcode	320008
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190105/2057.

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	SHD3483D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG KOK TONG
NRIC/Passport Number	
Contact Number	93982421
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name OW CHONG MENG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBC1180S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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.

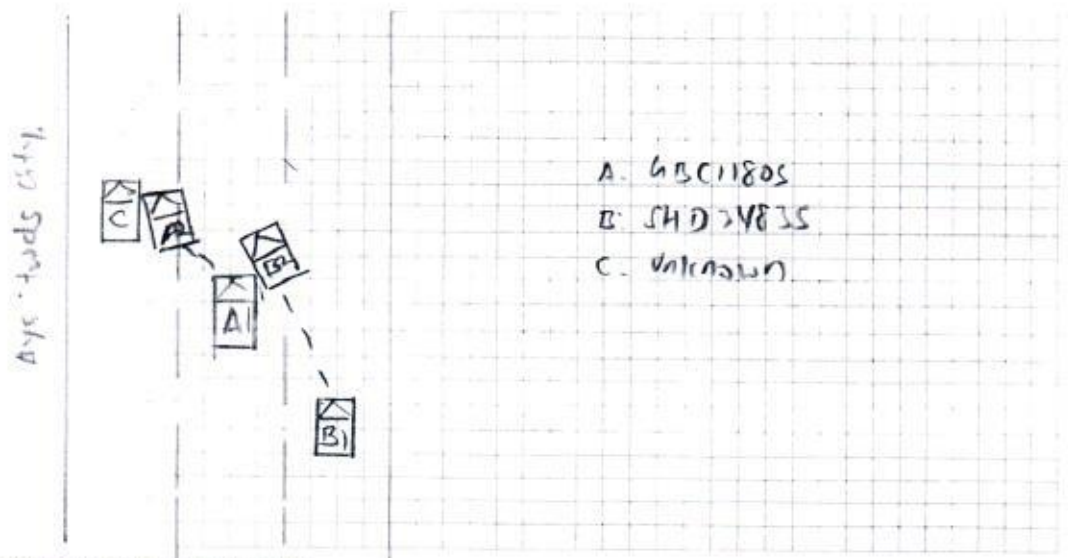
OVERSEAS RESPONSE PTE LTD
NO. 131 KANGAROO DRIVE, #01-01
SINGAPORE 110531

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

Refer to police report - 1/2019-105/2057.

DECLARATION

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

OVERSEAS RESOURCES PTE LTD
NO. 131 KANG KUM AVENUE 1
SINGAPORE 110501

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: (4 / 1 / 19) (DD/MM/YYYY), TIME: (14 : 30) (HH:MM)

LOCATION: Aye tuds city.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBC 11805
 b) INSURANCE COMPANY: MILK
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL:
 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: Overseas Resources Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 96267175.
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Ow Chong Meng (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S1243325F. CONTACT: 96267273
 c) ADDRESS: 8118 S George Lane 404-257 (320008).

*d) DATE OF BIRTH: (19 / 11 / 1957) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 21/2/200.

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: SHN 3483D. MODEL:
 b) DRIVER'S NAME: Ng Lok Tong
 c) NRIC/FIN/PASSPORT: 81882559 CONTACT: 93982421.

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: Unknown. (Clwy) MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 (2)

* No of passenger
 (including driver)
 ()

Email = dreamcurrent919@gmail.com.

fax =

VIDEO =



SINGAPORE POLICE FORCE



T/20190105/2057

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 4

Report No. T/20190105/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2019 12:13		Vide Report No.:		Station Diary No.: 60	
Informant's Particulars					
Name of Informant: OW CHONG MENG			Address: APT BLK 8 ST. GEORGE'S LANE #04-257 SINGAPORE 320008		
ID Type / ID No.: NRIC NO / S1245325F			Contact No.: Home/Office: Mobile: 90672703		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 19/11/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/01/2019 14:30	Type of Location: Expressway
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE (Keppel) towards City				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
GBC1180S	Truck	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD TURBO	Silver	Slightly Damaged	0
SHD3483D	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	1



Police Station Of Origin:

2 of 4

Toa Payoh N.P.C

Report No. T/20190105/2057

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194 **CONTINUATION OF REPORT**

Tel No: 1800-2519999

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	OW CHONG MENG	ID No.	S1245325F
Related Vehicle	GBC1180S (Truck)	Contact No.	90672703
Hospital/Clinic	ST GEORGES CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG KOK TONG	ID No.	S1882150A
Related Vehicle	SHD3483D (Car)	Contact No.	93982421
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 04/01/2019 at about 2:30PM, I was travelling along AYE (Keppel) towards the City in my company's truck GBC1180S. I was on 2nd Lane, the traffic was moderate, and with clear weather.

While travelling, one taxi (SHD3483D), which was on the 1st Lane (with heavy traffic), suddenly swerved into my lane without and pre-alert or signal. The taxi was quite close to me and I was not able to react on time, which cause my truck to collide onto the taxi. Due to the impact, I lost control of my truck and it collided with a green-colored Double-decked bus on the 3rd Lane.

My truck sustained damages on both sides of the front bumper. The taxi (SHD3483D) sustained damages on the left side passenger door. The bus left immediately from the scene as the driver was ferrying passengers. The said bus driver did went down to take my particulars however I did not manage to take down the bus driver's particulars. I do not recall the Bus Service Number of the said bus. I do not have any In-Vehicle Camera installed.

After exchanging particulars with the other driver, we departed with our own journeys. On 05/01/2019, I visited St Georges Clinic and Surgery as I was feeling pain on my right leg due to the accident. I was given 3 days o Medical Leave. I am lodging this report to seek Traffic Police Investigations.



**SINGAPORE
POLICE FORCE**



T/20190105/2057

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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Report No. T/20190105/2057

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190105/2057

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20190105/2057

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:

E /

Sgt 2 MUHAMMAD ASH SHAHIDI BIN
MOHAMED PADILLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/01/2019 12:13

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No: 65476436

SN 168

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S1245325F**

Name: **OW CHONG MENG**

Birth Date: **19 Nov 1957**

Issue Date: **04 Dec 2003**

001035890J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1245325F

Name: **OW CHONG MENG**

Race: **CHINESE**

Date of Birth: **19-11-1957**

Sex: **M**

Country of Birth: **SINGAPORE**




S1245325F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles not exceeding 200 cc **12 Sep 1980**

Class 2A Motorcycles between 201 cc and 400 cc **12 Sep 1980**


Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms **20 Jul 2002**

NETS

NP 428A

APT BLK 8 ST. GEORGE'S LANE #04-257 SINGAPORE 1232

cool-pelks.com



0644264

S1245325F

APT BLK 8 ST. GEORGE'S LANE #04-257 SINGAPORE 1232



30-11-1992

**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 GST Reg. No. 20-0412212G

COMMERCIAL VEHICLE**RENEWAL CERTIFICATE**

Policy Number		Period of Insurance	Place of Issue
D 28720181 MKC		30/04/2018 to 29/04/2019	SINGAPORE
Name and Address of Insured			Date of Issue
Overseas Resources Pte Ltd 131 Kaki Bukit Avenue 1 Shun Li Industrial Park Singapore 416000			10/04/2018
			Account Number
			393000
Premium	GST	Total Due	
SGD1,796.88	SGD125.78	SGD1,922.66	

RISK NUMBER 1**COMMERCIAL VEHICLE****BUSINESS**

Distributor and Stocklist

FINANCIAL INTERESTMalayan Banking Berhad
as Hire Purchase Owners**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

ITEM 0001
 REGISTRATION NO. GBC1180S
 MAKE/MODEL Nissan Cabstar - As Below
 ENGINE NUMBER ZD30273539K
 CHASSIS NUMBER JN1SC2F24Z0801743
 YEAR OF MFG 2010
 CAPACITY 1.69 TONS
 SEATING CAPACITY 2 (INCL. DRIVER)

SUM INSURED MARKET VALUE
NO CLAIM DISCOUNT 20.00% (or F/D)
EXCESS SGD1,000
WINDSCREEN UNLIMITED
ANNUAL PREMIUM SGD2,113.98

AUTHORISED DRIVERS

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