

**NATIONAL ASSESSMENT CENTRE SERVICES** SHD87A50004

Date In: <b>19/10/2021 17:31</b> Ref No: <b>18A1MS6210001614</b> Val No: <b>1811724</b> O.O.A: <b>18/10/2021 22:40</b>	Job description: SAS e-illing E-mail (state this, also this) I-Motor Claim Verin I-Motor W/O (Within 60 days, TP 401) I-Photo Uploaded Assessment/Survey Report Ass'n Report by Tax/Hand to Owner/VV User	Date & Time Completed Done by	
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**TP Insurance**

Preferred Wksp / INO Ass'n Wksp / OWI ( )

TP Handled by ( ) Val No: **SHD6575** INO ( ) / Non-INO ( )

Owner / Driver ( )

Policy No ( ) Period ( ) Cover Type ( )

Continued by ( ) Date ( ) Time ( )

Insured/Driver Liability ( ) % (Note: Est. Stmts (WO) N10-20%, P121-79%, P180-100%)

Year of Registration ( ) Warranted YES ( ) / NO ( )

Excess (\$ ) Loading: \$1,000 ( ) / \$2,000 ( )

( ) Within 30 days of completion of customer information & survey NO risk of rejection

( ) Total Loss Case 1 to e-mail Insurer URGENTLY

Drive-In ( ) / Towed-In ( ) Invoice VNS ( ) / NO ( ) Towing Cost ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QO Check / Post Repair Inspection ( )

3) Upload Recovery Photo (Repair Cost > \$3000) ( )

Injury ( )

Driver/Owner Continous No Damaged Portion QO Checked by (Engr-In-Charge)	1) All Accident Information (50%) 2) DR Survey Information (50%) 3) PFI Follow Up 4) PFI Follow Up with Survey 5) PFI Follow Up with Survey (Survey) 6) PFI Follow Up with Survey (Survey) 7) PFI Follow Up with Survey (Survey) 8) PFI Follow Up with Survey (Survey) 9) PFI Follow Up with Survey (Survey) 10) PFI Follow Up with Survey (Survey) 11) PFI Follow Up with Survey (Survey) 12) PFI Follow Up with Survey (Survey) 13) PFI Follow Up with Survey (Survey) 14) PFI Follow Up with Survey (Survey) 15) PFI Follow Up with Survey (Survey) 16) PFI Follow Up with Survey (Survey) 17) PFI Follow Up with Survey (Survey) 18) PFI Follow Up with Survey (Survey) 19) PFI Follow Up with Survey (Survey) 20) PFI Follow Up with Survey (Survey) 21) PFI Follow Up with Survey (Survey) 22) PFI Follow Up with Survey (Survey) 23) PFI Follow Up with Survey (Survey) 24) PFI Follow Up with Survey (Survey) 25) PFI Follow Up with Survey (Survey) 26) PFI Follow Up with Survey (Survey) 27) PFI Follow Up with Survey (Survey) 28) PFI Follow Up with Survey (Survey) 29) PFI Follow Up with Survey (Survey) 30) PFI Follow Up with Survey (Survey) 31) PFI Follow Up with Survey (Survey) 32) PFI Follow Up with Survey (Survey) 33) PFI Follow Up with Survey (Survey) 34) PFI Follow Up with Survey (Survey) 35) PFI Follow Up with Survey (Survey) 36) PFI Follow Up with Survey (Survey) 37) PFI Follow Up with Survey (Survey) 38) PFI Follow Up with Survey (Survey) 39) PFI Follow Up with Survey (Survey) 40) PFI Follow Up with Survey (Survey) 41) PFI Follow Up with Survey (Survey) 42) PFI Follow Up with Survey (Survey) 43) PFI Follow Up with Survey (Survey) 44) PFI Follow Up with Survey (Survey) 45) PFI Follow Up with Survey (Survey) 46) PFI Follow Up with Survey (Survey) 47) PFI Follow Up with Survey (Survey) 48) PFI Follow Up with Survey (Survey) 49) PFI Follow Up with Survey (Survey) 50) PFI Follow Up with Survey (Survey) 51) PFI Follow Up with Survey (Survey) 52) PFI Follow Up with Survey (Survey) 53) PFI Follow Up with Survey (Survey) 54) PFI Follow Up with Survey (Survey) 55) PFI Follow Up with Survey (Survey) 56) PFI Follow Up with Survey (Survey) 57) PFI Follow Up with Survey (Survey) 58) PFI Follow Up with Survey (Survey) 59) PFI Follow Up with Survey (Survey) 60) PFI Follow Up with Survey (Survey) 61) PFI Follow Up with Survey (Survey) 62) PFI Follow Up with Survey (Survey) 63) PFI Follow Up with Survey (Survey) 64) PFI Follow Up with Survey (Survey) 65) PFI Follow Up with Survey (Survey) 66) PFI Follow Up with Survey (Survey) 67) PFI Follow Up with Survey (Survey) 68) PFI Follow Up with Survey (Survey) 69) PFI Follow Up with Survey (Survey) 70) PFI Follow Up with Survey (Survey) 71) PFI Follow Up with Survey (Survey) 72) PFI Follow Up with Survey (Survey) 73) PFI Follow Up with Survey (Survey) 74) PFI Follow Up with Survey (Survey) 75) PFI Follow Up with Survey (Survey) 76) PFI Follow Up with Survey (Survey) 77) PFI Follow Up with Survey (Survey) 78) PFI Follow Up with Survey (Survey) 79) PFI Follow Up with Survey (Survey) 80) PFI Follow Up with Survey (Survey) 81) PFI Follow Up with Survey (Survey) 82) PFI Follow Up with Survey (Survey) 83) PFI Follow Up with Survey (Survey) 84) PFI Follow Up with Survey (Survey) 85) PFI Follow Up with Survey (Survey) 86) PFI Follow Up with Survey (Survey) 87) PFI Follow Up with Survey (Survey) 88) PFI Follow Up with Survey (Survey) 89) PFI Follow Up with Survey (Survey) 90) PFI Follow Up with Survey (Survey) 91) PFI Follow Up with Survey (Survey) 92) PFI Follow Up with Survey (Survey) 93) PFI Follow Up with Survey (Survey) 94) PFI Follow Up with Survey (Survey) 95) PFI Follow Up with Survey (Survey) 96) PFI Follow Up with Survey (Survey) 97) PFI Follow Up with Survey (Survey) 98) PFI Follow Up with Survey (Survey) 99) PFI Follow Up with Survey (Survey) 100) PFI Follow Up with Survey (Survey)
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# 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	19/10/2021 17:31 (SGT)
Date of Accident	18/10/2021 22:40 (SGT)
Exact Location of Accident	Tg Pagar Rd, Singapore
Additional Location Information	JUNCTION WITH MAXWELL ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN1472U
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HA LI FA PTE LTD
Company Reg No	1XXXXX541G
Email Address	ivypang@halifa-bobo.com
Mobile Phone No	(Phone) +65-91622847
Alternative Phone No	(Office) +65-62436009

### VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	FE83BEOSRDEA
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	2977

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P 90383909 MKC
Cover Note Number	-

### DRIVER

Name of Driver	MA SHAOPENG
Passport No/FIN	GXXXX699X

Date Of Birth .....	10/12/1982
* Occupation .....	Outdoor
Date Of Driving Pass .....	27/04/2021
* Driving experience .....	6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91622847
Alt. Phone Number .....	-
Email Address .....	ivypang@halifa-bobo.com
Address .....	257 PANDAN LOOP
Address complement .....	-
Postcode .....	128434
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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 .....	SHD6575C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

## 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 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.

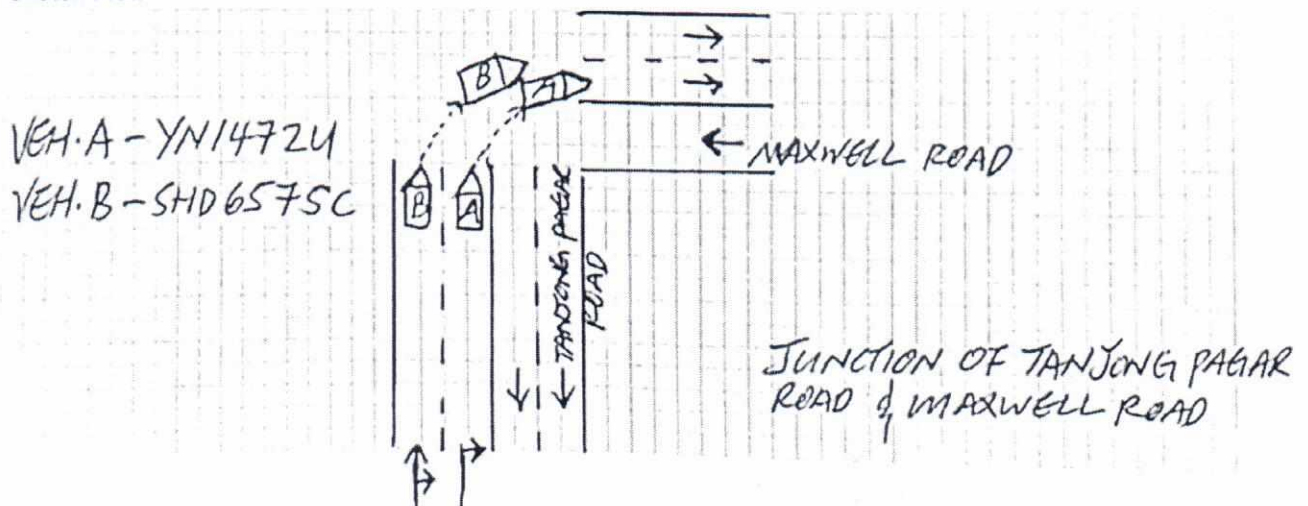


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE AND TIME. I, VEHICLE 'A'  
WAS TRAVELLING ON THE STATED VENUE. AS THE  
TURNED GREEN I MOVE OFF AND TURN RIGHT  
ONTO MAXWELL ROAD. SUDDENLY, VEHICLE 'B'  
COLLIDED ONTO MY REAR LEFT PORTION. I THEN  
REALISED THAT VEHICLE 'B' RIGHT SIDE MIRROR  
HIT ONTO MY LORRY. MY LORRY (VEHICLE 'A') HAVE  
NO DAMAGES AND I AM SUBMITTING THIS REPORT  
FOR INSURANCE REPORTING ONLY.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time

马少明

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

Witnessed by Reporting Centre  
Personnel

19/10/2021

Date of Accident : 18/10/2021 Accident Time: 2240 (24-HR-Format)  
Accident Place : JUNCTION OF TANJONG PAGAR ROAD AND MAXWELL ROAD  
Vehicle No. (Car Plate No.) : YN1472U Make/Model: HINO  
Insurance Company : MSIG Policy No: P90383909 MKC  
Owner or Company Name / IC No. : HALIFA PTE LTD (1993065416)  
Owner or Company Contact No. : 64326009 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : MA SIMAOPENG G8594699X  
DRIVER'S Date Of Birth : 10/12/1982 DRIVER'S License Pass Date 27/04/2021  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling (Employee) Others: \_\_\_\_\_  
DRIVER'S Address : 257 PANDAN LOOP S128434  
DRIVER'S Contact No / Alt No. : 1) 9162 2847 2) \_\_\_\_\_  
DRIVER'S Occupation : INDOOR (OUTDOOR) (e.g. working inside or outside office)  
Email Address : IVYPANG@HALIFA-BOBO.COM  
Weather & Road Surface : (CLEAR & DRY) \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : (Reporting Only) \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 01  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at the time of accident: Private use \ (Work purpose)  
Any Injury (If YES, Pls state): NO

Other Party Driver's Particular (if any)

Vehicle No: (B) SHD6575C

Vehicle No: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_

Name Driver: \_\_\_\_\_

Name Driver: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

IC No. Driver/Contact: \_\_\_\_\_

\* NEW - Passenger's name & gender:



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 90383909 MKC

Excess : SGD700

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

YN1472U

2. Name of Policyholder

Ha Li Fa Pte Ltd

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

13/10/2021

4. Date of Expiry of Insurance

12/10/2022

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.: YN1472U

Vehicle to be Exported: No

Intended Deregistration Date: 11 Dec 2021

Vehicle Make: MITSUBISHI

Vehicle Model: FE83BEOSRDEA

Primary Colour: White

Manufacturing Year: 2009

Engine No.: 4M42A76025

Chassis No.: FE83BEA20338

Maximum Power Output: -

Open Market Value: \$32,743.00

Original Registration Date: 13 Oct 2010

First Registration Date: 13 Oct 2010

Transfer Count: 0

Actual ARF Paid: \$1,638.00

### Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

### Intended COE Rebate Details

COE Expiry Date: 30 Sep 2025

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 5

PQP Paid: \$11,975.00

COE Rebate Amount: \$9,107.00

**Total Rebate Amount: \$9,107.00**

### 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 19 Oct 2021

OK