

NATIONAL Assessment Centre Services

Date In: 16/12/19	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19022125/13	SAS e-filing		
Veh No: SMN3029X	E-mail (within 8hrs. AP: 2hrs)		
D.O.A: 13/12/19 1815	i-Motor Claim Form		
OD: (TP) Reporting Only	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: (M GARAGE)	Tel:	Fax:
TP Particulars:	Veh No: SJD3504D	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

NAI909393	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) RT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR : Re-inspection \$75		
Cat. 2/3:	7) N1 : Idac 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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Revision 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	16/12/2019 17:04
Date Of Accident	13/12/2019 18:15
Exact Location Of Accident	ALONG AIRPORT RD TWDS MACPHERSON
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMN3029X
Insured/Policyholder	
Name Of Registered Owner	WEIDA LOGISTICS & SUPPLY
Co Reg No	53338385D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29131923 MCX
Cover Note Number	
Driver	
Name of Driver	SOH KIM YONG @ LEOW KAH HOCK
NRIC No	S0835560F
Date Of Birth	03/03/1950
Occupation	OUTDOOR
Date Of Driving Pass	05/02/1972
Driving Experience	47 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87783921
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	BLK 180C MARSILING ROAD #21-2228
Postcode	733180
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPRIETOR
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	RAINING
Road Surface	WET

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)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD3504D
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	SOH KIM YONG @ LEOW KAH HOCK
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SJD3504D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodging 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.

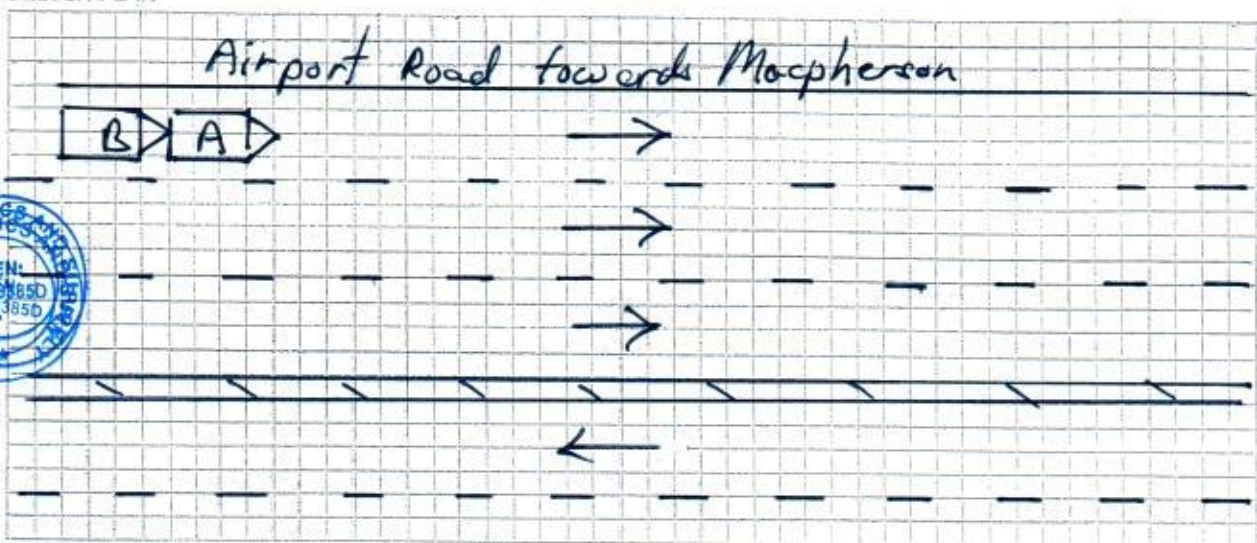


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/12/2019 at about 1815 hrs at along Airport Road towards Macpherson before Ubi Rd 2. I was travelling on the extreme left lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Moment later, I felt a great impact from the Rear and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle.

CA, SMN 3029 X

(B) SJD 3504 D

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We declare that the 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.:

CRASH INVESTIGATION UNIT

Date of Accident : 13/12/19 Accident Time: 18:15 (24-HR-Format)
 Accident Place : at along Airport Road towards Macpherson
 Vehicle Reg. No. (Car Plate No.) : SMN 3029x before Ubi Rd 2.
 Vehicle Make/Model : HYUNDAI AD AVANTE 1-6 GLS (A)
 Insurance Company : MSIG Policy No. A29131923 MCX
 Owner or Company Name / IC No. : WEIDA LOGISTICS AND SUPPLY / 53383850
 Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
 DRIVER'S Name / IC No. : SOH Kim Yong / 508355607
 DRIVER'S Date Of Birth : 03-03-1950 DRIVER'S License Pass Date 5-Feb-1972
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
 DRIVER'S Address : BLK 180C MARSILING RD #21-228
 DRIVER'S Contact No. / Alt No. : 1) 8778 3921 2) 5 (733180)
 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): 5 person only - (m) unknown x 4 person
 Was there any video Captured by car camera: YES \ NO * Driver - back & neck pain
 Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particular (if any)

(3) Vehicle Reg. No: SGD 35040
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____

Vehicle Reg. No: _____
 Vehicle Make/Model: _____
 Name Driver: _____
 IC No. Driver: _____
 Driver's Contact & Add: _____



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.2.400
 Date for Work:

MOTORMAX-COMMERCIAL
 Comprehensive

Certificate No. A 29131923 MCX

Excess: SGD3,500

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
 SMN3929X

2. Name of Policyholder
 Weida Logistics & Supply

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 31/07/2019

4. Date of Expiry of Insurance
 30/07/2020

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 for the carriage of passengers or goods in connection with the Policyholder'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 (other than for reward) 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 35 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG
 AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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

mx201908060954

INFORMATION RESOURCES

WHILST EVERY ENDEAVOR IS MADE TO ENSURE THAT INFORMATION PROVIDED IS UPDATED AND CORRECT. THE AUTHORITY DISCLAIMS ANY LIABILITY FOR ANY DAMAGE OR LOSS THAT MAY BE CAUSED AS A RESULT OF ANY ERROR OR OMISSION.

Business Profile (Business) of WEIDA LOGISTICS AND SUPPLY (53338385D)

Date: 19/07/2019

The Following Are The Brief Particulars of :

Name of Business	:	WEIDA LOGISTICS AND SUPPLY
Former Name(s) if any	:	
Date of Change of Name	:	
Registration No.	:	53338385D
Registration Date	:	31/05/2016
Commencement Date	:	31/05/2016
Status of Business	:	Live
Status Date	:	02/06/2017
Renewal Date	:	02/06/2017
Expiry Date	:	31/05/2020
Renewal via GIRO	:	NO
Constitution of Business	:	Sole-Proprietor
Principal Place of Business	:	56 CHOA CHU KANG NORTH 6 #03-34 YEW MEI GREEN SINGAPORE (689577)
Date of Change of Address	:	

Principal Activities

Activities (I)	:	VALUE ADDED LOGISTICS PROVIDERS (52291)
Description	:	
Activities (II)	:	PASSENGER LAND TRANSPORT N.E.C. (EG PRIVATE CARS FOR HIRE WITH OPERATOR AND TRISHAWS) (49219)
Description	:	

Particulars of Authorised Representative(s)

Name	ID	Nationality	Address	Address Source	Date of Appointment
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Authentication No. : D19512387A

INFORMATION RESOURCES

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Business Profile (Business) of WEIDA LOGISTICS AND SUPPLY (53338385D)

Date: 19/07/2019

Existing Sole-Proprietor(s) / Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry	Position
DAREN	S8848875Z	SINGAPORE CITIZEN	56 CHOA CHU KANG NORTH 6 #03-34 YEW MEI GREEN SINGAPORE (689577)	ACRA	31/05/2016	Owner

Withdrawn Partner(s)

Name	ID	Nationality/Place of Incorporation/Origin	Address	Address Source	Date of Entry	Date of Withdrawal
					Position	

Abbreviation

OSCARS - One Stop change of Address Reporting Service by Immigration & Checkpoint Authority.

Note :

- The information contained in this Business Profile is extracted from lodgements filed by this entity with ACRA.
- The list of officers for this entity is available for online authentication within 30 days from the date of purchase of this Business Profile. Please scan the QR code available on the last page of this profile to access the authentication page. For more information, please visit www.acra.gov.sg.

FOR REGISTRAR OF COMPANIES AND BUSINESS NAMES
SINGAPORE

RECEIPT NO. : ACRA190719121497

DATE : 19/07/2019

This is computer generated. Hence no signature required.



Authentication No. : D19512387A

Register New Vehicle (Acknowledgement)

Vehicle Particulars

Vehicle No.:	SMN3029X		
Vehicle Type:	Z10 - Private Hire (Chauffeur) Motor Car	Vehicle Scheme:	Normal
Vehicle Attachment 1:	No Attachment		
Vehicle Attachment 2:	-	Vehicle Attachment 3:	-
Vehicle Make:	HYUNDAI	Vehicle Model:	AD AVANTE 1.6 GLS (A)
Chassis No.:	KMHD841CMKU934099	Engine No.:	G4FGKU169330
Motor No.:	-	Trailer Chassis No.:	-
Propellant:	Petrol	Passenger Capacity:	4
Engine Capacity:	1591 cc	Power Rating:	-
Maximum Power Output:	93.8 kW (125 bhp)		
Unladen Weight:	1345 kg	Maximum Laden Weight:	1800 kg
Primary Colour:	Grey	Secondary Colour:	-
First Registration Date:	31 Jul 2019	Original Registration Date:	31 Jul 2019
Manufacturing Year:	2019	Open Market Value:	\$12,631.00
PARF Eligibility:	Yes	Minimum PARF Benefit:	\$6,315.00
No. of Transfers:	0	Additional Registration Fee Rate:	First \$12,631.00 (100%)
Actual ARF Paid:	\$12,631.00		

Owner Particulars

Owner Name:	WEIDA LOGISTICS AND SUPPLY
Owner ID Type:	Business
Owner ID:	53338385D
Registered Address Type:	Private Residential (Condo Apt or House) / Shopping / Office Complexes
Registered Block/House No.:	56
Registered Street Name:	CHOA CHU KANG NORTH 6
Registered Unit No.:	# 03 - 34
Registered Building Name:	YEW MEI GREEN
Registered Postal Code:	689577
COE No. / Expiry Date:	2019080101002793K / 30 Jul 2029
COE Bid Category:	A - Car up to 1600cc & 97kW (130bhp)
QP Paid:	\$26,667.00

Transaction Details

Business Transaction Ref. No.:	20190731085036153686
Business Transaction Date:	31 Jul 2019
Business Transaction Time:	08:50:36

Message

The above vehicle has been successfully registered.
Please note that \$29,887.00 will be deducted from your GIRO account.

OK Save as PDF