

NATIONAL Assessment Centre Services. (wef 1 Jan'05) **MA1900844**

Date In: 7/1/19-17:02	Job description	Date & Time Completed	Done by
Ref No: NA/MSH/9000383/24	SAS e-filing		
Veh No: 6292902	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/1/19-09:20	i-Motor Claim Form		
OD: TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 6067105A	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:	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

Claimant's Particulars:-	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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:-		
	ON:		
	*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 (N'n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Lat 1: _____

Lat 2 / 3: _____

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 17:02
Date Of Accident	07/01/2019 09:20
Exact Location Of Accident	WEST COAST RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ9790Z
Insured/Policyholder	
Name Of Registered Owner	FUMIGATION PEST MANAGEMENT
Co Reg No	53026559A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VCFT/18-001137
Cover Note Number	
Driver	
Name of Driver	LIM POH YONG
NRIC No	S8542235I
Date Of Birth	31/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84442307
Fax Number	
Contact Number	OFFICE-84442307
Email Address	NOEMAIL

Address	BLK 547C SEGAR ROAD #14-17
Postcode	673547
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 - HEAD TO REAR
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	2
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)	2
Passenger 1	NAME: : - GENDER: : MALE

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

REFER TO 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	GBG7105A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NORAZHAR BIN RAHAMAT
NRIC/Passport Number	S7407657B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name LIM POH YONG

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

GZ9790Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

SKETCH PLAN

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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:

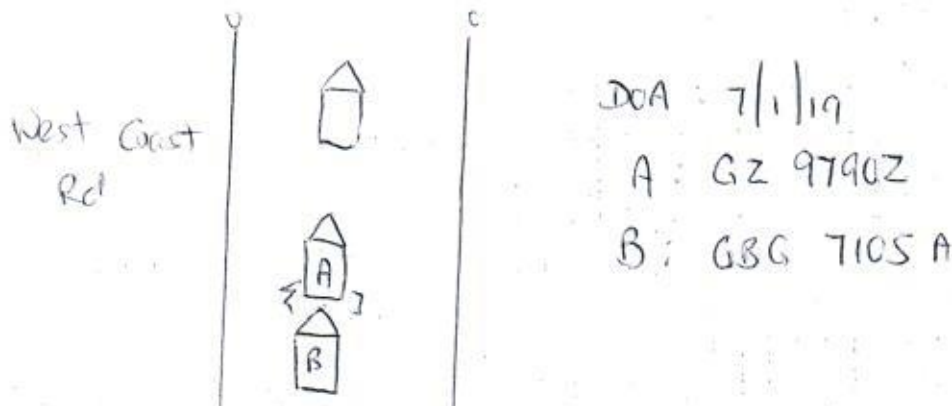
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Stopped stationary due to the traffic light was red, suddenly my vehicle rear portion being collided by veh B

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.:

Personal Particulars

Date of Accident: 7/1/19 Time of Accident: 9:20 AM
Exact Location of Accident: West Coast Rd
Owner's Name: Fumigation Pest Management NRIC No: _____ HP No: _____
Driver's Name: Lim Poh Yong NRIC No: 88542235 HP No: 84442307
Date of Birth: 31/12/1985 Driving Licence Passing Date: 14/7/2011 Occupation: Indoor / Outdoor
Address: BK 547C Segar Rd #14-17 (673547)
Relationship of Driver with Insured: Employee Email Address: _____
Vehicle No: GZ 9790Z Make & Model: _____
Insurance Co: MSIG Coverage: Third Party Policy No: MSD/VCFI/18-01137

*Purpose of Reporting? ☒ Own Damage Claim / ☒ 3rd Party Claim / ☐ Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: ☐ Private Use / ☒ Work

*Weather Condition? ☒ Clear / ☐ Raining / Others: _____ Wet / ☒ Dry / Others: _____

*Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: 1+1 B: 1+0 C: _____ D: _____
Man

*Was Anybody Injured? (☒ Yes / ☐ No) If yes,

Name / NRIC / In Vehicle: Lim Poh Yong neck

*Was The Accident Reported To The Police?

☒ No ☐ Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

☒ No ☐ Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / ☒ No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes/☒ No)

Third Party Driver's Particulars

Vehicle B No: GBG 7105A Make & Model: _____

Driver's Name: Norazha Bin Rahamat NRIC No: 97407657B HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S85422351



Name
LIM POH YONG
林 宝 勇

Sex
M

Religion
CHINESE

Date of Birth
31-12-1985

Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number
S85422351



Name
LIM POH YONG

Birth Date
31 Dec 1985

Issue Date
28 Oct 2016

002623975

5595854



NRIC No. S85422351



Date of Issue
05-05-2016

Address
APT BLK 547C SEGAR ROAD
#14-17
SINGAPORE 673547

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	28 Jun 2006
Class 2A	Motorcycles between 201 cc and 400 cc	15 Jan 2008
Class 2	Motorcycles > 400 cc	04 May 2010
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	14 Jul 2011

Licence No. S85422351

NP 428A

**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
www.msig.com.sg

MOTOR INSURANCE SCHEDULE

(FOR COMMERCIAL VEHICLE)

COVERAGE 3RD PARTY FIRE & THEFT

POLICY NO.

MSD/VCFT/18-001137

DATE

31/10/2018

ENDORSEMENT APPLICABLE

INSURED

ACCOUNT NO.

A0074-001

NAME

FUMIGATION PEST MANAGEMENT
BLK 15 LOR 8 TOA PAYOH

ADDRESS

#06-04 BRADDELL TECH
SINGAPORE 319262

BUSINESS OR PROFESSION

PEST CONTROL

PERIOD OF INSURANCE

FROM 12/12/2018 TO 11/12/2019

REG. NO.

GZ9790Z

PREMIUM

SGD1,481.24

NCB DISC. 20.00 %

SGD296.25

MAKE

T/DYNA 150

GST 7.00%

SGD1,184.99

SGD82.95

TYPE OF BODY

VAN

STAMP DUTY

TOTAL PREMIUM

SGD1,267.94

CUBIC CAPACITY

1.79 TONNES

YEAR OF MFG.

2006

SEATING CAPACITY

2

INSURED'S ESTIMATE OF
VALUE

PREVAILING MKT VALUE

EXCESS

NIL

SUBJECT TO PREMIUM BEFORE COVER WARRANTY (APPLICABLE FOR POLICY ISSUED TO AN INDIVIDUAL)

SUBJECT TO PREMIUM PAYMENT WARRANTY (APPLICABLE FOR POLICY ISSUED TO A BUSINESS OR COMMERCIAL ESTABLISHMENT)

THIRD PARTY FIRE & THEFT

IT IS HEREBY UNDERSTOOD AND AGREED THAT NOTWITHSTANDING ANYTHING
TO THE CONTRARY CONTAINED IN SECTION I OF THIS POLICY THE COMPANY
SHALL NOT BE LIABLE THEREUNDER EXCEPT IN RESPECT OF LOSS OR DAMAGE
BY FIRE EXTERNAL EXPLOSION SELF-IGNITION OR LIGHTNING OR BURGLARY
HOUSEBREAKING OR THEFT.

IT IS HEREBY DECLARED AND AGREED THAT THIS POLICY IS EXTENDED TO
COVER THE COSTS OF REWRITING LOGOS, LETTERINGS AND SIGNS UP TO
\$2,000/- ANY ONE CLAIM.

THE SUM INSURED IS INCLUSIVE OF AIR-CONDITIONER, RADIO CASSETTE
AND OTHER AUDIO ACCESSORIES.

REPLACES POLICY NO. MSDVCFT17002620

CHECKED BY

AML N

MPS-280

AUTHORIZED SIGNATURE