

NATIONAL Assessment Centre Services. [ref 1 Jan'08]. SA/08211000E

Date In: 13/01/2021 16:36	Job description	Date & Time Completed	Done by
Ref No: NB8/MS421000644/4	SAS e-Milling		
Veh No: YN 1057K	E-trail (5 Julia 2hrs, A/C 2hrs)		
D.O.A: 13/01/2021 10:15	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/VV/KSP		

Preferred Wksp / INC Assign Wksp / OW: (		Tel: (		Fax: (
TP Particulars: (	Veh No: SMA 7535.7	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 () ; Invoice: YES () / NO () ; Towing Co: ()
Continued on back of form. Do not place any other marks on this form.

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury :	
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NA2100614		Date: 11/11/11		Adm. Bill	
Driver/Owner:		1) AT: Accident Reporting (\$30)			
Printed No:		3) DA: Damage Assessment (\$100)	INC (\$40)		
Uninjured Portion:		5) TP: Towing Fee	\$40/\$45		
		4) PT: Follow-Through Survey	\$120		
		5) FT: Follow-Through Survey (Resurvey)	\$30		
		For all items except INC Only (var 10 Jan 2005)			
		6) TR: Re-inspection	\$75		
		7) NI: Idea DA + EMRT Survey	\$160		
		4) NIUC Additional Services			
		ON:			
		• NS: Courtesy Car / Tpt Allowance	\$5		
		• NG: Repair Coordination	\$10		
		• NT: Post Repair Inspection	\$25		
		• ND: DV / Collect Excess Coordination	\$5		
		TP (NI) / TP (NI) INC	\$20		
		TP (NI) / TP (NI) INC	\$0		
		5) NI: Idea Mobile			
		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 Submission	13/01/2021 16:56 (SGT)
Date of Accident	13/01/2021 10:15 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TURNING RIGHT TO UPPER PAYA LEBAR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1057K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HA LI FA PTE LTD
Company Reg No	1XXXXX541G
Email Address	chrisdesagon@gmail.com
Mobile Phone No	(Phone) +65-90115832
Alternative Phone No	+65-90166587

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P 90434344 MKC
Cover Note Number	-

DRIVER

Name of Driver	CHENG MENG
Passport No/FIN	GXXXX013M

Date Of Driving Pass	28/11/2017
Driving experience	3 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90166587
Alt. Phone Number	-
Email Address	chrisdesagon@gmail.com
Address	BLK 351 JURONG EAST STREET 31 #01-87
Address complement	-
Postcode	600351
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	SMA7535T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHENG MENG
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BACK, NECK AND SHOULDER PAIN
Injured person in which vehicle?	YN1057K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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)**

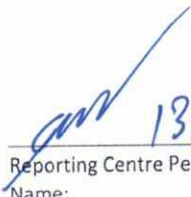


I understand, acknowledge, agree and consent that:

- (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.: 

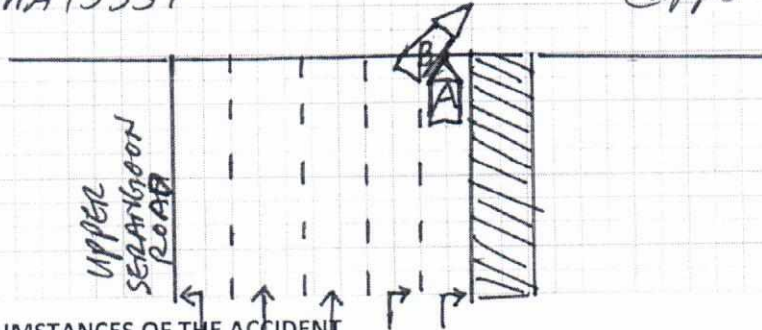
SKETCH PLAN

UPPER SERANGOON ROAD TURNING RIGHT
TO UPPER PAYA LEBAR RD

VEH. A - YN1057K

VEH. B - SMA7535T

(UPPER PAYA LEBAR RD)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED DATE AND TIME. I, VEHICLE 'A'
WAS TRAVELLING ON THE STATED VENUE. AS THE
RIGHT TURN TRAFFIC LIGHT TURNS TO AMBER LIGHT.
I SLOW DOWN TO STOP. SUDDENLY, VEHICLE 'B' CUT
INTO MY LANE AND BANG ONTO MY VEHICLE
LEFT PORTION. DUE TO THE IMPACT MY VEHICLE
WAS PUSHED TO THE RIGHT AND HIT ONTO THE
KERB ON MY RIGHT.

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.:

SINGAPORE ACCIDENT STATEMENTTYPE OF CLAIMS : OWN DAMAGE () 3rd PARTY (☒) REPORTING ONLY ()DATE OF ACCIDENT : 13/01/2021 TIME : 1015
LOCATION : UPPER SERANGOON RD TURNING RIGHT TO UPPER PAYA LEBAR RD.VEHICLE NUMBER : YN1057K MAKE / MODEL MITSUBISHI FUSO
OWNER INSURED : HA LIFA PTE LTD
NRIC NO. : 1993065416 CONTACT NUMBER: 90115832
INSURANCE COMP: MSIG POLICY NUMBER: P90434344 MKC
TYPE OF INSURANCE: COMPREHENSIVE (☒) TPFT () 3RD PARTY ONLY ()**DRIVER PARTICULAR****DRIVER SAME AS OWNER:** ()DRIVER NAME : CHENG MENG NRIC NO.: G8513013MADDRESS: BLK 351 JURONG EAST ST. 31 #01-87 POSTAL: 600351
CONTACT: 90166587 EMAIL: GENDER: MALE
DOB: 07/04/1982 DATE OF PASS: 28/11/2017**(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 EMPLOYEEWEATHER CONDITION: (☒) CLEAR () RAINING () DRIZZLINGROAD SURFACE: (☒) DRY () WET () SLIPPERYWAS ANYBODY INJURED: (☒) YES () NOINJURIES SUSTAINED : NECK, SHOULDER & BACK

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: 01

PARTICULAR OF PASSENGER : () MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

() MALE () FEMALE

(THIRD PARTY PARTICULAR)VEHICLE B SMA7535T 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 90434344 MKC

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
YN1057K

2. Name of Policyholder
Ha Li Fa Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
11/12/2020

4. Date of Expiry of Insurance
10/12/2021

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 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:	541G

Vehicle Details

Vehicle No.:	YN1057K
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2021
Vehicle Make:	MITSUBISHI
Vehicle Model:	FE83BEOSRDEA
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	4M42A73727
Chassis No.:	FE83BEA20116
Maximum Power Output:	-
Open Market Value:	\$31,465.00
Original Registration Date:	11 Dec 2009
First Registration Date:	11 Dec 2009
Transfer Count:	0
Actual ARF Paid:	\$1,574.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	10 Dec 2024
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$12,789.00
COE Rebate Amount:	\$9,873.00
Total Rebate Amount:	\$9,873.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 13 Jan 2021

OK

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SU082112000R Vehicle Registration No: YM 1057K
Name (as shown in NRIC) : CHANK MANH NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90166987
Email Address : _____
Date of Accident : 13/01/2021 Time of Accident : 10:15
Place of Accident : UPPER BELUKHOM RD TURN RIGHT TO UPP POPE LANE
Insurance Company : MSL

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UEN NUMBER TO 1993065419

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

15/01/2021
Rehman