

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

19 MAY 19 157/20

Date In: 29/4/2009 16:05	Job description	Date & Time Completed	Done by
Ref No: N/A/M8969021133/Y	SAS e-filing		
Veh No: 985 309/Y	E-mail (3 days, AIC 2 hrs)		
DOA: 29/4/2009 10:20	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 985 309/Y	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: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date/Time	Ass't

2181909.075	1) AR: Accident Reporting (\$30)	INC (\$10)
Driver/Owner:	2) DA: Damage Assessment (\$100)	\$40/\$45
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$30
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$75
Auditor's Comments:	6) TR: Re-inspection	\$160
Ref. 1:	7) NI: Idao DA + SMRT Survey	
Ref. 2/3:	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (NI): TP (Non INC) against INC	\$20
	9) NI: 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	29/11/2019 16:05
Date Of Accident	29/11/2019 10:20
Exact Location Of Accident	OPEN CARPARK OF BLK 724 TAMPINES STREET 71
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3091Y
Insured/Policyholder	
Name Of Registered Owner	ADVANCE EXPRESS
Co Reg No	53251403C
Email Address	FATTYALEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98798779
Alternative Phone No	OFFICE-90611440

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
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	THIRD PARTY
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 28998986 MKC
Cover Note Number	

Driver

Name of Driver	LIU YICAI, ALAN
NRIC No	S8216858C
Date Of Birth	01/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2004
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98798779
Fax Number	
Contact Number	OTHERS-90611440
Email Address	FATTYALEN@HOTMAIL.COM

Address	BLK 409 TAMPINES STREET 41 #05-205
Postcode	520409
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 ON 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	2
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

PLEASE REFER TO SKETCH PLAN

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	GBH9468J
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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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:
NIC/FIN No:

SKETCH PLAN



A = GBD 3071Y

B = GBH 946BJ

Open Carpark of
SLK 724 Tampines Street 71

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

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:

Mr

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

29/11/2019
Rashid Abdullah

On 29.11.19 at about 10:20 hours at Open Carpark of BLK 724 Tampines Street 71. I was slow moving straight on my lane, when I realised vehicle (B) was coming out from a parking lot hence I stopped, when the vehicle (B) tried to travel against the traffic flow I immediately horned to alert continuously, but unfortunately vehicle (B) didn't noticed and collided onto front portion of my vehicle (A).

Vehicle (A): GBD 3091Y

Vehicle (B): GBH 9468J

Ala



*gr 29/11/2019
Rosh Umair*

SINGAPORE ACCIDENT STATEMENT

Accident Date:	29/11/2019	Time:	10:20	(hh:mm) 24 hr format
Location	Open Carpark of Blk 724 Tampines Street 71			
Vehicle Number	GBD 3091 Y			
Insured Name	Advance Express			
NRIC / FIN	53251403C	Contact Number	9679 5779	
Make	Nissan	Model	NV350	
Are you claiming under your own insurance policy for repair to your vehicle?				
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting				
Insurance Company	MSIG			
Type of Policy (<input checked="" type="checkbox"/>) Comprehensive () Third Party Fire & Theft () TP Only				
Policy Number	A28996986 MKC			
Name of Driver	Liu Yicai, AKA	() Same as Insured		
NRIC / FIN	58216858C	Contact Number	90611440	
Date of Birth	01/06/1982			
Driving Pass Date	20/04/2014			
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor				
Gender (<input checked="" type="checkbox"/>) Male () Female				
Email Address	PATTYALIN@HOTMAIL.COM	() NO EMAIL		
Address of Driver	BLK 409 Tampines Street 41			
	# 05-205 Singapore 520409			
Was driver an employee of the Insured's Company? (<input checked="" type="checkbox"/>) Yes () No				
If No, Relationship of the Driver with the Insured				
() Owner () Spouse () Friend () Relative () Children () Sibling				
Does the Driver Own Any Other Vehicle? () Yes () No				
If Yes, Vehicle Registration Number of Driver's Own Vehicle				
Insurance Company of Driver's Own Vehicle				
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others				
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others				
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No				
Was anybody injured in the accident? () Yes (<input checked="" type="checkbox"/>) No				
If yes, injured detail				
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No				
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report				
DETAILS OF 3 rd party Name / Nric Contact				
Veh B	GBH 9469J			
Veh C				
Veh D				
Veh E				
Veh F				

Driver Only.



MSIG

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way # 21/01, SGX Centre 2, Singapore 068817

Tel: +65 6827 7888, Fax: +65 6827 7800

Co. Reg No: 200412212C, GST Reg No: 2004122125

Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Form M.T. 305

Goods Carrying Vehicle - sub: 1

COMMERCIAL VEHICLE

Comprehensive

Certificate No. A 2899692E-NKC

Excess: S\$5500

1. Index Mark and Registration Number of Vehicle

GRD3C91Y

2. Name of Policyholder

Advance Express

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

26/08/2019

4. Date of Expiry of Insurance

27/08/2020

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