

# NATIONAL Assessment Centre Services.

(wef 1 Jan'05)

MDA19071004

Date In: 21/1/14-14:49	Job description	Date & Time Completed	Done by:
Ref No: NA190710049675/24	SAS e-filing		
Veh No: 6069920	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/1/14-07-30	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: 6069920

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

NA1904107

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref 1:

Ref 2/3:

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 \$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	31/05/2019 14:49
Date Of Accident	31/05/2019 07:30
Exact Location Of Accident	JUNC KIAN TECK AVE & KIAN TECK DR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG9902C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STAMFORD POWER ENGINEERING PTE LTD
Co Reg No	200808382E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68423678

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A29105275MKC
Cover Note Number	

### Driver

Name of Driver	LIM CHAN HWA
NRIC No	S7676666E
Date Of Birth	02/02/1976
Occupation	INDOOR
Date Of Driving Pass	18/12/1996
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91010767
Fax Number	
Contact Number	OFFICE-91010767
EEmail Address	NOEMAIL

Address	BLK 823 JURONG WEST STREET 81 #07-468
Postcode	640823
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 - MAJOR/MINOR RD
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?	
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

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	GBC4200Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

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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:

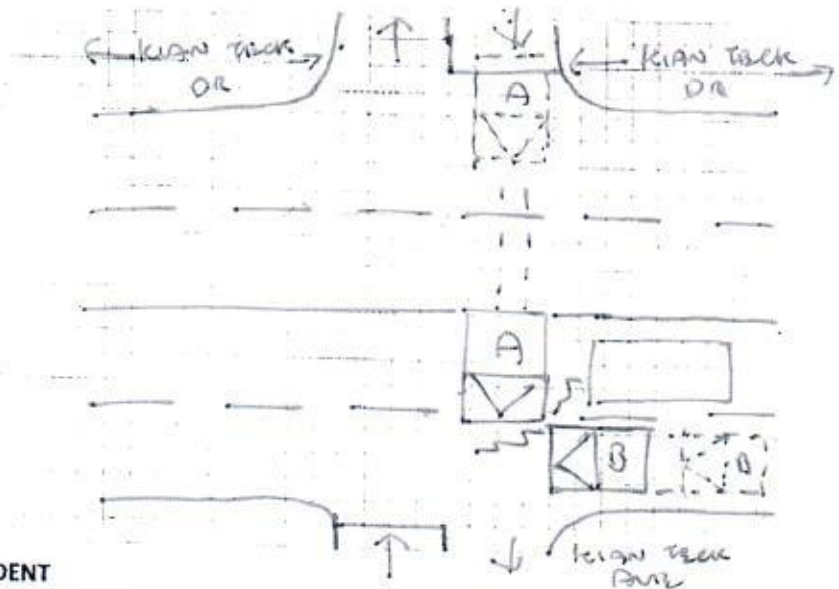
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# SKETCH PLAN

VEHICLE A  
- GBA 9902 C

Vehicle B  
- GBC 4200 Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT AHEAD TOWARD KIAN TECK CRES ALONG KIAN TECK AVE.

WHILE AT THE JUNCTION OF KIAN TECK DR/ KIAN TECK AVE. I STOP AT THE STOP LINE, AND AT THE OPPOSITE, THE BUS AVOID ME TO PROCEED ON, AND SO I MOVE ON AHEAD. AS MY VISION WAS BLOCKED BY THE BUS I DIDN'T NOTICE THERE WAS A VEHICLE WAS COMING TO MY DIRECTION BESIDE THE BUS.

AND WE END UP HEAD ON TO BACK OTHER. ALIGNED FROM MY VEHICLE, AND REALIZED IT WAS A VEHICLE (GBC 4200 Z) THAT COLLIDED TO MY VEHICLE.

VEHICLE A - GBA 9902 C

VEHICLE B - GBC 4200 Z

## 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:



<b>Vehicle No.</b>	GBC 9902 C		<b>Model / Make</b>	Toyota Dyna	
<b>Date of Accident</b>	31/05/2019				
<b>Time of Accident</b>	0730		HRS		
<b>Location of Accident</b>	JUNCTION OF KIAN TECK AVE / KIAN TECK DR TOWARD KIAN TECK CRES				
<b>Exact purpose use during accident</b>	WORKING HOUR				
<b>Name of Owner</b>	STAMFORD POWER ENGINEERING PTE LTD				
<b>Telephone No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b> 6842 3678		
<b>NRIC</b>	2008 0838212				
<b>Address</b>	155 KALLANG WAY #05-02/03 S(349244)				
<b>Claim type</b>	<input checked="" type="radio"/> <b>THIRD PARTY</b> <b>REPORTING ONLY</b>				
<b>Insurance Company</b>	MSIA				
<b>Type of Coverage</b>	<input checked="" type="radio"/> <b>Comprehensive</b> <input type="radio"/> <b>Third Party</b> <input type="radio"/> <b>Third Party / Fire / Theft</b>				
<b>Policy No.</b>	A 29105275 MKC				
<b>Name of Driver</b>	As Above If No, LIM CHAN HWA				
<b>NRIC</b>	S767666E		<b>Any Passengers :</b> 0-		
<b>Date of birth</b>	02 FEB 1976				
<b>Occupation</b>	<input checked="" type="radio"/> <b>Outdoor</b> / <input type="radio"/> <b>Indoor</b>				
<b>Driving License Pass Date</b>	18 DEC 1996				
<b>Gender</b>	<input checked="" type="radio"/> <b>Male</b> / <input type="radio"/> <b>Female</b>				
<b>Contact No.</b>	<b>H/P :</b>	<b>Home :</b>	<b>Office :</b>		
<b>Address</b>	BLK 823 JUNEWA WEST ST 81 #07-468 S(640823)				
<b>Driver have any own vehicle</b>	<input checked="" type="radio"/> <b>No</b> , If yes, Reg No.				
<b>Relationship</b>	<input checked="" type="radio"/> <b>Employee</b> , If no, state				
<b>Weather condition</b>	<input checked="" type="radio"/> <b>Clear</b> <input type="radio"/> <b>Raining</b> <input type="radio"/> <b>Other</b>				
<b>Road Surface</b>	<input checked="" type="radio"/> <b>Dry</b> <input type="radio"/> <b>Wet</b> <input type="radio"/> <b>Other</b>				
<b>Any Injuries</b>	<input checked="" type="radio"/> <b>No</b> , If Yes, Who?				
<b>Name And Contact No.</b>					
<b>Name And Contact No.</b>					
<b>Police Report</b>	<input checked="" type="radio"/> <b>No</b> , If Yes, Where?				
<b>Vehicle B No.</b>	GBC 4200 Z		<b>Any Passengers :</b>		
<b>Name of Driver</b>			<b>Contact No. :</b>		
<b>Vehicle C No.</b>			<b>Any Passengers :</b>		
<b>Vehicle D No.</b>			<b>Any Passengers :</b>		
<b>Vehicle E no.</b>			<b>Any Passengers :</b>		
<b>Vehicle F No.</b>			<b>Any Passengers :</b>		
<b>Vehicle G No.</b>			<b>Any Passengers :</b>		
<b>Witness Name</b>			<b>Witness Contact :</b>		
<b>Accident Portion</b>	FRONT				
<b>Camera Recorder</b>	Yes / <input checked="" type="radio"/> <b>No</b>				
<b>Email Address</b>					
<b>PARTICULAR WORKSHOP</b>	TWINCAR AUTOMOTIVE PTE LTD				
<b>CONTACT NO.</b>	6842 0051 / 6744 0510				
<b>CONTACT PERSON</b>	IAN				
<b>FAX NO</b>	6741 0510				
<b>WORKSHOP Email ADDRESS</b>	Sales@n51.com.sg				

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO: S7676666E**



Name: **LIM CHAN HWA**

林 贊 华

Race: **CHINESE**

Date of Birth: **02-02-1976** Sex: **M**

Country of Birth: **MALAYSIA**



S7676666E

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7676666E**

Name: **LIM CHAN HWA**

Birth Date: **02 Feb 1976**

Issue Date: **30 Jun 2010**




001870414D

For LKK/NAC Use Only

8378113



NRIC No: **S7676666E**



Nationality: **MALAYSIAN**

Blood Group: **AB+** Date of issue: **15-11-2000**

APT BLK 823 JURONG WEST STREET 81 #07-468  
 SINGAPORE 640823  
 NRIC No: S7676666E Date: 28/06/2011 No: 6781316

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	18 Dec 1996
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	18 Dec 1996

NP 428A

Licence No: S7676666E





**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Sheldon Way, #11-01, S&K Centre 2, Singapore 060007  
 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.E.300  
 Goods Carrying Vehicle - Sch I

**COMMERCIAL VEHICLE**  
**Comprehensive**

Certificate No. A 29105275 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle  
 GBG9902C

2. Name of Policyholder  
 Stamford Power Engineering Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 22/12/2018

4. Date of Expiry of Insurance  
 21/12/2019

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

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 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:

- (1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

\* 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.

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

JT3K20181114119