

NATIONAL Assessment Centre Services. [wef 1 Jan'05] SM 092148000D

Date In: 8/4/21 17:34	Job description	Date & Time Completed	Done by
Ref No: MAI MSG 21004500/64	SAS e-filing		
Veh No: YM 10 G	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 2/4/21 09:00	i-Motor Claim Form		
OD: TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: WUL 1745 (T/JA S18a) 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%; F: 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 repailer.

() 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

Claimant's Particulars:	Invoice Preparation Checklist	Am (\$)	Am (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	ON:		
	*N5: Courtesy Car / Tpt 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: Idac 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 Submission	08/04/2021 17:34 (SGT)
Date of Accident	02/04/2021 04:00 (SGT)
Exact Location of Accident	51 Ubi Ave 1, Singapore 408933
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM10G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	UNI-TAT ICE & MARKETING PTE LTD
Company Reg No	-
Email Address	CHIAKC@ICEMAN.COM.SG
Mobile Phone No	(Phone) +65-67448484
Alternative Phone No	+65-67448484

VEHICLE PARTICULARS

Manufacturer	Hino
Model	-
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 - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 400000412 MKF
Cover Note Number	-

DRIVER

Name of Driver	WONG THIM HOCK
Work Permit No	FXXXX137Q

Date Of Birth	04/07/1951
Occupation	Outdoor
Date Of Driving Pass	01/08/2016
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94590484
Alt. Phone Number	-
Email Address	CHIAKC@ICEMAN.COM.SG
Address	BLK 656A JURONG WEST ST 61 #06-341
Address complement	-
Postcode	641656
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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

FOREIGN VEHICLE 1

Vehicle Registration Number	WUL1745(T/JA5180)
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007489999
Alt. Police Station Phone No	(Fax) +65-67454676
Police Station Address	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210408/2040

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	WUL1745(T/JA5180)
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	WONG THIM HOCK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	YM10G
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 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.

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.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan diagram showing a container falling down, with labels A, B, and C. The diagram is drawn on a grid.

Container fallen down

A = YM 10 G.

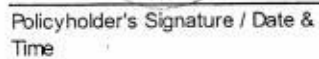
B = WUL 1745

C = T/3A 5180

SI (H) Paya Ubi Ave 1 #01-26

Refer to Police Report

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



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

Witnessed by Reporting Centre
Personnel



SINGAPORE POLICE FORCE



T/20210408/2040

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

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Report No. T/20210408/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2021 13:14		Vide Report No.:		Station Diary No.: 9	
Informant's Particulars					
Name of Informant: WONG THIM HOCK			Address: APT BLK 656A JURONG WEST STREET 61 #06-341 SINGAPORE 641656		
ID Type / ID No.: FIN NO / F8330137Q			Contact No.: Home/Office: 67448484 Mobile: 94590484		
Nationality: MALAYSIAN			Email: lestergoh1999@gmail.com		
Sex: Male	Age: 69	Date of Birth: 04/07/1951	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/04/2021 04:00	Type of Location: BUILDING COMPOUND
Location: UBI AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: TRUCK CONTAINER TOPPLE OVER				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
WUL1745	CONTAINER FRAME CHASIS				Slightly Damaged	0
YM10G	TRUCK	HINO	HINO XZU700R- HKFMS3	White	No Damage	0



**SINGAPORE
POLICE FORCE**



T/20210408/2040

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

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Report No. T/20210408/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG THIM HOCK	ID No.	F8330137Q
Related Vehicle	YM10G (TRUCK)	Contact No.	67448484
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 2/4/2021 at about 0400hrs, one of the Malaysian company container truck driver had parked their company truck bearing registration number - WUL1745 together with their Malaysian owned container frame Chassis bearing registration number - T/JA5180 which has a white and green container in the building compound of 51 Paya Ubi industrial park, #01-26, Singapore 408933. Both the truck and container frame chassis belonged to a Malaysian company namely Iceman. After the driver had parked the container frame chassis containing the container. The driver had activated the legs of the container frame chassis to stabilize it.

After the container frame chassis has been stabilized, the driver detached the container frame chassis from the truck and he had drove off.

I was driving my lorry bearing registration number YM10G past on the left side of the container chassis frame. As I was driving past, the container chassis frame suddenly fell onto its left side and hit onto my lorry. The impact has caused me to jerk forward and I had immediately braked my lorry.

I had immediately called for help from our other workers. We had tried using forklifts to bring the container and the container frame chassis back up however to no avail. As such, my company had called in a crane to lift the container and the container frame chassis back up.

We had noticed that the left leg stabilizer for the container frame chassis had collapse as it had lost its stabilization due to a large crack on the ground. As such, the container frame chassis was unable to stabilize itself and fell onto its left side. The left leg stabilizer of the container frame chassis was damaged. there were damages to the left side of the container

my company workers and I had made a check on our company lorry and saw that the rear left door of the lorry carrying cargo goods was damaged and there was a large hole caused by the accident. Both doors are unable to be opened .

My company manager was already informed about the matter and had taken pictures of the damages and site where the accident happened. No on was injured. I had only sustained some discomfort and pain on my buttocks area from the accident however I did not see the doctor as the pain subsided after a few days. my company assisted to help repair the damaged leg stabilizer of the container frame chassis after



**SINGAPORE
POLICE FORCE**



T/20210408/2040

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Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkong Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

Report No. T/20210408/2040

CONTINUATION OF REPORT

the accident as we have a technician available. No one else was injured in the accident,

We had already informed our insurance company and was advised to lodge an traffic accident report with the police regarding the accident as it involves a foreign vehicle as both the truck and container frame chassis are both from malaysia. I am now lodging this report on behalf of my company for insurance claiming purposes.



**SINGAPORE
POLICE FORCE**



T/20210408/2040

Police Station Of Origin:
Kampong Kembangan NPP
112 Lengkok Tiga #01-215 SINGAPORE
410112
Tel No: 1800-7489999

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Report No. T/20210408/2040

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 JONATHAN LIM ZI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No: 65476404

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/04/2021 13:14

Classification Of Case:

**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

陳保險經紀私營有限公司
 TAN INSURANCE BROKERS PTE LTD
 3A/5A Aliwal Street, Chenn Leonn Building
 Singapore 199896
 www.tib.com.sg
 Tel: (65) 6742 6766 Fax: (65) 6742 6669

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. B 400000412 MKF

Excess : SGD800

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
 YM10G

2. **Name of Policyholder**
 Uni-Tat Ice & Marketing Pte Ltd

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
 09/01/2021

4. **Date of Expiry of Insurance**
 09/05/2021

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

ACCIDENT STATEMENT

ACCIDENT DATE: 2/4/2021 (DD/MM/YYYY), TIME: 4:AM (HH:MM)

LOCATION: 51 PAYA UBI AVE 1 01-26

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YM106
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HINO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Wong THIM HOCK (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: F8330137Q CONTACT: 94590484 / 67448484
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: GSGA Jurong West St #11-34, C5
61

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: WUH 1745 / T/JA S180 MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()

* police Report

email = lestergoh1999@gmail.com
lestergoh@gmail.com

fax =

video = No