

NATIONAL Assessment Centre Services.

(Just 1 Jan 2003)

MNA/20031969

Date In: 13/03/2020 12:14	Job description	Date & Time Completed	Done by
Ref No: MNA/FC/20003956/4	SAS e-filing		
Veh No: YH 4910C	E-mail (to Julia Sherr, AIC 21st)		
D.O.A: 17/03/2020 14:30	I-Motor Claims Form		
QID (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/Whan		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XO 8377D	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 ()	

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repair.	
() 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:	
Location:	
Weather:	
Witness:	
Police:	
Other:	

N/A 2002043		Invoice dated		Fee Charged	
Claimant Particulars:	Driver/Owner:	1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	INC (\$10)	
Contact No:	Damaged Portion:	3) TP: Towing Fee	4) PT: Follow-Through Survey	\$40/\$45	\$120
QC Checked by (Engr-In-Charge):		5) PF: Follow-Through Survey (Resurvey)	6) TR: Re-inspection	\$30	\$75
Auditors Comments:		7) NI: Ideal DA + SMRT Survey	8) NIUC Additional Services:	\$160	
Ref: 1;		9) NI: Ideal Mobile	10) NI: Ideal Mobile		
Ref: 2/3;		11) NI: Ideal Mobile	12) NI: Ideal Mobile		
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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	13/03/2020 12:16
Date Of Accident	12/03/2020 14:30
Exact Location Of Accident	JURONG ISLAND HIGHWAY JUNCTION SERAYA PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4910C
Insured/Policyholder	
Name Of Registered Owner	POWERGAS LIMITED
Co Reg No	1XXXXX471E
Email Address	JASPERNKT@SPGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-82821809
Alternative Phone No	OFFICE-82821809

Vehicle Particulars

Manufacturer	ISUZU
Model	NJR85AUE6W
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-19093089MFCV/29
Cover Note Number	

Driver

Name of Driver	KHOO CHIN HON (QIU ZEN FENG)
NRIC No	SXXXX475D
Date Of Birth	25/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82821809
Fax Number	
Contact Number	OTHERS-82821809
Email Address	CHINHON@SPGROUP.COM.SG

Address	BLK 533 UOQER CROSS STREET #07-214
Postcode	050533
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 TO REAR
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	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address:	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX, BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200313/2025

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	XD8317D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BARRATHANS S/O KUNDAR
NRIC/Passport Number	SXXXX811H
Contact Number	96200414
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KHOO CHIN HON (QIU ZEN FENG)

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? YN4910C

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.

Singapore Power Limited

2 Kallang Sector

Singapore 349277

Co. Registration No: 199408577N

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

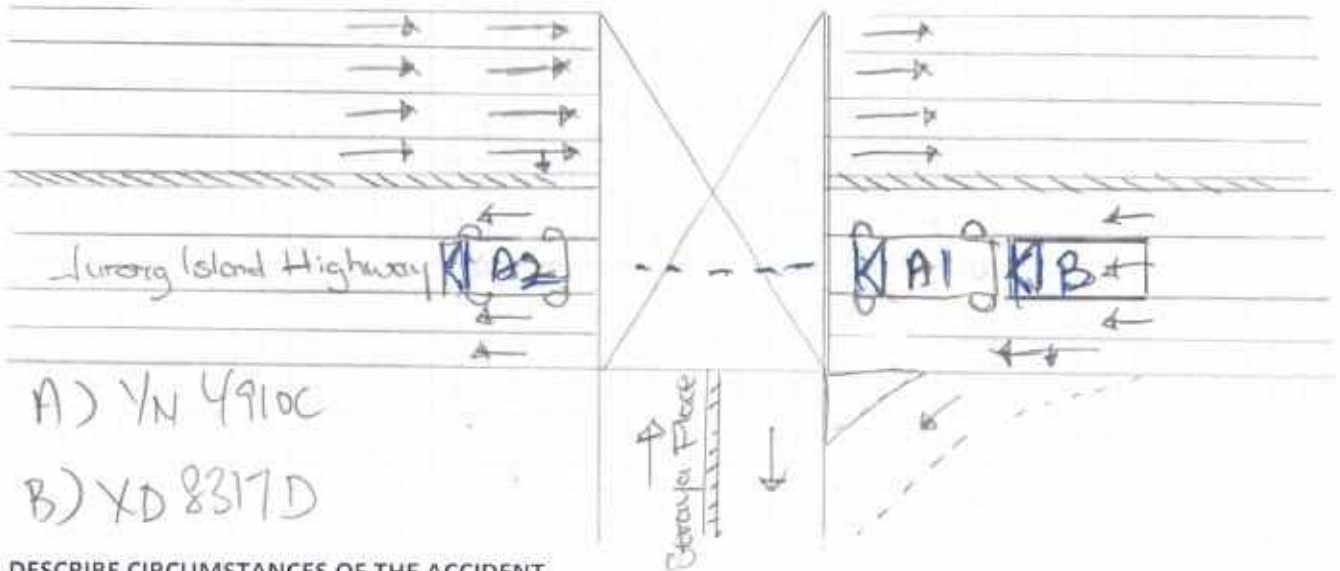
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



A) YN 4910C

B) XD 8317D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20200313/2025

DECLARATION

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

13-03-2020
1025.

Singapore Power Limited

2 Kallang Sector
Singapore 349277

Co. Registration No: 199406577N

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

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

13/03/2020

Res. Li. [Signature]

ACCIDENT STATEMENT

ACCIDENT DATE: (12 / 08 / 2020) (DD/MM/YYYY), TIME: (14 : 30) (HH:MM)

LOCATION: Lorong Island Highway Junction Seraya Port

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 4910C
b) INSURANCE COMPANY: MB First Capital Insurance Limited
c) POLICY NUMBER: D-19093089 MFCV/29
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: ISUZU
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Ktoo Chin Hin (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 883224750 CONTACT: 82221809
c) ADDRESS: Upper Cross Street Block 523 #07-214
81055223

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: SP Group (Pte) Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 1994065774 CONTACT: 199504471E
c) ADDRESS: 950 Terry Road

* d) DATE OF BIRTH: (25 / 07 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 29/12/2006

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Canberra Police Station

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: XD 8317 D MODEL: Truck
b) DRIVER'S NAME: Bagranso Kurdar
c) NRIC/FIN/PASSPORT: 013818114 CONTACT: 96200414

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = clinton@spgroup.com.sg
jasper@spgroup.com.sg
VIDEO
Jasper@spgroup.com.sg



SINGAPORE POLICE FORCE



T/20200313/2025

1 of 3

Report No. T/20200313/2025

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2020 08:48		Vide Report No.: M/20200312/0036		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: KHOO CHIN HON			Address: APT BLK 533 UPPER CROSS STREET #07-214 SINGAPORE 050533		
ID Type / ID No.: NRIC NO / S8322475D			Contact No.: Home/Office: Mobile: 82821809		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 25/07/1983	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2020 14:30	Type of Location: Straight Road
Location: Along Road 1 JURONG ISLAND HIGHWAY before the junction of Seraya place.				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD8317D	Lorry				Slightly Damaged	0
YN4910C	Lorry				Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20200313/2025

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

2 of 3

Report No. T/20200313/2025

CONTINUATION OF REPORT

Driver				
Name	KHOO CHIN HON		ID No.	S8322475D
Related Vehicle	YN4910C (Lorry)		Contact No.	82821809
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/03/2020		Date Discharge	12/03/2020
No. of Days granted Medical Leave	04		Degree of Injury	Slight
Driver				
Name	S1381811H		ID No.	BARRATHANS/OKUNDAR
Related Vehicle	NIL		Contact No.	96200414
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 12/03/2020 at about 1430hrs, I was travelling along Jurong Island high way while I was about to pass the junction of seraya place junction with my company vehicle YN4910C, I was slowing down and came to a stop as the traffic light at the said junction was amber and subsequently turned to red. When I stopped my vehicle, I felt a very heavy impact from behind. Vehicle XD8317D has knocked onto the rear of my vehicle causing the crash bar of my vehicle to be damaged. As I felt giddiness, pain from my neck and shoulders, I called for police assistance. I was then attended by traffic police and ambulance but as I am still able to walk properly, I was not conveyed to the hospital. I sought treatment at Singapore General Hospital and got a 4 days MC (MC number: EMD202089299).



**SINGAPORE
POLICE FORCE**



T/20200313/2025

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 3

Report No. T/20200313/2025

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:
A /
Sgt 2 POH YONG SHENG, MATTHEW

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
13/03/2020 08:48

Classification Of Case:

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: : COMMERCIAL VEHICLE - FLEET
 Type of Cover: : Third Party
 Certificate No. : D-19093089MFCV/29
 Vehicle No / Chassis No : YN4910C / NJR857036612
 Name of Insured : POWERGAS LIMITED
 Period Of Insurance : 01.04.2019 To 31.03.2020
 Insured Estimated Value : 0.00

Excess :

SGD3,600.00 ALL CLAIMS IS IMPOSED ON THOSE DRIVERS WHO ARE BELOW 23 YEARS
 OLD AND/OR WHO HAVE LESS THAN 3 YEARS OF DRIVING EXPERIENCE

Authorised Driver*

ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*

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*

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

The Policy does not cover:-

- (1) Use for hire or reward or for racing, pacemaking, 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.

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)

[Signature]

Authorised Signature

JORDINE/B0009/MZ300C

Issued at Singapore on 26.03.2019