

Date In: 18/10/19 14:56	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: MA / FCZ 19018425164	E-mail (within 3hrs, AIC 2hrs)		
Veh No: YM 8182K	I-Motor Claim Form		
DDA: 1110 119 17:45	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer: (TP) Reporting Only	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Veh No: 59194 MID. 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 Ref No: 67886616)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Actions	Done by

Claimants Particulars	Invoice Description	Amount (\$)	Amount (\$)
MA1907849	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors Comments:	For claiming against INC Only (wof 10 Jan 2003)		
	6) TR: Re-inspection \$75		
	7) NI: Idao 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: Idao 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	18/10/2019 14:56
Date Of Accident	11/10/2019 13:45
Exact Location Of Accident	ALONG KJE NEAR WOODLANDS RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8182K
Insured/Policyholder	
Name Of Registered Owner	ENG TUANG TRADING
Co Reg No	45865400X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63155655

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-19093384MCVT
Cover Note Number	

Driver

Name of Driver	LIM GEK POON
NRIC No	S0196584J
Date Of Birth	10/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	31/10/1977
Driving Experience	41 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97534598
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 601 HOUGANG AVE 4 #01-121
Postcode	530601
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 - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191011/2172

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	59194MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time :	11/10/2019 13:45
Accident Location :	KRANJI Express Way Near Woodlands Road Exit.
Please Refer to Police Report No: 7/20191011/2172.	
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage <input type="checkbox"/> Third Party <input type="checkbox"/> Claim at other workshop (OD/TP)	

DECLARATION

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

IMPORTANT NOTE:
You are advised by the workshop not to be aware that you will not claim against your own policy (Own Damage Claim).
There is a POLYTECH (14) de plus de plus pourquoi de claim must be done with the equivalent 30% from the day of occurrence.

Handwritten signature



Handwritten signature

Handwritten signature

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.:



**SINGAPORE
POLICE FORCE**



T/20191011/2172

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191011/2172

CONTINUATION OF REPORT

Driver			
Name	LIM GEK POON	ID No.	S0196584J
Related Vehicle	YN8182K (Truck)	Contact No.	97534598
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 11/10/2019 at about 1345hrs, I was travelling along Kranji Expressway near Woodlands Road Exit on the 4th lane. I then felt an impact from the front left side of my vehicle. A military vehicle 59194MID grazed across my vehicle. I believe that the driver did not want to exit towards Woodlands Road but was on the most left lane hence moved towards the right and caused the accident. No one was injured. No police or ambulance was at scene.

I was then advised to lodge a traffic accident report as it involved a military vehicle. I was provided with a contact number HP: 81004911 (Sathya).



**SINGAPORE
POLICE FORCE**



T/20191011/2172

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20191011/2172

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:

F /
Sgt 3 ASHLEY TOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/10/2019 21:14

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

Personal Particulars

Date of Accident: 11/10/2019 Time of Accident: 13:45
Exact Location of Accident: Kranji Expressway Near Woodlands Road Exit
Owner's Name: Eng Tuang Trading NRIC No: 45865400X HP No: 63155655
Driver's Name: Lim Gek Poon NRIC No: S 0196584J HP No: 97534598
Date of Birth: 10/12/1954 Driving Licence Passing Date: _____ Occupation: Indoor / Outdoor
Address: 40 Jalan Angin Laut, Singapore 489247
Relationship of Driver with Insured: _____ Email Address: _____
Vehicle No: YN882K Make & Model: MITSUBISHI FM65FMIRDEA
Insurance Co: MS First Capital Insurance Limited Coverage: Third Party Policy No: D-19093384 MCVT

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only

*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work

*Weather Condition ? Clear / Raining / Others: _____ Wet / Dry / Others: _____

* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:

A: _____ B: _____ C: _____ D: _____

*Was Anybody Injured ? (Yes / NO) If yes,

Name / NRIC / In Vehicle: _____

*Was The Accident Reported To The Police ?

No / Yes, Which Police Station? _____

*Does the Driver Own Any Other Vehicle?

No / Yes, Vehicle Registration No: _____ Insurer: _____

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: _____

*Was there any video captured by Car Camera? (Yes / No)

Third Party Driver's Particulars

Vehicle B No: 59194 MID Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Vehicle C No: _____ Make & Model: _____

Driver's Name: _____ NRIC No: _____ HP No: _____

Witness Particulars

Name: _____ NRIC No: _____ HP No: _____



MS First Capital Insurance Limited Co. Reg. No. 195000106C GST Reg. No. M2-0001676-9
5 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy: : MOTOR COMMERCIAL VEHICLE / TANKER
Type of Cover: : Third Party
Certificate No: : D-19093384MCVT
Vehicle No / Chassis No : YN8182K / FM65FMA00195
Name of Insured : ENG TUANG TRADING
Period Of Insurance : 10.05.2019 To 09.05.2020
Insured Estimated Value : 0.00

Excess:

SGD3500 ALL CLAIMS

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Alwal Street, Chenn Leonn Building
Singapore 199896
www.tb.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

COVERAGE: THIRD PARTY ONLY UNDER MOTOR VEHICLE/TANKER

GEOGRAPHICAL AREA: THE REPUBLIC OF SINGAPORE ONLY

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

- (1) Whilst the vehicle is being used in connection with the Insured's business :-
 - (a) Any Person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes :-
 - (a) Any person who is driving on the Insured'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.

Limitations as to use*

- Use in connection with the Insured's business.
- Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.
- Use for social, domestic and pleasure purposes.

The Policy does not cover:-

- (1) Use 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.
- (3) Use for carriage of passengers for hire or reward.

* 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.

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)

MS First Capital Insurance Limited
(Approved Insurers)

KARENS/B0043/MZ301 *ds*

Issued at Singapore on 30.04.2019

P. J. C.

Authorised Signature