

NATIONAL Assessment Centre Services.

[Ref: 1 Jan 02]

MAH/20105121

| | | | |
|---------------------------|----------------------------------------|-----------------------|---------|
| Date In: 26/11/2020 09:51 | Job description | Date & Time Completed | Done by |
| Ref No: NHA/MSG 200/30374 | SAS e-filing | | |
| Veh No: YR 99425 | E-mail (by date then, A/C then) | | |
| D.O.A: 26/11/2020 03:00 | I-Motor Claims Form | | |
| OID: TP: Reporting Only | I-Motor W/O (with: OD then, TP then) | | |
| TP Insurer: | I-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| | Ass't Report by Fax/Hand to Owner/Whan | | |

| | | |
|-----------------------------------------|-------------------------------------------------------------|-----------------------|
| Preferred Wkep / INC Assgn Wkep / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: YR 169L | 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: _____

Witness: _____

NA2006342

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Inspector: _____

Sub 1: _____

2/3

| | |
|-----------------------------------------|------------|
| 1) All Accident Reporting (\$30) | |
| 2) DA: Damage Assessment (\$100) | INC (\$10) |
| 3) TP: Towing Fee | \$120 |
| 4) PT: Follow-Through Survey | \$30 |
| 5) PT: Follow-Through Survey (Resurvey) | \$30 |
| 6) TR: Re-inspection | \$160 |
| 7) NI: IDA + EMRT Survey | |
| 8) NTUC Additional Services | |
| 9) NI: IDA + EMRT Survey | \$35 |
| 10) NI: IDA + EMRT Survey | \$10 |
| 11) NI: IDA + EMRT Survey | \$25 |
| 12) NI: IDA + EMRT Survey | \$35 |
| 13) NI: IDA + EMRT Survey | \$30 |
| 14) NI: IDA + EMRT Survey | \$30 |
| 15) NI: IDA + EMRT Survey | \$30 |
| 16) NI: IDA + EMRT Survey | \$30 |
| 17) NI: IDA + EMRT Survey | \$30 |
| 18) NI: IDA + EMRT Survey | \$30 |
| 19) NI: IDA + EMRT Survey | \$30 |
| 20) NI: IDA + EMRT Survey | \$30 |

Invoice dated _____

Invoice dated _____

Fee Charged _____

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 | 26/11/2020 09:51 |
| Date Of Accident | 24/11/2020 03:00 |
| Exact Location Of Accident | BLK 198 PUNGGOL FIELD CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | YP9942S |
| Insured/Policyholder | |
| Name Of Registered Owner | ANG KEE LOGISTICS PTE LTD |
| Co Reg No | 2XXXXX311H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83099463 |
| Alternative Phone No | OFFICE-83099463 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|------------------------------------|
| Manufacturer | HINO |
| Model | XZU710R-4.0 D 14FT WIDE CAB 5T (M) |
| Exact Purpose for which vehicle was being used at time of accident | LORRY WAS PARKED |
| 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 | P 90430943 MKC |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WANG SHAOLIN |
| NRIC No | GXXXX070P |
| Date Of Birth | 05/01/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 17/08/2018 |
| Driving Experience | 2 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83099463 |
| Fax Number | |
| Contact Number | OTHERS 83099463 |

| | |
|-----------------------------------------------------|-----------------|
| Address | 257 PANDAN LOOP |
| Postcode | 128434 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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 | YQ169L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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:

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

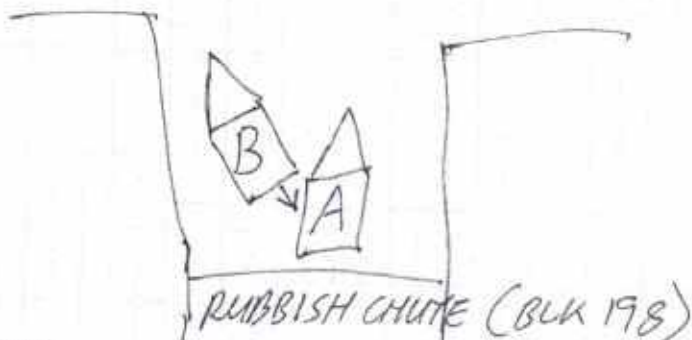
26/11/2020
Reporting Centre Personnel's Signature
Name: Resh Lim
NRIC/FIN No.:

SKETCH PLAN

BLK 198 PUNGOL FIELD CARPARK

VEH-A-YP9942S

VEH-B-YQ169L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEHICLE 'A' WAS STATIONARY AT THE STATED VENUE. SUDDENLY VEHICLE 'B' REVERSE AND BANG ONTO MY VEHICLE LEFT PORTION.

DECLARATION

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



Policyholder's Signature
Date & Time:

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

[Signature] 26/4/2020
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENTTYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY () REPORTING ONLY (☒)DATE OF ACCIDENT : 24/11/2020 TIME : 0300HRSLOCATION : 198 PUNGGU FIELD CARPARKVEHICLE NUMBER : YP99425 MAKE / MODEL : HINO XZUT10R 14T WIDE CAB
OWNER INSURED : ANG KEE LOGISTICS PTE LTD 5T
NRIC NO. : 201231311H CONTACT NUMBER : 83299463
INSURANCE COMP : MSIGA POLICY NUMBER : P90430943 MKC
TYPE OF INSURANCE : COMPREHENSIVE (☒) TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR**DRIVER NAME : WANG SHAOLIN**DRIVER SAME AS OWNER:**NRIC NO.: G2697070PADDRESS: 257 PANDAN LOOPCONTACT: _____ POSTAL: 128434DOB: 05/01/1985 DATE OF PASS: 17/08/2018 GENDER: MALE**(PLEASE TICK AND FILL THE RELEVANT CHOICES)**WAS DRIVER AND EMPLOYEE OF THE INSURED'S COMPANY (☒) YES () NO

IF NO, RELATION OF DRIVER WITH INSURED:

() OWNER () SPOUSE () FRIEND () RELATIVE () CHILDREN () SIBLING () OTHERS

WEATHER CONDITION: (☒) CLEAR () RAINING () DRIZZLINGROAD SURFACE: (☒) DRY () WET () SLIPPERYWAS ANYBODY INJURED: () YES (☒) NO

INJURIES SUSTAINED : _____

WAS ACCIDENT REPORTED TO POLICE:

IF YES, WHICH STATION: _____

() YES (☒) NO

POLICE REPORT NUMBER: _____

ANY VIDEO CAPTURED: () YES (☒) NOCONVEY BY AMBULANCE () YES (☒) NONUMBER OF PASSENGER INCLUDE DRIVER: Driver only

PARTICULAR OF PASSENGER :

| | |
|-------|---------------------|
| _____ | () MALE () FEMALE |
| _____ | () MALE () FEMALE |
| _____ | () MALE () FEMALE |
| _____ | () MALE () FEMALE |

(THIRD PARTY PARTICULAR)

| | | |
|-------------------------|-------------------|----------------|
| VEHICLE B <u>Y2169L</u> | NAME /NRIC: _____ | CONTACT: _____ |
| VEHICLE C _____ | NAME /NRIC: _____ | CONTACT: _____ |
| VEHICLE D _____ | NAME /NRIC: _____ | CONTACT: _____ |
| VEHICLE E _____ | NAME /NRIC: _____ | CONTACT: _____ |
| VEHICLE F _____ | NAME /NRIC: _____ | CONTACT: _____ |
| VEHICLE G _____ | NAME /NRIC: _____ | CONTACT: _____ |

WITNESS (IF ANY)

NAME: _____ HP NO. : _____ NRIC: _____

* TO PROVIDE ATTACH NRIC, WITNESS STATEMENT BY POLICE REPORT*



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. P 90430943 MKC

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
YP9942S

2. Name of Policyholder
Ang Kee Logistics Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
10/12/2019

4. Date of Expiry of Insurance
09/12/2020

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 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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

| | |
|----------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 311H |

Vehicle Details

| | |
|-------------------------------|--------------------------|
| Vehicle No.: | YP9942S |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 31 Dec 2020 |
| Vehicle Make: | HINO |
| Vehicle Model: | XZU710R 14FT WIDE CAB 5T |
| Primary Colour: | White |
| Manufacturing Year: | 2018 |
| Engine No.: | N04CVV10506 |
| Chassis No.: | JHHUCV3H70K028712 |
| Maximum Power Output: | - |
| Open Market Value: | \$39,292.00 |
| Original Registration Date: | 10 Dec 2018 |
| First Registration Date: | 10 Dec 2018 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$1,965.00 |

Intended PARF Rebate Details

| | |
|-------------------------------|----|
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |

| | |
|---------------------|--------|
| PARF Rebate Amount: | \$0.00 |
|---------------------|--------|

Intended COE Rebate Details

| | |
|-----------------------------|-------------------------|
| COE Expiry Date: | 09 Dec 2028 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 10 |
| QP Paid: | \$29,501.00 |
| COE Rebate Amount: | \$23,426.00 |
| Total Rebate Amount: | \$23,426.00 |

The information contained herein is correct as at 25 Nov 2020

OK