

NATIONAL Assessment Centre Services

[Part 1 - Jan 03]

MVA 119158843

2/12/19 15:38
MSG
MA/7MZ 19021226/64
GDF 2097C
30/11/19 12:35

TP

Job description	Date & Time Completed	Done by
SAS e-filing		
E-mail (within 2hrs, AIC 2hrs)		
I-Motor Claims Form		
I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
I-Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax / Hand to Owner/VL312		

Tel:

Fax:

Particulars

Veh No: SLC 1594 M

INC () / Non-INC ()

Tel:

Driver

Owner

()

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 ()

License (\$)

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:

2 (INC) (0011908006)

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

2) QC Check / Post Repair Inspection ()

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

Signature:

Date/Time:

Location:

MA1909049

Comments/Particulars:

Owner/Owner

Driver No:

Damaged Portion:

Checked by (Ingr-In-Charge):

Author's Comments:

Invoice Item	Amount	Amount
1) AIR: Accident Reporting (\$30)		30.00
2) DA: Damage Assessment (\$100)	INC (\$40)	
3) TP: Towing Fee	\$40/\$45	
4) TP: Follow-Through Survey	\$120	
5) TP: Follow-Through Survey (Resurvey)	\$30	
Per claimant's request UNC Only (over 10 Jan 2023)		
6) TR: Re-Inspection	\$75	
7) NI: Idao DA + SMRT Survey	\$160	
8) NIUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$5	
*NR: Repair Coordination	\$10	
*NT: Post Repair Inspection	\$25	
*ND: DV / Collect License Coordination	\$5	
*TP (NI1): TP (Non INC) against INC	\$20	
9) NI2: 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	02/12/2019 15:38
Date Of Accident	30/11/2019 12:35
Exact Location Of Accident	ALONG DOVER RD TWDS CLEMENTI NEAR MAIDSTONE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2097C
Insured/Policyholder	
Name Of Registered Owner	TOH CHIN LEONG CONSTRUCTION PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96236297

Vehicle Particulars

Manufacturer	ISUZU
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	B 29075441 MKF
Cover Note Number	

Driver

Name of Driver	AW YONG SEOW WEE
NRIC No	S0149562C
Date Of Birth	29/01/1954
Occupation	OUTDOOR
Date Of Driving Pass	16/06/1972
Driving Experience	47 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96236297
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 652 HOUGANG AVE 8 #09-359
Postcode	530652
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 - CROSS JUNCTION
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?	YES
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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20191130/2155

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC1594M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AW YONG SEOW WEE
Approximate Age	
Injuries Sustain	NECK N BACK
Injured person in which vehicle?	GBF2097C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

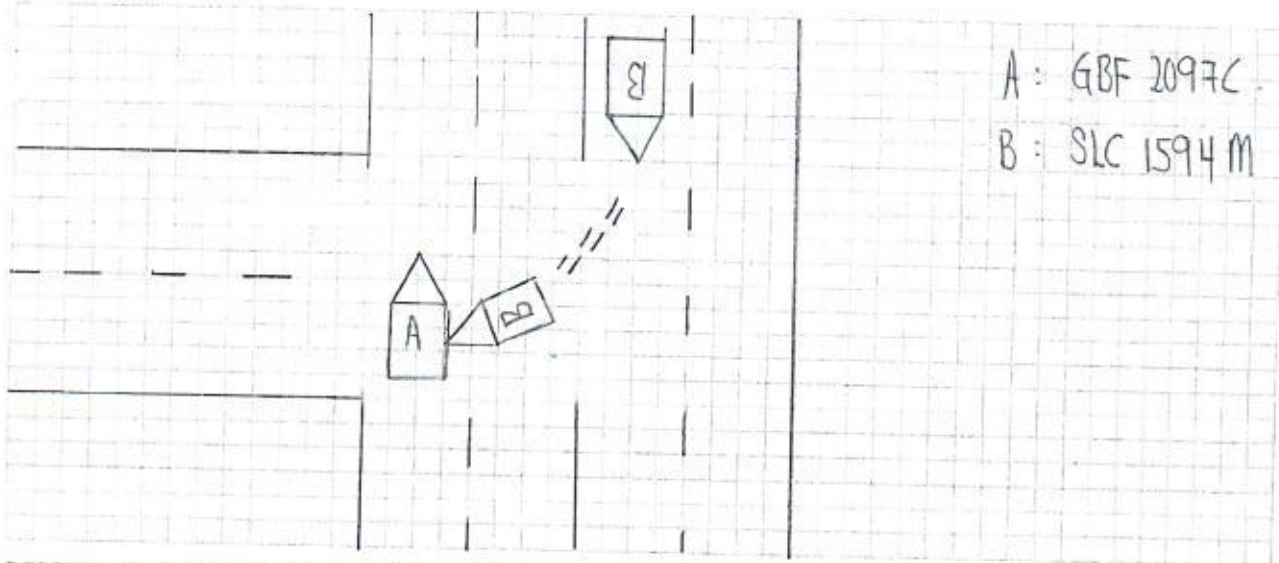


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report No: T/20191130/2155.

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/20191130/2155

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

1 of 3

Report No. T/20191130/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

30/11/2019 21:41

Vide Report No.:

Station Diary No.:

18

Informant's Particulars

Name of Informant:

AW YONG SEOW WEE

Address:

APT BLK 652 HOUGANG AVENUE 8 #09-359 SINGAPORE 530652

ID Type / ID No.:

NRIC NO / S0149562C

Contact No.:

Home/Office:

Mobile: 96236297

Nationality:

SINGAPORE CITIZEN

Email:

Sex:

Male

Age:

65

Date of Birth:

29/01/1954

Type of Informant:

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

Lorry driver

Driving Licence Information:

Class: 3

Date of Expiry:

General Information of the Accident

Type of Accident:

Non-Injury

Drink Drive:
No

Date/Time of Accident:

30/11/2019 12:35

Type of Location:
T-Junction

Location:

Along Road 1
DOVER ROAD

towards Clementi, near to Maidstone Rd

Weather:

Clear

Road Surface:

Dry

Road Speed Limit:
60 Km/h

Traffic Flow:

Two Way

Traffic Control:

Not Controlled

Traffic Volume:
Moderate

Type of Collision:

Between Moving Vehicles - Side Swipe - Opposite Direction

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF2097C	Lorry	ISUZU		White	Seriously Damaged	0
SLC1594M	Car	MITSUBISHI		Silver	Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191130/2155

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20191130/2155

CONTINUATION OF REPORT

Driver			
Name	AW YONG SEOW WEE		ID No. S0149562C
Related Vehicle	GBF2097C (Lorry)		Contact No. 96236297
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	30/11/2019	Date Discharge	30/11/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Driver			
Name	THOMAS CHARLES ALEXANDER		ID No. G5967964W
Related Vehicle	SLC1594M (Car)		Contact No. NIL
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 30/11/19 at about 1235hrs, I was driving my lorry(GBF2097C) along Dover Rd towards Clementi on a straight Rd. While my lorry was approaching Maldstone Rd, a car(SLC1594M) suddenly made a sharp right turn and collided onto the right side of my lorry. At the point of time, the traffic was clear for me to continue driving straight. Due to the collision, my lorry made a 360 degree turn and came to a stop. I was feeling giddy due to the accident as such I stayed in my driver seat and did not get down. The driver of the car came over me to made a check on me and asked if I needed ambulance. I told him that I did not require any medical assistance and will go consult a doctor later. After that we exchange particulars and he left the place. After the accident, I went to consult a doctor at Mount Alvenia Hospital as I felt pain on my shoulder, left side of my body and part of my legs were swollen. After consulting the doctor, I was given 4 days of MC to rest.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20191130/2155

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Report No. T/20191130/2155

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:
G /
Staff Sgt SOONG PEI XING

Signature Of Interpreter:
Not applicable.

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Ea Ph Ch P3

Date/Time:
30/11/2019 21:41

Classification Of Case:

Date of Accident : 30.11.2019 Accident Time: 12.35 (24-HR-Format)
 Accident Place : Along Road 1 Dover Road Towards Clementi, Near to Maidstone Road
 Vehicle No. (Car Plate No.) : GBF 2097C Make/Model: ISUZU NHR 85 AVE 4AA
 Insurance Company : MSIG Policy No: B 29075441 MKF.
 Owner or Company Name / IC No. : Teh Chin Leong Construction Pte Ltd.
 Owner or Company Contact No. : - Owner's Hp - Company Tel
 DRIVER'S Name / IC No. : Aw Yong Peow Wee (S0149562C)
 DRIVER'S Date Of Birth : 29.01.1954 DRIVER'S License Pass Date 16.06.1972
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : Blk 652 Hougang Avenue 8 # 09-359 (S) 530652
 DRIVER'S Contact No./ Alt No. : 1) 9623 6297 2) -
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : -
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 1 Driver
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): Yes (Neck & Back)

Other Party Driver's Particular (if any)

Vehicle No: <u>SLC 1594M</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:



陳錦榮

**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

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

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.2.300
 Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE - FLEET
Comprehensive

Certificate No. B 29075441 MKF

Excess: SGD700

1. Index Mark and Registration Number of Vehicle
GBF2097C
2. Name of Policyholder
Toh Chin Leong Construction Pte Ltd
3. Effective Date of the Commencement of Insurance for the purposes of the Act
24/03/2019
4. Date of Expiry of Insurance
23/03/2020
5. Persons or Classes of Persons entitled to drive*

Any other person provided he is in the Policyholder's employ and 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