

NATIONAL Assessment Centre Services

Date In: 28/10/20	Job description	Date & Time Completed	Done by
Ref No: NA/MS620011746/13	SAS e-filing		
Veh No: SGG7069L	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 24/10/20 1130	I-Motor Claim Form		
OD: 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 / Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	N-57	Tel:	Fax:
TP Particulars:	Veh No: FBG7456L	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

NA2005756	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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	28/10/2020 15:52
Date Of Accident	24/10/2020 11:30
Exact Location Of Accident	JUNC OF PIE & PAYA LEBAR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG7069L
Insured/Policyholder	
Name Of Registered Owner	PARKWAY AMBULANCE SERVICE
Co Reg No	5XXXX029D
Email Address	NADHIRAH.AMIR@PARKWAYPANTAI.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97765397

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	OPERATING HOUR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	H 400000482 MKF
Cover Note Number	

Driver

Name of Driver	YUSOFF BIN BAHARI
NRIC No	SXXXX141G
Date Of Birth	23/11/1954
Occupation	INDOOR
Date Of Driving Pass	09/06/1977
Driving Experience	43 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96666178
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 158 MARIAM WAY #01-02
Postcode	507083
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)	2
Passenger 1	NAME: : NAVIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201024/2078

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	FBG7456L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	NG GAI TONG
NRIC/Passport Number	
Contact Number	88221214
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN


IMPORTANT NOTICE

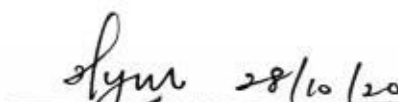
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

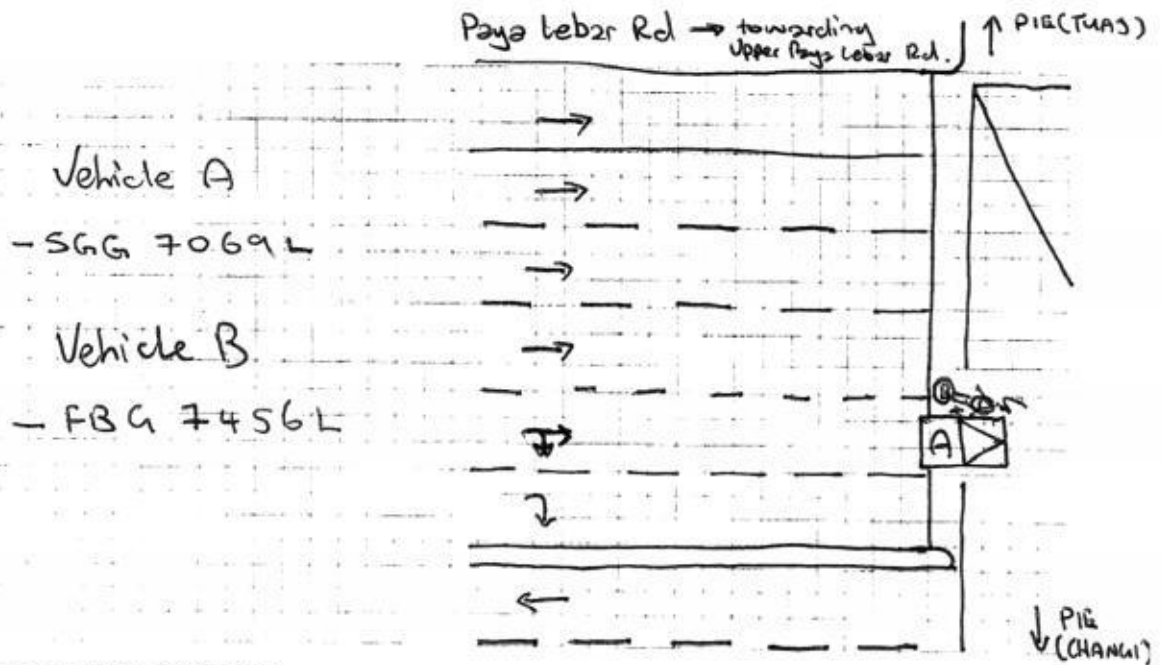
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

Report Number:
T/20201024/2078

Recording Officer

- Sgt 3 Soh Zheng Yong, Jonathan

Officer in Charge

- Staff Sgt Wong Sien Lui

Vehicle A - SGG 7069L

Vehicle B - FBG 7456L

DECLARATION

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: *Slym* 20/10/20
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20201024/2078

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20201024/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2020 18:42	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: YUSOFF BIN BAHARI			Address: APT BLK 158 MARIAM WAY #01-02 SINGAPORE 507083		
ID Type / ID No.: NRIC NO / S0223141G			Contact No.: Home/Office:		Mobile: 96666178
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 23/11/1954	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: Ambulance Driver			Driving Licence Information: Class: 2,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Special Vehicle	Drink Drive: No	Date/Time of Accident: 24/10/2020 11:30	Type of Location: Straight Road
Location: PAYA LEBAR ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG7456L	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0
SGG7069L	Van	TOYOTA	HIACE 2.5 A	White		1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20201024/2078

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20201024/2078

CONTINUATION OF REPORT

Rider			
Name	NG GAI TONG	ID No.	NIL
Related Vehicle	FBG7456L (Motorcycle)	Contact No.	88221214
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
Driver			
Name	YUSOFF BIN BAHARI	ID No.	S0223141G
Related Vehicle	SGG7069L (Van)	Contact No.	96666178
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 24/10/2020, at around 1130hrs, I stopped my ambulance SGG7069L at Paya Lebar Road at 2nd lane from right while waiting the green light to turn towards PIE(Changi). When the green arrow lighted up, I moved my vehicle at a very low speed when suddenly a motorcycle knocked into the left front of my vehicle. The rider then fell to the ground. My passenger(Staff Nurse Navin) and I stopped the vehicle and went down to check on the rider. We assessed the rider conditions and confirmed with him that he was alright, good to stand and move on his own. However, there was a slight abrasion on his right inner leg.

A passerby named Jack claimed that he is an insurance person who will speak to the rider and advised that we will be able to move off.

My ambulance left front door was dented and front bumper was detached due to the impact.

I requested to exchange particulars with the rider but he denied the exchange.



SINGAPORE POLICE FORCE



T/20201024/2078

3 of 3

Report No. T/20201024/2078

Police Station Of Origin:
Tampines N.P.C

Tampines Avenue 4 SINGAPORE 529682
No: 1800-5871999

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:

G /

Sgt 3 SOH ZHENG YONG, JONATHAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
24/10/2020 18:42

Classification Of Case:

Vehicle No.	SGA 7069L	Model / Make	Toyota Hiace
Date of Accident	24/10/20		
Time of Accident	1130	HRS	
Location of Accident	Payo Lebar Road, Junction of P12 and Payo Lebar Road.		
Exact purpose use during accident	Operating Hour		
Name of Owner	Parkway Ambulance Service		
Telephone No.	H/P : 9776 5397	Home :	Office :
NRIC	S 2907629D		
Address	38 Irrawaddy Road #01-01 S(329563)		
Claim type	OD	THIRD PARTY	REPORTING ONLY
Insurance Company	MSIG		
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft
Policy No.	H 400000482 MKF		
Name of Driver	As Above If No, Yusoff Bin Bahari		
NRIC	S 0223141G	Any Passengers :	1 (Male)
Date of birth	23/11/1954		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	09 JUN 1977		
Gender	Male / Female		
Contact No.	H/P : 96666178	Home :	Office :
Address	BLK 158 Marism Way #01-02 S(507083)		
Driver have any own vehicle	No,	If yes, Reg No.	
Relationship	Employee,	If no, state	
Weather condition	Clear	Raining	Other
Road Surface	Dry	Wet	Other
Any Injuries	No,	If Yes, Who?	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	If Yes, Where? Tampines NPC	
Vehicle B No.	FBG 7456L	Any Passengers :	
Name of Driver		Contact No. :	
Vehicle C No.		Any Passengers :	
Vehicle D No.		Any Passengers :	
Vehicle E no.		Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion	LEFT FRONT PORTION.		
Camera Recorder	Yes / No		
Email Address	nadhira.h.amir@parkwaypantai.com		
PARTICULAR WORKSHOP	N-51 Automotive Pte Ltd.		
CONTACT NO.	6842 0051 / 6744 0510		
CONTACT PERSON	Ian.		
FAX NO	6741 0510		
WORKSHOP EMAIL ADDRESS	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
A Member of **MS&AD** INSURANCE GROUP

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.

COMMERCIAL VEHICLE**Comprehensive****Certificate No.** H 400000482 MKF**Excess :** SGD500**Windscreen Excess :** SGD100**1. Index Mark and Registration Number of Vehicle**

SGG7069L

2. Name of Policyholder

Parkway Ambulance Service

3. Effective Date of the Commencement of Insurance for the purposes of the Act

01/07/2020

4. Date of Expiry of Insurance

30/06/2021

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 for Ambulance purposes. 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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

Craig Ellis
Chief Executive Officer