

# NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MHA 20045508

Date In: 24/4/2016	Job description	Date & Time Completed	Done by
Ref No: HA/20045508/1/4	SAS e-filing		
Veh No: GAC6124	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 23/4/2016	i-Motor Claim Form		
OD: [Signature] Report 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: (	Tel: (	Fax: (
TP Particulars:	Veh No: 8673574	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: 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

HA 20045508	Invoice Preparation Checklist	Am't (\$) Est. Bill	Am't (\$) Add. Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	24/04/2020 16:25
Date Of Accident	23/04/2020 16:20
Exact Location Of Accident	SLIP RD CTE TWDS TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC612U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	5B PRIVATE LIMITED
Co Reg No	2XXXXX898K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90066491
Alternative Phone No	OFFICE-90066491

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5L MT ABS AIRBAG 2WD 6DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28600718MKC
Cover Note Number	

### Driver

Name of Driver	TOH JIA ZHEN
NRIC No	SXXXX961H
Date Of Birth	11/10/1995
Occupation	OUTDOOR
Date Of Driving Pass	17/09/2014
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90066491
Fax Number	
Contact Number	OFFICE-90066491
EMail Address	NOEMAIL

Address	56 SEMBAWANG ROAD #03-04
Postcode	779086
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	COLLIDED INTO PROPERTY
Weather Conditions	DRIZZLING
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?	NO
Was any injured conveyed to hospital by ambulance?	
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

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	SGT3657Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	91128245
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

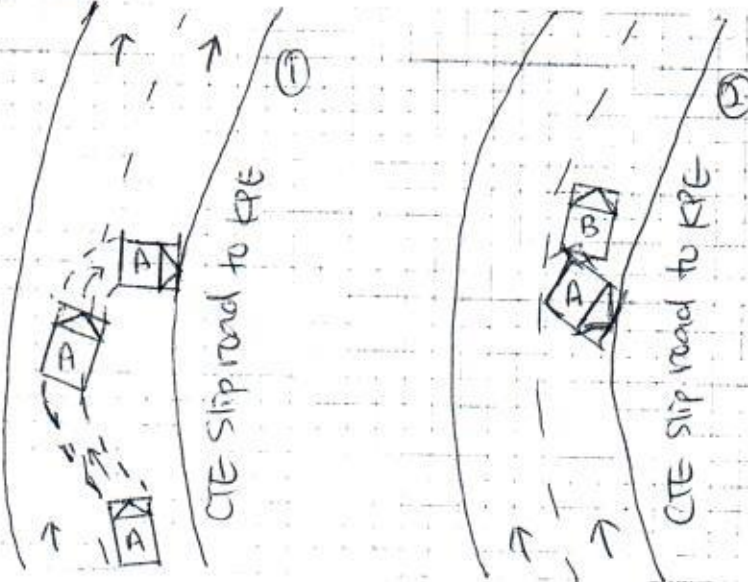
Policyholder's Signature  
Date: 14.04.2015  
Singapore 42736  
T: 6455 7228, 64 5843  
F: 6458 7080  
Email: sales@sb.com.sg

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14.04.2015  
Singapore 42736  
T: 6455 7228, 64 5843  
F: 6458 7080  
Email: sales@sb.com.sg

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



# SKETCH PLAN




Vehicle A: GBC612U  
Vehicle B: SGT3657Y


## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (GBC612U) traveling along CTE Slip road to KPE on first lane of a 2-lanes road. I noticed there was accident ahead, so I wanted to alter to my left. At the moment, my vehicle was skidded due to the road surface is wet, my vehicle losted control and collided to the wall on my right. Due to the impact, my vehicle surged backward and the rear left portion of my vehicle collided onto the rear portion of vehicle B (SGT3657Y) ahead.

## DECLARATION

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

2   
Policyholder's Signature  
Date & Time:   
Sms. No: 12796  
Tel: 1451 12796  
Fax: 1451 12796  
1451 12796

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

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



<b>Vehicle No.</b>	GBC 6124	Model / Make	Nissan NV200
Date of Accident	23/7/2020		
Time of Accident	1620	HRS	
Location of Accident	Along CTE Slip road to TPE		
Exact purpose use during accident	Work		
<b>Name of Owner</b>	5B Private Limited		
Telephone No.	H/P: 90066491	Home:	Office:
NRIC	200415898K		
Address	46 Joo Chiat Road S(427370)		
Claim type	<input checked="" type="radio"/> OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIG		
Type of Coverage	<input checked="" type="radio"/> Comprehensive	<input type="radio"/> Third Party	<input type="radio"/> Third Party / Fire / Theft
Policy No.	A28600718 MCC		
<b>Name of Driver</b>	As Above If No, Tan Jia Zhen		
NRIC	S9536961H	Any Passengers:	-
Date of birth	11/10/1995		
Occupation	<input checked="" type="radio"/> Outdoor / <input type="radio"/> Indoor		
Driving License Pass Date	17/9/2014		
Gender	<input checked="" type="radio"/> Male / <input type="radio"/> Female		
Contact No.	H/P: 90066491	Home:	Office:
Address	56 Sembawang Road #03-04 S(779086)		
Driver have any own vehicle	<input checked="" type="radio"/> No, <input type="radio"/> If yes, Reg No.		
Relationship	<input checked="" type="radio"/> Employee, <input type="radio"/> If no, state		
Weather condition	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Other Drying		
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Other		
Any Injuries	<input checked="" type="radio"/> No, <input type="radio"/> If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	<input checked="" type="radio"/> No, <input type="radio"/> If Yes, Where?		
<b>Vehicle B No.</b>	SGT3657Y	Any Passengers:	-
Name of Driver		Contact No.:	9112 8245
<b>Vehicle C No.</b>		Any Passengers:	
<b>Vehicle D No.</b>		Any Passengers:	
<b>Vehicle E no.</b>		Any Passengers:	
<b>Vehicle F No.</b>		Any Passengers:	
<b>Vehicle G No.</b>		Any Passengers:	
Witness Name		Witness Contact:	
<b>Accident Portion</b>	Front, left and rear portion		
<b>Camera Recorder</b>	Yes / <input checked="" type="radio"/> No		
<b>Email Address</b>	Zhuojia.zhen@hotmail.com		
<b>PARTICULAR WORKSHOP</b>	N-51 Automotive Pte Ltd		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Brandon		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	Sales@n51.com.sg		



**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), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.300  
 Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE  
 Comprehensive

Certificate No. A 28600718 MKC

Excess : SGD750

1. Index Mark and Registration Number of Vehicle  
 GBC612U

2. Name of Policyholder  
 5B Private Limited

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 15/09/2019

4. Date of Expiry of Insurance  
 14/09/2020

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 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