

NATIONAL Assessment Centre Services [2004-1 Jan 2005]		MNA9049086	
Date In: 03/07/2009 12:43	Job description	Date & Time Completed	Done by
Ref No: NBA/MNA9011777	SAS e-filing		
Veh No: GW 614	E-mail (within 4hrs, AIC 2hrs)		
D.O.A: 02/07/2009 18:45	i-Motor Claim Form		
OD: TP <u>Reporting Only</u>	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: JRG 6763	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%; 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)	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

NA19049086		Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Claimant's Particulars:		1) AR: Accident Reporting (\$30);		In Bill	Add. Bill
Driver/Owner:		2) DA: Damage Assessment (\$100); INC (\$40)			
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 (wef 10 Jan 2005)			
Cal. 1:		6) TR: Re-inspection \$75			
Cal. 2/3:		7) N1: Idm DA + SMRT Survey \$160			
1/1/8		8) NTUC Additional Services:			
		9) N3: 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: Idm Mobile \$0			
		Invoice dated	For Charged		
		Invoice dated	For 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	03/07/2019 12:43
Date Of Accident	02/07/2019 18:45
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVENUE/STIRLING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW61U
Insured/Policyholder	
Name Of Registered Owner	EURO-PLATE PTE LTD
Co Reg No	201623880H
Email Address	EUROPLATE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91670381
Alternative Phone No	OFFICE-94796100

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28845781 MKC
Cover Note Number	

Driver

Name of Driver	ANG SWEE KEE
NRIC No	S1284314C
Date Of Birth	03/03/1958
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91670381
Fax Number	
Contact Number	OFFICE-94796100
Email Address	EUROPLATE@SINGNET.COM.SG

Address	BLK 101 ALJUNIED CRESCENT #04-333
Postcode	380101
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH

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	JRG6763
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TAY HONG SIONG
NRIC/Passport Number	
Contact Number	93865789
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLG4565G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ADELINE LEE
NRIC/Passport Number	
Contact Number	90117190
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.:

SKETCH PLAN

JUNCTION OF COMMONWEALTH AVE / STIRLING ROAD

- A) GW 614
- B) JRG 6763
- C) SLG 4565 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
7/20/90702/2158

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.:



SINGAPORE POLICE FORCE



T/20190702/2158

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 4

Report No. T/20190702/2158

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
02/07/2019 20:49

Vide Report No.:
D/20190702/0135

Station Diary No.:
78

Informant's Particulars

Name of Informant:
ANG SWEE KEE

Address:
APT BLK 101 ALJUNIED CRESCENT #04-333 SINGAPORE
380101

ID Type / ID No.:
NRIC NO / S1284314C

Contact No.:
Home/Office:

Mobile: 91670381

Nationality:
SINGAPORE CITIZEN

Email:

Sex:

Age:
61

Date of Birth:
03/03/1958

Type of Informant:
Driver

Race:

Chinese

Language:
English

Institution / School Name:

Occupation:

DELIVERY DRIVER

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
02/07/2019 18:45

Type of Location:
Straight Road

Location:
Along Road 1
COMMONWEALTH AVENUE
junction of Stirling Rd

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Heavy

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
GW61U	Van	NISSAN	NV200	White	Slightly Damaged	0
JRG6763	Motorcycle			White	Slightly Damaged	0
SLG4565G	Car	NISSAN	Note	Pink	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190702/2158

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

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Report No. T/20190702/2158

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG SWEE KEE	ID No.	S1284314C
Related Vehicle	GW61U (Van)	Contact No.	91670381
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Rider			
Name	TAY HONG SIONG	ID No.	NIL
Related Vehicle	JRG6763 (Motorcycle)	Contact No.	93865789
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	Slight
Driver			
Name	ADELINE LEE	ID No.	NIL
Related Vehicle	SLG4565G (Car)	Contact No.	90117190
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 the abovementioned date and time, I was driving my vehicle (GW 61U) straight along Commonwealth Avenue. As I was about to switch into the centre lane after giving my signal, somewhere near to the junction of Stirling Rd, a motorcycle suddenly appeared on my right side and hit onto the right side of my vehicle.

I noted that the motorcycle rider (JRG 6763) then lost his balance and then hit onto another car (SLG 4565G) somewhere on the right side of the car body.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20190702/2158

3 of 4

Report No. T/20190702/2158

CONTINUATION OF REPORT

After the accident happened, all 3 vehicles involved shifted our vehicles into the nearby Shell petrol kiosk and started to exchange particulars.

The following are damages by the respective vehicles involved:-

- 1) GW 61U- side mirror cracked and some scratches on the door.
- 2) JRG 6763U- minor damages on the left hand side mirror.
- 3) SLG 4565G - slight dent on the bottom right side of the rear passenger door.

A Traffic Police officer then arrived at accident scene and we were advised to lodge a report.



SINGAPORE POLICE FORCE

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20190702/2158

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Report No. T/20190702/2158

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 /
Staff Sgt NORMAN BIN JALAL

Signature Of Informant:

Date/Time:
02/07/2019 20:49

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

SN 170

Classification Of Case:

Authentication Stamp
NP168

ACCIDENT STATEMENT

ACCIDENT DATE: (03/07/2019) (DD/MM/YYYY), TIME: (18:45) (HH:MM)

LOCATION: Commonwealth Avenue junction of Stirling Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GW 614
 b) INSURANCE COMPANY: MSIG Insurance (Singapore) Pte Ltd
 c) POLICY NUMBER: # 2845781 MKC
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: NISSAN MU 200
 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) NO
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Euro-plate Pte Ltd (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 2016 28804 CONTACT: 6479 6160
 c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: ANG SWEE KEE (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 1284314 - C CONTACT: 6299 235 - 9170381
 c) ADDRESS: APT B1K 101 ALJUNIED (RCSCN) #04-333 Spr 38.101

* d) DATE OF BIRTH: (03/03/58) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES
 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: BT TIMAH

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: JK4 6763 MODEL: MOTORCYCLE
 b) DRIVER'S NAME: TOY HONG SENG
 c) NRIC/FIN/PASSPORT: CONTACT: 9386 5725

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 45656 MODEL:
 b) DRIVER'S NAME: APRILIA LHC
 c) NRIC/FIN/PASSPORT: CONTACT: 9011 7150

* No of passenger
 (including driver)
 (1)

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = EUROPLATE@SINGAPORE.COM.SG
 VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1284314C



Name
ANG SWEE KEE

洪瑞基

Race
CHINESE

Date of Birth
03-03-1958

Sex
M

Country of Birth
SINGAPORE

For LKK/NAC Use Only



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1284314C

Name
ANG SWEE KEE

Birth Date: 03 Mar 1958

Issue Date: 05 May 2003

For LKK/NAC Use Only




0900611



NRIC No: S1284314C

For LKK/NAC Use Only



Blood Group: B+ Date of issue: 18-04-1993

APT BLK 101 ALJUNIED CRESCENT #04-333
SINGAPORE 380101

NRIC No: S1284314C Date: 1-06-2005 No: 5176374

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

PASS DATE: 20 Jun 1990

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

For LKK/NAC Use Only

NP 428A

Licence No: S1284314C



**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.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE**Comprehensive**

Certificate No. A 28845781 MKC

Excess : SGD500

1. Index Mark and Registration Number of Vehicle

GW61U

2. Name of Policyholder

Euro-Plate Pte Ltd

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

20/11/2018

4. Date of Expiry of Insurance

19/11/2019

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