

# NATIONAL Assessment Centre Services

Date In: 30/05/2019 10:36

Ref No: NA/MSG19009595/K4

Veh No: SGT3764K

D.O.A: 29/05/2019 08:45

OD TP Reporting Only

TP Insurer:

Job description

SAS e-filing

E-mail (Within 8hrs, A/C 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

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No:

SLG 8835 B

INC ( )

Tel:

Fax:

Owner / Driver: (

Policy No: (

Period: (

Tel:

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: (

%)

[Note-Est. Status (WO): N: 0-20%; P: 21-79%; F: 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)

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

Date/Time

Actions

NA1904003

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

Checked by (Engr-In-Charge):

Auditors' Comments :-

## Invoice Preparation Checklist

Amt (\$) 1st 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: Idac DA + SMRT Survey

\$160

8) NTUC Additional Services:-

OD\*

\*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 (Non INC) against INC

\$20

9) N12: Idac Mobile

\$30

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 30/05/2019 10:36  
 Date Of Accident 29/05/2019 08:45  
 Exact Location Of Accident PIE TWDS TUAS  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT3764K  
**Insured/Policyholder**  
 Name Of Registered Owner SINGUNION SHIPPING PTE LTD  
 Co Reg No -  
 Email Address LEO\_GUNNER@YAHOO.COM  
 Mobile Phone No (LOCAL) +65-81288655  
 Alternative Phone No OFFICE-81288655

### Vehicle Particulars

Manufacturer TOYOTA  
 Model -  
 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 REPORTING ONLY  
 Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number S 27378501 MCX  
 Cover Note Number

### Driver

Name of Driver LIU GUANGHUI  
 NRIC No S7268725F  
 Date Of Birth 28/06/1972  
 Occupation INDOOR  
 Date Of Driving Pass 11/05/2009  
 Driving Experience 10 YEARS AND 0 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-81288655  
 Fax Number  
 Contact Number OTHERS-81288655  
 Email Address LEO\_GUNNER@YAHOO.COM

Address	768 BEDOK RESERVOIR ROAD #04-27
Postcode	479249
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 (including own vehicle) involved in the accident	3
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

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	SLG8835B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG PEK SOON
NRIC/Passport Number	S7002037H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF9959U
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Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GUAN DEQING
NRIC/Passport Number	S2656482D
Contact Number	
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.



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.:

Diagram illustrating a three-carbon chain structure, likely representing a segment of a polymer or a specific molecule. The carbons are labeled A, B, and C from right to left.

Labels and associated identifiers:

- A - SJT3764
- B - S LG 8835 E
- C - GBF 9959 U

Additional labels in the diagram:

- TWAS (with an arrow pointing left)
- PIE
- PE (with an arrow pointing left)

TIME: 08:45/29<sup>th</sup> MAY 2019

LOCATION: PIE TOWARDS THAS DIRECTION BEFORE SLIP ROAD TO KPE.  
THE LEFTTEST LANE.

ACCIDENT: TAILGATE

VEHICLE IN FRONT BRAKE SUDDENLY. MY VEHICLE WAS  
TOO CLOSE TO THE FRONT VEHICLE THUS UNABLE TO AVOID THE  
TAFE ACCIDENT

VEHICLE A: Bonnet ~~dent~~ bent

VEHICLE B: Rear part damaged & bent / Bonnet bent

VEHICLE C: SLIGHTLY dent and scratch at rear part

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



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

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

(Bukit Merah)

\* Reported on 29/5/2019  
@ 1550hrs

## ACCIDENT STATEMENT

ACCIDENT DATE: (29.5.2019) (DD/MM/YYYY), TIME: (08.45 AM) (HH:MM)

LOCATION: PIE towards Tuas

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJT 3764K  
b) INSURANCE COMPANY: \_\_\_\_\_  
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: \_\_\_\_\_  
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: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 81288658  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

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: SLG 8835B MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: ANG PEK SOON  
c) NRIC/FIN/PASSPORT: S7002037H CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: GBF 9959U MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: GUAN DE QING  
f) NRIC/FIN/PASSPORT: S2656482D CONTACT: \_\_\_\_\_

email = leo\_gunner@yahoo.com

VIDEO

Leo\_gunner@yahoo.com ✓

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7268725F



Name

LIU GUANGHUI

刘广辉

Race

CHINESE

Date of birth

28-06-1972

Sex

M

Country of birth

CHINA



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7268725F

Name

LIU GUANGHUI

Birth Date: 28 Jun 1972

Issue Date: 11 May 2009



001740268H



9004466

NRIC No. S7268725F



Nationality

CHINESE

Date of issue

12-02-2009

768 BEDOK RESERVOIR ROAD #04-27  
SINGAPORE 479249

NRIC No. S7268725F

Date: 04/01/2012

No: 6872612

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 11 May 2009



Licence No. S7268725F

NP 426A

For LKK/NAC Use Only

**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

## 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.4  
 Company Ownership

**MOTORMAX-COMMERCIAL**  
**Comprehensive**

Certificate No. S 27378501 MCX

Excess : SGD1,700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SJT3764K

2. Name of Policyholder

Singunion Shipping Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

06/10/2018

4. Date of Expiry of Insurance

05/10/2019

5. Persons or Classes of Persons entitled to drive\*

Liu Guang Hui

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 only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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 these headings.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG  
 AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

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

for Chief Executive Officer