

NATIONAL Assessment Centre Services.

[ver 1 Jan'00]

NA420034824

Date In: 20/03/2020 14:15	Job description	Date & Time Completed	Done by
Ref No: N/A/1864200042934	SAS e-filing		
Veh No: XB 3140H	E-mail (3 days, AIC 2hrs)		
D.O.A: 18/03/2020 09:25	I-Motor Claims Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: SMC 2214	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 repairer.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoices: 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	Signature

NA2002214	1) AIT: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
Auditor's Comments:	For claiming against INC Only (ver 10 Jan 2003)	
Cal. 1:	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NIUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (Nil): TP (Nil) INC against TRG \$20	
	9) N12: Idas 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	20/03/2020 14:15
Date Of Accident	18/03/2020 09:25
Exact Location Of Accident	PIE TOWARDS TUAS BEFORE JALAN BAHAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB3740H
Insured/Policyholder	
Name Of Registered Owner	AIK HOE HENG CONSTRUCTION ENGINEERING WORKS
Co Reg No	3XXXX500M
Email Address	AIKHOEHENG@SINGNET.CO.SG
Mobile Phone No	(LOCAL) +65-97306806
Alternative Phone No	OFFICE-63686806

Vehicle Particulars

Manufacturer	SCANIA
Model	PRIME MOVER
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	REPORTING ONLY
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 300238261 MKC
Cover Note Number	

Driver

Name of Driver	KOH CHEE CHOON
NRIC No	SXXXX412A
Date Of Birth	14/12/1956
Occupation	OUTDOOR
Date Of Driving Pass	12/02/1982
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97306806
Fax Number	
Contact Number	OFFICE-63686806
EMail Address	AIKHOEHENG@SINGNET.CO.SG

Address	BLK 284 TOH GUAN ROAD #05-267
Postcode	600284
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	SIDE SWIPE
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	SMQ2221Y
Vehicle Make/Model/Colour	MERCEDES BENZ
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)	

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.


Policyholder's Signature
Date & Time: 


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

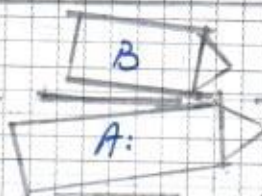

Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

P1E TO TUAS

A: XB37404

B: SMQ 22214



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on mentioned date and time, I was driving along P1E in a direction towards Tuas. Whilst moving straight, I checked my LH side mirror and "ON" my signal as there is approaching vehicle. In the process of changing lane, vehicle-B encroached into my lane & both our vehicle collided against each other.

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:

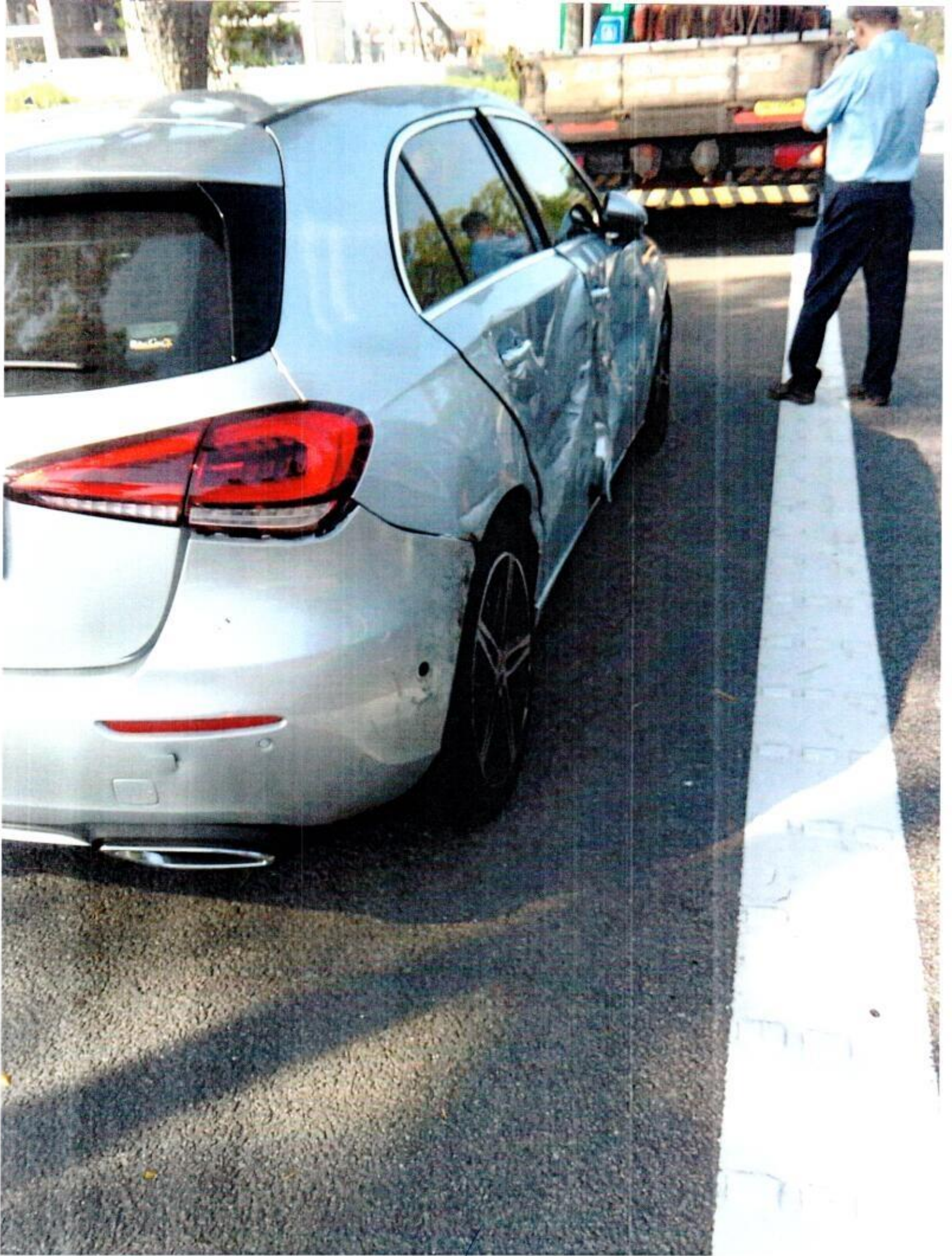
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

MOTOR ACCIDENT REPORT FORM			
BASIC INFORMATION			
Date of Report:		Time:	
Date of Accident:	18/03/2020	Time:	0925 HRS
Exact Location of Accident:	PIE TO TRUCK, BEFORE JLN BAHAR EXIT.		
DETAILS OF OWN VEHICLE			
Vehicles Registration Number:	XB 3740H	Contact No.:	6368 6806
Name of Registered Owner:	AIK HOE HENG CONSTRUCTION ENGINEERING WORKS		
NRIC/Passport No./FIN:	NA	Co. Reg. No. (for Co. Vehicle only):	32321500M
Owner Address:	70 WOODLANDS INDUSTRIAL PARK E9		
Owner Email Address:	aikhoeheng@singnet.com.sg		
Vehicle Particulars			
Manufacturer:	Toyota <input type="checkbox"/> Lexus <input type="checkbox"/> BMW <input type="checkbox"/> Merc <input type="checkbox"/>	Model:	SCANIA PRIME MOVER
Exact purpose for which vehicle was being used at the time of accident	Normal Usage <input type="checkbox"/> Others <input checked="" type="checkbox"/> (Please state) WORK		
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> No, Third Party <input type="checkbox"/>		
Vehicle Category:	Private Car <input type="checkbox"/> Commercial Vehicle <input checked="" type="checkbox"/> Motorcycle <input type="checkbox"/> Private Hire <input type="checkbox"/> Others <input type="checkbox"/>		
Insurance Company			
Name of Insurance Company:	MSIG.		
Type of Coverage:	Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Third Party Fire and/or Theft <input type="checkbox"/>		
Fleet Policy:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Policy/Cover Note Number:	A300238261 MKC
Driver			
Name of Driver:	KOH CHEE CHON	NRIC/Passport No./FIN:	S1214412A
Date of Birth:	14-12-1956	Occupation:	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Date of Driving Pass:		Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No:	97306800	Fax No:	
Address:	BLK 284 TOH GUAN ROAD #05-267	Alternative Phone No:	
Email Address:		No. of Passenger (Including Driver):	01
Was driver an employee of the Insured's Company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
State relationship of driver with the insured:	EMPLOYEE		
Vehicle Registration Number of Driver's Own Vehicle (if applicable):	NA		
Insurance Company of Driver's Own Vehicle (if applicable):	NA		
Other Information of the Accident			
Type of Accident:	SIDE SWIPE		
Weather Conditions:	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (Please state condition):		
Road Surface:	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (Please state condition):		
Was any body injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		
Was any other vehicle or property damaged?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Are accident photos available for attachment?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Audio <input type="checkbox"/>		
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which police station?:		
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?:		
DETAILS OF OTHER VEHICLE PROPERTY (Please fill Annex A if more vehicles involved)			
Vehicle Registration No:	SMD 2221Y	Vehicle Make/Model/Colour:	M/BENZ / SILVER
Foreign vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Vehicle Category:	Private Car <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Others <input type="checkbox"/>
Details of Property Damaged in Accident:			
Name of Driver:	NRIC/Passport Number:		
Contact Number:			
Address:	(Postal Code:)		
Insurance Company Name:	No. of Passenger (Including Driver):		
Details of Witness - Name:			
Details of Witness - Contact Number:	Details of Witness - Email Address:		
DETAILS OF INJURED PERSON (Please fill Annex A if more person injured)			
Name:	Approximate Age:		
Address:	(Postal Code:)		
Injuries Sustained:	Injured person in which vehicle:		
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to the hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>		

*If no proper documents are produced, Hin Lung Workshop will not file the report. Information will be discarded after one week.



20/03/2020



20/03/2000





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
A Member of **MS&AD** INSURANCE GROUP

COMMERCIAL VEHICLE RENEWAL CERTIFICATE

Insured	: Aik Hoe Heng Construction Engineering Works	Date of Issue	: 18/12/2019
		Policy No.	: A 300238261 MKC
		Account No.	: 3370
Address	: 70 Woodlands Industrial Park E9 Singapore 757836	Period of Insurance	: 17/12/2019 to 16/12/2020
		Premium	: SGD3,335.43 (inclusive of GST)

Business

RISK NUMBER 1

Registration No.	: XB3740H	Year of Registration	: 2013
Make/Model	: Scania Prime Mover	Capacity	: 5.93 TON
Engine No.	: 6781584	Seating Capacity	: 02 (incl. Driver)
Chassis No.	: Y52P8X40005330935		
Type of Cover	: Comprehensive	Sum Insured	: Market Value at the Time of Loss
Windscreen	: Unlimited	Windscreen Excess	: SGD100
No Claim Discount	: 20%	NCD Protector	: Not Covered
Annual Premium	: SGD3,117.22		
Excess	: SGD2,000 (Own Damage (Comprehensive) Deductible)		
Authorized Driver(s)	: Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		

Limitations As To Use : Use in connection with the Policyholder's business. Whilst the Motor Vehicle is being so used the carriage of passengers is permitted. The Policy does not cover
(1) Use for racing pace-making reliability trial or speed-testing
(2) Use for the carriage of passengers for hire or reward.
(3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy

Mobile Plant - Inclusion of Third Party Working Risk Endorsement

It is hereby understood and agreed notwithstanding anything to the contrary contained in this Policy that except so far as is necessary to meet the requirements of the Legislation the Company shall be under no liability under Section 2 in respect of

(a) Death, injury or damage caused by or resulting from

- (i) subsidence flooding or water pollution
- (ii) damage to pipes or cables

arising out of the operation as a tool of the Insured Vehicle or of any plant forming part of the Insured Vehicle or attached thereto.

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(b) Damage to property resulting from the manufacture, construction, alteration, repair or treatment of such property by the Insured.

(c) Death, injury or damage caused by or through property on which the Insured has carried out any process of manufacture, construction, alteration, repair or treatment.

It is further understood and agreed that except so far as is necessary to meet the requirements of the Legislation the Company shall be under no liability under Section 2 of this Policy in respect of liability incurred by the Insured arising out of the explosion of any vessel under pressure being part of plant attached to or forming part of the Insured Vehicle.

This Policy is renewed for the period shown above.

Subject to the terms, exceptions and conditions of the Policy.

Replacing Policy No.: 25111160