

NATIONAL Assessment Centre Services. (ref 1 Jan 03)

NA19006427

Date In: 27/01/2009 12:16	Job description	Date & Time Completed	Done by
Ref No: N/A/MR629001412/Y	SAS e-filing		
Veh No: GBA 37294	E-mail (within 8hrs, AIC 2hrs)		
D.O.A 21/01/2009 18:00	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: YE 8139 D	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) (Mobile: 678816616)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time	Actions

NA1900640	Invoice/Refundation Checklist
Clientant's Particulars:	1) AR: Accident Reporting (\$30)
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$10)
Contact No:	3) TP: Towing Fee \$40/\$45
Damaged Portion:	4) FT: Follow-Through Survey \$120
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30
Auditors' Comments:	For claiming against INC Only (ref 10 Jan 2003)
Ref 1:	6) TR: Re-inspection \$75
2/3:	7) NI: Idan DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repairs Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (N-in INC) against INC \$20
	9) N12: Idan Mobile \$0
	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	22/01/2019 12:16
Date Of Accident	21/01/2019 18:00
Exact Location Of Accident	JUNCTION OF DEFU AVENUE 1 AND TAMPINES ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA3729H
Insured/Policyholder	
Name Of Registered Owner	UNIVERSAL MOTORS PTE LTD
Co Reg No	19900243E
Email Address	DAVID@UMPL.COM.SG
Mobile Phone No	(LOCAL) +65-93746351
Alternative Phone No	OFFICE-62782029

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK TO OFFICE
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
Fleet Policy	NO
Policy Number	8VCT1800200
Cover Note Number	

Driver

Name of Driver	LIM HAN LONG
Passport No/FIN	G7698361K
Date Of Birth	28/03/1986
Occupation	INDOOR
Date Of Driving Pass	25/03/2010
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93746351
Fax Number	
Contact Number	OFFICE-62782029
Email Address	DAVID@UMPL.COM.SG

Address	BLK 1006 BUKIT MERAH LANE 2 #01-04
Postcode	159762
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 (including own vehicle) 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)	2
Passenger 1	NAME: : CHAN KEE WAI 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

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE3139D
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHONG SIN SIONG
NRIC/Passport Number	S1682170E
Contact Number	96155910
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

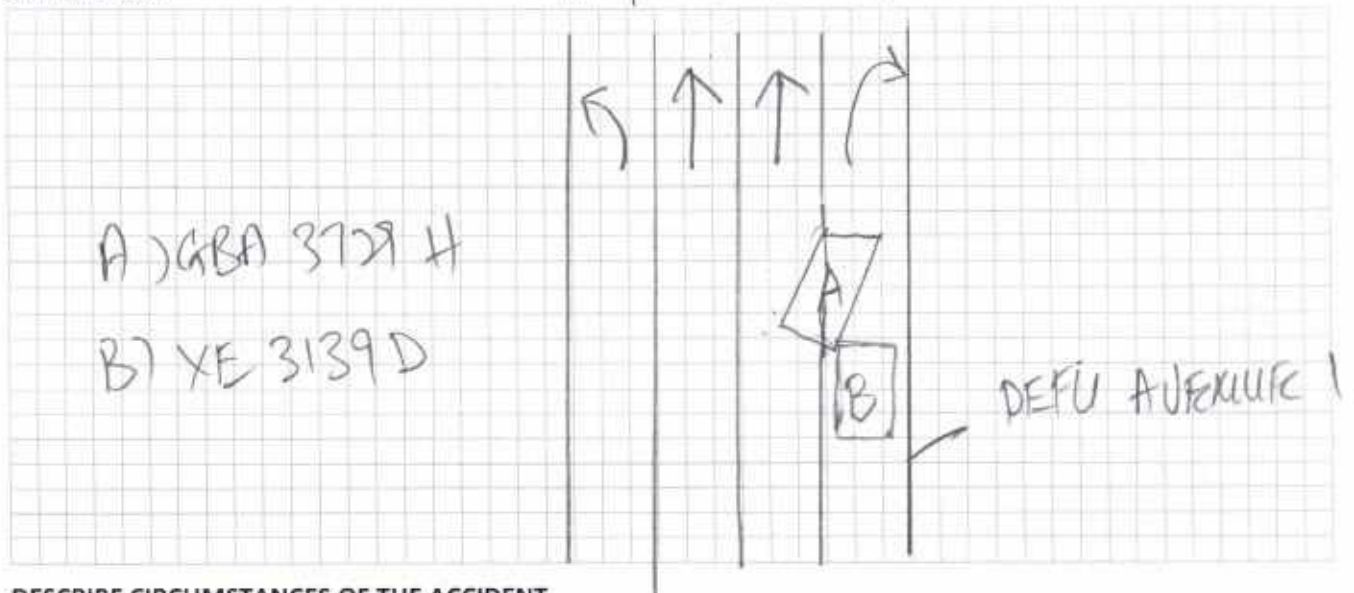
A handwritten signature in blue ink, likely belonging to the driver.

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

A handwritten signature in blue ink, likely belonging to the Reporting Centre Personnel.
Reporting Centre Personnel's Signature
Name: A handwritten name in blue ink.
NRIC/FIN No.: A handwritten NRIC/FIN number in blue ink.

SKETCH PLAN

TAMPINES ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 21/01/2019 I WAS AT DEFU AVENUE 1 & WANTED TO TURN RIGHT BECAUSE OF HEAVY TRAFFIC SO I SLOW MOVE MY LORRY TO THE RIGHT & SIGNAL WAS ON WHEN I SAW A GAP WHICH I AM ABLE TO MOVE IN. I WAS ALMOST IN THE RIGHT TURN LANE A LORRY XE 3139 D HORN BUT DID NOT BRAKE HIS LORRY BUMPER STUCK ON MY LORRY GBA 3729 H & THE BUMPER CAME OUT & MY LORRY SUSTAIN DAMAGE. WE STOP & EXCHANGE PARTICULARS THAT ALL.

DECLARATION

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



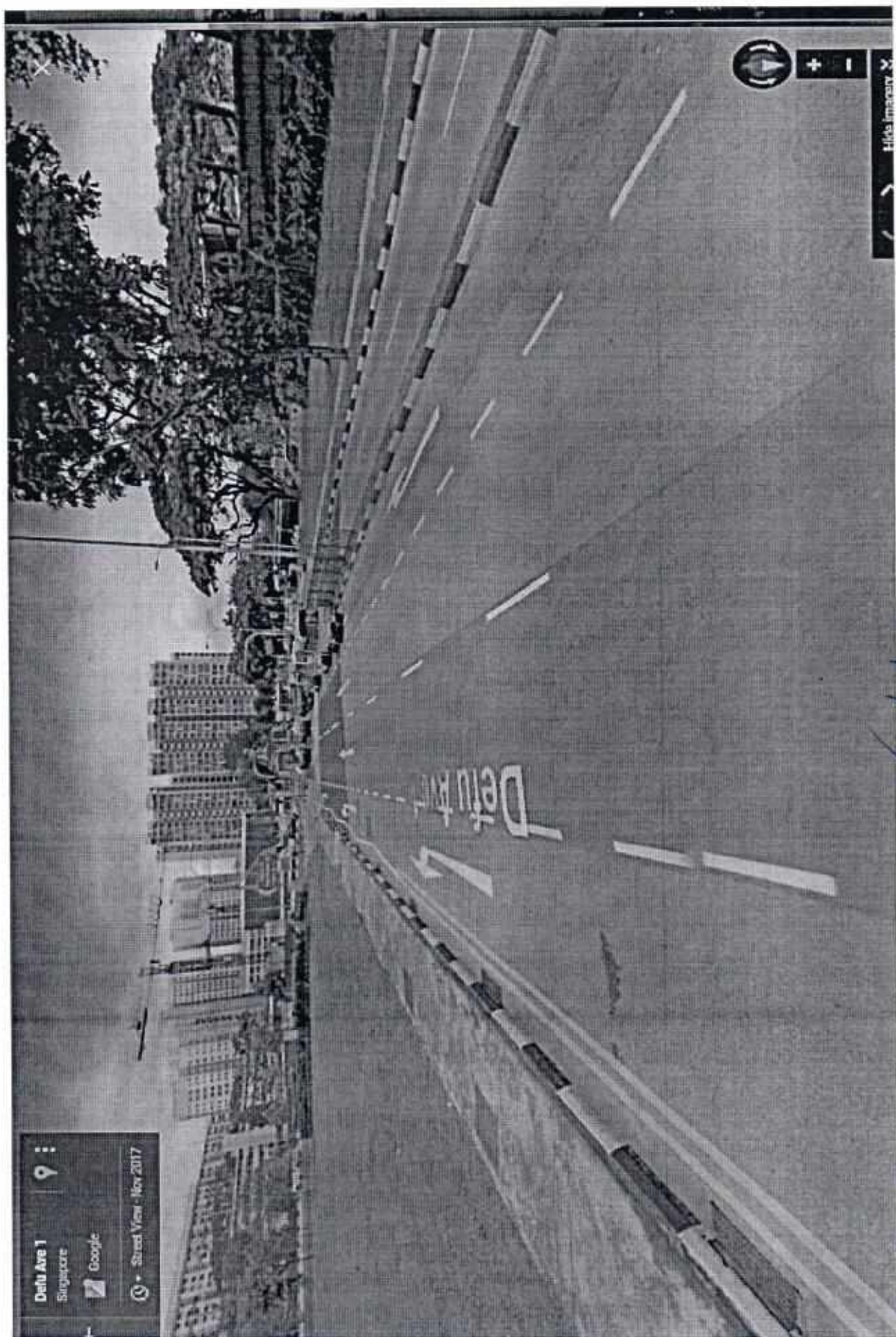
Policyholder's Signature
Date & Time:

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

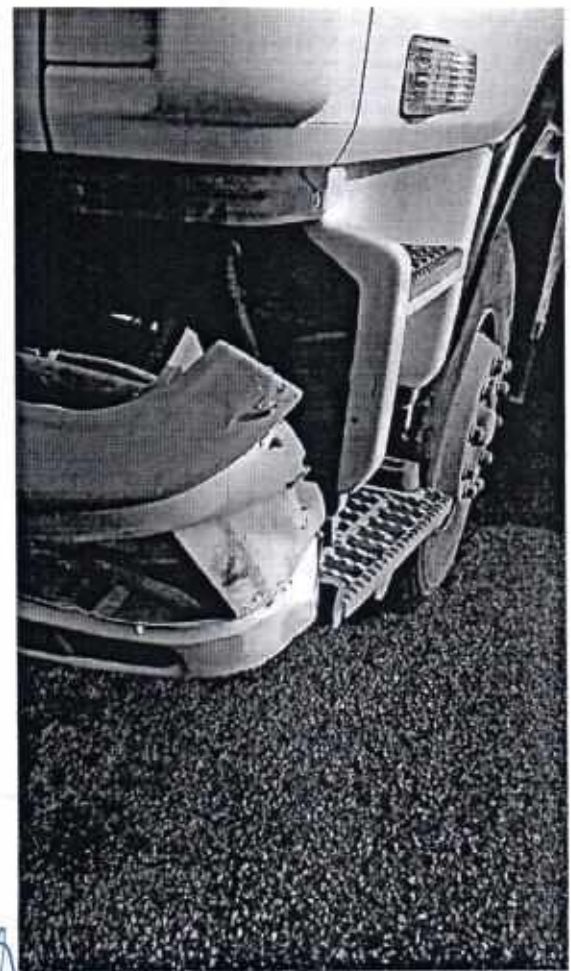
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

22-01-19

22/01/2019
Koh L. Watters



can also be



27/11/2019

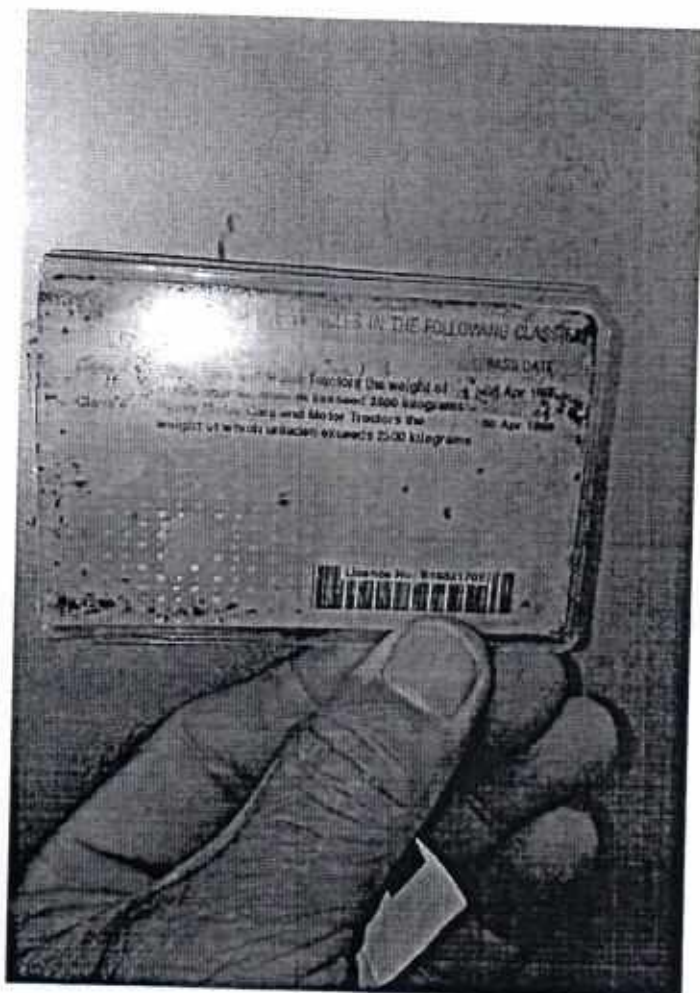


gm 22/01/2019



on 22/01/2019





an 22/01/2019

ACCIDENT STATEMENT

ACCIDENT DATE: (21 / 01 / 19) (DD/MM/YYYY). TIME: (18 : 00) (HH:MM)

LOCATION: JUNCTION OF DEER LANE 1 / TAMPAK ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBA 3729 H
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 8VCT1806200
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: TAIYUAN DYALD
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: 18:00 ON THE way BACK TO WORKSHOP
 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: UNIVERSAL MOTORS PTE LTD (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 19900348E CONTACT: 62782029
 c) ADDRESS: RIK 1006, Bukit Merah lane 2 #01-04
S (159762)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: LIM HAN LONG (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G 7698361 K CONTACT: 93746351
 c) ADDRESS: RIK 1006, Bukit Merah lane 2 #01-04
S (159762)

* d) DATE OF BIRTH: (28 / 03 / 1966) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 25 Mar 2010

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: XE 3139 D MODEL: ISUZU
 b) DRIVER'S NAME: CHONG SIN SONG
 c) NRIC/FIN/PASSPORT: S 1682170 E CONTACT: 96155910

9. THIRD PARTY VEHICLE

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

email = david@umpl.com.sg
 VIDEO

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
UNIVERSAL MOTORS PTE LTD

Sector: **SERVICE**

Name
LIM HAN LONG

Occupation
MOTOR VEHICLE MECHANIC

Work Permit No.
4 01896953

Date of Application
27-04-2015

Date of Issue
20-03-2017

Date of Expiry
03-05-2019

L7740869

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **G7698361K**

Name
LIM HAN LONG

Birth Date **28 Mar 1986**

Issue Date **17 Dec 2016**

Valid Till **16/12/2021**

002639400G

VISIT PASS
Immigration Regulations

Name
LIM HAN LONG

Date of Birth **28-03-1986** Sex **M** Nationality **MALAYSIAN**

FIN **G7698361K** Date of Issue **20-03-2017** Date of Expiry **03-05-2019**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	25 Mar 2010
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	25 Mar 2010
Class 3C Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	17 Dec 2016

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
msig.com.sg

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CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks And Compensation) Act (Chapter 189)
Motor Vehicles (Third Party Risks And Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

18 May 2018
Third Party

A0074-001

CERTIFICATE No.

8VCT1800200

1. Index Mark and Registration Number of Vehicle : GBA3729H
2. Chassis Number of Vehicle : JTFAT35Y403000956
3. Name of Policyholder : UNIVERSAL MOTORS PTE LTD

4. Effective date of the Commencement of Insurance for the purposes of the Act : 25 Jun 2018 00:01AM

5. Date of Expiry of Insurance : 24 Jun 2019

6. Persons or Classes of Persons entitled to drive*

(a) Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. 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

(i) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(ii) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

*Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).



[Signature]

Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

[Signature]

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle.

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation.

This Certificate must be returned if the Insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company.

FORM MZ.300

7VCT1717350

(For the Issuance of Motor Certificate of Insurance only)

MSD/VCT/17-001362-00