

ASS. REC. BY:

REF:

C/MS619015660/P

Special Intervention

SUMMARY

ASSIGNMENT (Office)

Date/Time: 18/7/2019

From (Person): Nor Azian Binte Noordin of MSIG

Bill to:

Estimated Cost:

Estimated Cost: OD+TP+WS+TP RES / OD RES / EVA / INV / MV / CS

Insured:

To inspect Vehicle No:

Tet

± Workshop m/s

of

Claim No:

M600337

Policy No.

Excess:

Sam Lusted:

D.O.A. 18/7/2019

Make of Veh:

Made in Vail
(Cham's Racers)

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time

Action/Instruction ()	Estimate
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YN8539R-X

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 as aforesaid.

ACCIDENT STATEMENT

Date Of Report	18/07/2019 15:59
Date Of Accident	18/07/2019 14:30
Exact Location Of Accident	ALONG BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8539R
Insured/Policyholder	
Name Of Registered Owner	FULL HOUSE HOME FURNISHINGS PTE LTD
Co Reg No	200800889D
Email Address	JENA.TAN@FULLHOUSE.SG
Mobile Phone No	(LOCAL) +65-91184668
Alternative Phone No	Office-67525411
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (M)
Exact Purpose for which vehicle was being used at time of accident	
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	27937347
Cover Note Number	
Driver	
Name of Driver	DIDAR MUSTAKIM BILLAH
Passport No/FIN	G6515481T
Date Of Birth	01/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90261917

Fax Number	
Contact Number	
EMail Address	JENA.TAN@FULLHOUSE.SG
Address	NIL
Postcode	
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?	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)	2
Passenger 1	Name: : NOT APPLICABLE 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

ON 18/07/19 AT ABOUT 2:32PM, I WAS TRAVELLING ALONG BEDOK NORTH ROAD TOWARDS PIE. TRAFFIC LIGHT TURNED RED AND THE VEHICLE IN FRONT OF ME STOPPED. SO I STEPPED MY BRAKES AS WELL. HOWEVER, MY VEHICLE CONTINUED MOVING AND I WAS UNABLE TO STOP MY VEHICLE. I THEN KNOCKED INTO VEHICLE B. I WISH TO STATE THAT MY BRAKE DID NOT FUNCTION.

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	GBH8192K
Vehicle Make/Model/Colour	TOYOTA / PROACE / BLACK
Details Of Properties	VEH B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GOH SAY THONG
NRIC/Passport Number	S7012498Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

REAR PORTION

1

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	889D
Vehicle Details	
Vehicle No.:	YN8539R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Aug 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	CANTER FEB21ER4SDEB
Primary Colour:	White
Manufacturing Year:	2015
Engine No.:	4P10B67062
Chassis No.:	FEB21EA10171
Maximum Power Output:	-
Open Market Value:	\$30,826.00
Original Registration Date:	20 Jul 2015
First Registration Date:	20 Jul 2015
Transfer Count:	1
Actual ARF Paid:	\$1,542.00
Eligibility PARF Rebate Calculation	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Eligibility COE Rebate Calculation	
COE Expiry Date:	19 Jul 2025
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$39,541.00
COE Rebate Amount:	\$23,311.00
Total Rebate Amount:	\$23,311.00

The information contained herein is correct as at 26 Aug 2019

OK

SKETCH PLAN**IMPORTANT NOTICE**

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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:

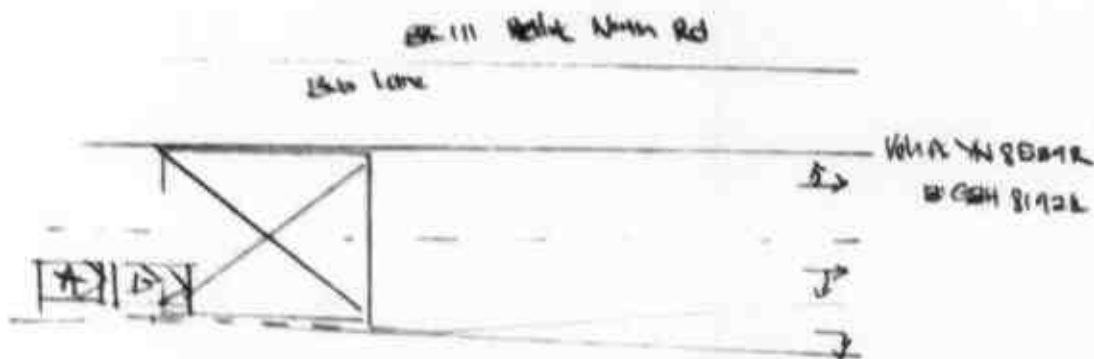
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/PIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/7/19 at about 2:30pm, I was travelling along Bellingham Rd towards PE. Traffic turned left & the vehicle in front of me stopped. So I stopped as well. However, my vehicle continued moving and I was unable to stop my vehicle. I then braked into vehicle B. I wish to state that my brake did not function.

[Signature]

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:

NARC/PIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Driving License

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 89A)
Republic of Singapore

Employer:
FULL HOUSE HOME FURNISHINGS PTE. LTD.

Photo

Name:
OZAR MUSTAKIM BILAL

Work Permit No:
G 53158151

Sector:
CONSTRUCTION

Barcode

88878978

VISIT PASS
Immigration Regulations

Name:
OZAR MUSTAKIM BILAL

Photo

Destination:
MALAYSIA

Date of Birth:
01-09-1988

Sex:
M

Nationality:
BANGLADESH

Multiple Journey Visa Issued

Download iChangepass App to check status

QR Code

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

Barcode

REPUBLIC OF SINGAPORE DRIVING LICENCE

Photo

Name:
OZAR MUSTAKIM BILAL

Birth Date:
01 Sep 1988

Issue Date:
10 Apr 2017

Valid Till:
10 Apr 2022

Barcode

88878978

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3: Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver, and other motor vehicles with unladen weight $\leq 2500\text{kg}$

Effective Date:
10 Apr 2017

Barcode