

# NATIONAL Assessment Centre Services

[ver 1 Jan 2021]

MNA 120009544

Date In: 20/1/20 19:09	Job description	Date & Time Completed	Done by
Ref No: NA / MSG 20001214164	SAS e-filing		
Web No: 62 7162 A	E-mail (within 3hrs, A/C 2hrs)		
TPA: 20/1/20 06:45.	I-Motor Claim Form		
Q1: <input checked="" type="radio"/> Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
	I-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: G8J 28 U	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 Hotline: 6789 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

MA2000691

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	30.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (ver 10 Jan 2020)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	Q1:		
	*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 (N'm INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	20/01/2020 19:09
Date Of Accident	20/01/2020 06:45
Exact Location Of Accident	BKE TWDS PIE B4 PIE(CHANGI) NEAR ERP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7162A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WING LIAN ENGINEERING CONSTRUCTION
Co Reg No	5XXXX600E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98198330
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FUSO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A 28988078 MKC
Cover Note Number	

### Driver

Name of Driver	SEAH CHYE GUAN
NRIC No	SXXXX943F
Date Of Birth	24/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1989
Driving Experience	30 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98198330
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 648A JURONG WEST ST 61 #03-230
Postcode	641648
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	CHAIN 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	4
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: : GANESAN ARULMANI GENDER: : MALE
Passenger 2	NAME: : MURUGAN RAMACHANDSAN GENDER: : MALE
Passenger 3	NAME: : KARUPPAIAH MURUGESAN GENDER: : MALE
Passenger 4	NAME: : RAMU SARAVANAN 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

REFER TO STATEMENT

#### 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	GBJ28U
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YM9486H  
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)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GBG2328G  
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)

#### DETAILS OF INJURED PERSON 1

Name SEAH CHYE GUAN  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? GZ7162A  
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.
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. 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.

Wing Lian  
Engineering  
Construction

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

Vehicle X: all unknown. BKE (PIE) Before Changi

BKE (PIE) Before Changi  
Exit

A: GZ7162A C: YM9486H  
B: GBJ28U D: GBG2328G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight on the middle lane out of three lanes along BKE (PIE) before Changi Exit. Traffic was congested.

Vehicle in front of me suddenly braked due to heavy traffic. I followed suit and braked.

Suddenly, I felt a huge impact. Vehicle "B" hit onto rear portion of my vehicle. The huge impact caused my vehicle to be pushed forward and collided onto vehicle "D".

After the accident, I alighted and realised it was a 7-cars chain collision. As it was too dark, I did not manage to take carplate of first three vehicle.

I also felt pain on my neck, back and chest.

DECLARATION

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

Policyholder's Signature

Date & Time:

Wing Lian  
Engineering  
Construction

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



VEHICLE NO:	GZ 7162A	MAKE & MODEL:	Mitsubishi Fuso
DATE OF ACCIDENT	20 / 01 / 2020		
TIME OF ACCIDENT	0645		AM/PM
LOCATION OF ACCIDENT	BKE Towards P.I.E Before PJE (Changi)		
EXACT PURPOSE USE DURING ACCIDENT	Near ERP.		
NAME OF OWNER	Wing Lian Engineering Construction		
TEL NO	98198330		
NRIC	51238600E		
CLAIM TYPE	CD / THIRD PARTY / REPORTING ONLY		
INSURANCE CO	MSIG		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	A28988078 MKC		
NAME OF DRIVER	As Above / (if No) Sean Chye Guan		
NRIC	S6803943F		
DATE OF BIRTH	24 / 01 / 1968	Any Passengers:	04
OCCUPATION	Outdoor / Indoor		
DATE OF DRIVING PASS	29 / 09 / 1989		
GENDER	Male / Female		
CONTACT NO.	98198330	Office:	Home:
ADDRESS	648A Jurong West St 61 #03-230 S(64/648)		
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:		
RELATIONSHIP	Employee / If No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: Who? Sean Chye Guan (m)		
CONTACT NO.			
POLICE REPORT	No / If yes: Where?		
VEHICLE B NO.	GBJ28U	Any Passenger:	Unsure
NAME			
CONTACT NO.			
VEHICLE C NO.	YM9486H	Any Passenger:	Unsure
VEHICLE D NO.	GBG2328G	Any Passenger:	Unsure
VEHICLE E NO.	Unknown	Any Passenger:	
VEHICLE F NO.	Unknown	Any Passenger:	
ANY WITNESS			
WITNESS CONTACT NO.			
OWNER/DRIVER EMAIL			
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.		
	1 Kaki Bukit Ave 5, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
TEL NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyl		
FAX NO.	FAX: 6741 7276		
EMAIL	reena@nhtmotor.com		
	admin@nhtmotor.com		



MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7000  
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

bnv87532  
29/1/19

# COMMERCIAL VEHICLE

# RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
A 28988078 MKC	08/08/2019 to 07/08/2020	SINGAPORE
Name and Address of Insured		Date of Issue
Wing Lian Engineering Construction 113 Teck Whye Lane #02-668 Singapore 680113		19/07/2019
		Account Number
		140043
Premium	GST	Total Due
SGD902.56	SGD63.18	SGD965.74

RISK NUMBER 1

COMMERCIAL VEHICLE

## BUSINESS

Engineering / Construction

SCOPE OF COVER Third Party Fire & Theft

## INTEREST INSURED

ITEM	0001	SUM INSURED	MARKET VALUE
REGISTRATION NO.	GZ7162A	NO CLAIM DISCOUNT	20.00% (or F/D)
MAKE/MODEL	Mitsubishi FB70ABOSRDEB + Hood	EXCESS	NIL
ENGINE NUMBER	4M40HB8324	WINDSCREEN	NIL
CHASSIS NUMBER	FB70ABA00444	ANNUAL PREMIUM	SGD902.56
YEAR OF MFG	2006		
CAPACITY	2 TONS		
SEATING CAPACITY	2 (INCL. DRIVER)		

## AUTHORISED DRIVERS

Any other person provided he is driving on the Insured's order or with the Insured's permission.

## LIMITATION 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.