	0007847 R19f3 1 1230
	CMMENT
From: Date:	Veh No: 4P44028 Yr Regn: 2016 1 OCT
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Core / Taxi / Prime Mover /
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
	Make: MITSUBISHI CONTRE FEB 2162 c.c 2998
at Workshop m/s Power Fusik	Colour WHTE A/C: Insured / Std / NI / NA
of 7, Suon LOCK ST \$01-19	Sp.Reading T/Radio: Insured / Std / NI / NA
Insured: 914	Eng/No:
Pollcy No. 2070037755	CINO: FEB 21EA 20937 .
Claims No. 1740439545SG	Gen. Cond: Good Fait Poor Burnt
Sum Insured; Excess:	Steering: Inerder Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: MIPS/Rim / STD A/Rim or
	Tyre Size: F: 198/85R15
(Policy Condition)	R: (19703100)
Remark: The veh had commenced its N/S O/S	ES / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Sal. or Market Value: 48K	
	Dina I-
	1001 772
GIA / PR Seen: Consistent?: Yes or No	
Est. Repairs: 20 days Res.: Yes or No	D.O.A. 24/07/2020 D.O.I. 30/07/2020
.um Sum: % · 3 Val.: Yes or No	Survey held at Pouck Fook
CA / REV / REP. / 24 HRS	Des. of Damages Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT	
Person Contacted;	The U/C / Chassis frame / Body Structure affected due to collision
Date / Time Action / Instruction	
Submit DAR.	
<u>;</u> :	
<u> </u>	
sle/Time, File Pass to? : Preli. Report	Days Of Repair: 20
T. Frem. Report	
03/09 Typist : Final Report	Resurvey No. of Trip: 3 Survey Fee:
nte/Time, File Return to?	Transportation:
Add Fe	Parties M
	:Interview (\$) Photos
Format: MER-DAR	:Tach. Invs (\$) Others
mp Sum / LE. I: (†	:Weelend (\$
	O'TI SA ILLIES
* -	TOTAL

in

MSI320063476 / STA INSPECTION PTE LTD - Boon Lay ENTRY DATE & TIME. 28/07/2020 11:03 SUBMITTED BY: Woodford Richard Vincent

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 28/07/2020 13:19

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding of material facts may allow insurance companies to
- 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 28/07/2020 11:03 Date Of Accident 24/07/2020 15:40

Exact Location Of Accident CORPORATION ROAD / JALAN AHMAD IBRAHIM

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP4402S

Insured/Policyholder

LIM TRADERS PTE LTD Name Of Registered Owner

Co Reg No

JIM@LIMTRADERS.COM Email Address (LOCAL) +65-84880040 Mobile Phone No OFFICE-62686826 Alternative Phone No

Vehicle Particulars

MITSUBISHI Manufacturer

FUSO Model

Exact Purpose for which vehicle was being used at WORK PURPOSE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

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.

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

B28836702MKC Policy Number

Cover Note Number

Driver

Name of Driver LIANG HAILONG Passport No/FIN GXXXX837W Date Of Birth 29/01/1989 Occupation **OUTDOOR** Date Of Driving Pass 30/05/2019

Driving Experience 1 YEAR AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-84880040

Fax Number

Contact Number OFFICE-62686826

NOEMAIL **EMail Address**

Address

Postcode

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 - CROSS JUNCTION

CLEAR Weather Conditions

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by ambulance?

YES

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

JURONG WEST NPC

Police Station Address

ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

IIDETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMF9380H

Vehicle Make/Model/Colour

NA

Details Of Properties

NA

Vehicle Category

PRIVATE CAR

Name of Driver

NA

NRIC/Passport Number

Contact Number

NA

Address

NA NA

Postcode

Insurance Company Name

of Damage of Passenger (Including Driver)

DETAILS OF INJURED PERSON I

Name

LIANG HAILONG

Approximate Age

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

YP4402S

Were seat belts worn?

YES

was this injured conveyed to hospital by

ambulance?

YES

Address

49 QUALITY ROAD

Postcode

618812

DETAILS OF INJURED PERSON 28

Name

NA

Approximate Age

Injuries Sustain

REFER REPORT

Injured person in which vehicle?

SMF9380H

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

YES

Address

NA

Postcode

NA

SKETCH PLAN		
	John Athrew Bookin (B)	(0 40 WW)21
	Coperation Rd	(A) 40 44024 B) 5MF 9380
DESCRIBE CIRCUM	STANCES OF THE ACCIDENT	
	Refor Police Road	
	7/2020725/2105	
/We declare the forego	ong and colors are true in every respect.	
E. 4.		Y 1

Common Statement





Police Station Of Origin Jurong West N P C 700 Corporation Road S/NGAPORE 649818 Tel No. 1800-2689999 1 of 3 Report No. Tr20200725/2105

REPORT	OF A TRAFFI	CACCIDENT		
	me Report 1 020-17-56	Made.	Vide Report No	Station Diary No. 154
Informa	int's Partic	ulars		
	f Informant HAILONG		Address	
ID Type FIN NO	/ ID No / G824483	7W	Contact No Home/Office	Mobile 84880040
National CHINES	3 T M 1		Email	
Sex: Male	Age: 31	Date of Birth 29/01/1989	Type of Informant: Driver	
Race Chinese			Language.	Institution / School Name.
Occupat DELIVER			Driving Licence Information Class: 3.4	Date of Expiry: 23/12/2024

Type of Accident	Injury Conveyed By Ambuland	Drink Drive: No	Date/Time of Accident 24/07/2020 15:40	Type of Location Straight Road
Location Along Road 1 JALAN AHMA JURONG PO Involves Corp Weather	ND IBRAHIM RT ROAD pration Rd Directly below th	e Corporation f		
Sunny	D	у	1.	Road Speed Limit
	Tr	y affic Control: affic Light - Wo		raffic Volume

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SMF 9380H	Car			Conor	Congressi	Wo of Passenger
	Ju.				Senously	0
YP4402S	Loren				Damaged	
11 44020	Lorry		i		Seriously	0
	1				Damaged	

Details of Person Involved	
Any Pedestrian Involved No	
No of Pedestrians Injured NIL	Use of Pedestrian Crossing NA

Common Statement





2013

Report No. 1/20200725/21/25

Police Station Of Origin Jurong West N P C

700 Corporation Road SINGAPORE 649818

Tel No. 1800-2689999

CONTINUATION OF REPORT

Driver					
Name	LIANG HAILONG		ID No)	G8244837W
Related Vehicle	YP4402S (Lorry)		Conta	act No	84880040
Hospital/Clinic	NG TENG FONG GENERAL I	HOSPITAL	Class Drivin Licens Expin	g	Class. 3.4 Date of Expiry 23/12/2024
Date Treatment	NIL	Date Dis			/2020
No. of Days gran	ted Medical Leave 03	Degree o		Slight	

Brief Details.

On 24/07/2020, at about 1540hrs, I was driving the lorry, V1) YP4402S along Corporation road towards Jurong Port Road. Then, there was this car, V2) SMF9380H was about to make a right turn from Jurong Port Rd to Jin. Ahmad Ibrahim. As the traffic light signal was green on my side. I should have the right of way as I was going straight while V2 was turning right. However, V2 proceeded with the right turn which resulted in my vehicle's head collided with V2's left side. I wish to state that I have honked a few times and slowed down before the collision. I thought that V2 will stop and let me move straight as I had the right of way. However, by the time I realise V2 moved to the front of my vehicle. I did not apply my brake in time, which thus result in the collision. Then, traffic police and ambulance arrived at scene at about 1600hrs and both me and V2's driver were conveyed to hospital.

I wish to state that my right shoulder and my right lower back felt sore after the collision. The exterior shell of my lorry and V2 have fallen off. I wish to state that my lorry does not have an in-car camera. No pedestrian, cyclist nor PMD rider was involved. No foreign vehicle was involved. No government property was damaged. I am lodging this report as requested by my boss.

Common Statement



Police Station Of Origin

Jurong West N P C

700 Corporation Road SINGAPORE 643818

Tel No. 1800-2689999 CONTINUATION OF REPORT

3 of 1 Report No. Tr20200725/2105

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:	Signature Of Informant
SC2 CHENG DEREN	- Ky
Signature Of Interpreter	Date Ton
Not applicable	Date/Time 25/07/2020 17 56
Officer In Charge Of Case	Classification Of Case
TP/GIT/	0.0036
Sr Staff Sgt NOOR HIDAYAH BINTE ABDULLAH	
Contact No 65476251	
Autheritication Stamp	J [
NF 168	
	1-

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

wner ID Type:	Company	
Amer ID:	<u> </u>	
ehide No.:	YP44025	
ehide to be Exported:	No.	
ntended Deregistration Date:	30 Jul 2020	
ehide Make:	MITSUBISHI	
ehide Model:	CANTER FEB21ER4SDEB (CBU)	
rimary Colour:	White	
fanufacturing Year:	2016	
ngine No.:	4P10C34946	
hassis No.:	FEB21EA20937	
laximum Power Output:		
pen Market Value:	\$34,954.00	
riginal Registration Date:	07 Oct 2016	
irst Registration Date:	07 Oct 2016	
ransfer Count:	0	
ctual ARF Paid:	\$1,748.00	
Manasa ya ya kata kata ka		
ARF Eligibility:	No	
ARF Eligibility Expiry Date:	■ The state of th	
ARF Rebate Amount:	\$0.00	
4/4/4/4.6.6.6.15(1/4)/1/4.6.(4)(4 -4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		
OE Expiry Date:	06 Oct 2026	
OE Category:	C - Goods Vehicle & Bus	
OE Period(Years):	10	
QP Paid:	\$21,044.00	
OE Rebate Amount:	\$13,011.00	
otal Rebate Amount:	\$13,011.00	

