

NATIONAL Assessment Centre Services

(Ref 22/01/13)

Date In: 03/12/2011	Job description	Date & Time Completed	Done by
Ref No: NA/MCG21012282/13	SAS e-filing		
Veh No: GBE7512M	E-mail (w/dan 8hrs, AD 2hrs)		
DOA 02/12/2021 1935	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: (Tel:	Fax:
TP Particulars:	Veh No: 5282634A	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 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

Claimant's Particulars :-	Invoice Preparation Checklist	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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:-		
	9) N12: Idac Mobile 30		
	*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		
	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	03/12/2021 18:01 (SGT)
Date of Accident	02/12/2021 19:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(TUAS) EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7514M
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	SAM THERMAL SOLUTION
Company Reg No	5XXXX373E
Email Address	samthermal88@gmail.com
Mobile Phone No	(Phone) +65-98771987
Alternative Phone No	+65-98771987

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Cabstar
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
Transmission	Manual
CC	1998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 28900013 MKC
Cover Note Number	-

DRIVER

Name of Driver	SAM CHEE KONG
NRIC No	SXXXX319F

Date Of Birth	29/04/1979
Occupation	Outdoor
Date Of Driving Pass	02/12/2015
Driving experience	6 YEARS
Gender	Male
Mobile Number	(Phone) +65-90070284
Alt. Phone Number	-
Email Address	samthermal88@gmail.com
Address	306B JOO CHIAT ROAD
Address complement	-
Postcode	427557
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	Collision - Head to Rear
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHEIKH RIAN
Gender	Male

PASSENGER 2

Name	MIAH RIPON
Gender	Male

PASSENGER 3

Name	HOSSEN MOHAMMAD
Gender	Male

PASSENGER 4

Name	SIKDER MD RASEL
Gender	Male

PASSENGER 5

Name	MAJHARUL
Gender	Male

PASSENGER 6

Name	HASAN MD KAMRUL
Gender	Male

PASSENGER 7

Name	HOSSAIN SHAHADAT
Gender	Male

PASSENGER 8

Name	UNKNOWN
------	---------

Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Traffic Police
Police Station Phone No (Phone) +65-65470000
Alt. Police Station Phone No (Fax) +65-65474900
Police Station Address 10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211202/7041

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 SLB2636A
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
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 UNKNOWN
Gender Male
Phone No -
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained UNKNOWN
Injured person in which vehicle? GBE7514M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person SAM CHEE KONG
Gender Male
Phone No -
Address -
Address Complement -
Post Code -

Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE7514M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	SHEIKH RIAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE7514M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	MIAH RIPON
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE7514M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	HOSSEN MOHAMMAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE7514M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	SIKDER MD RASEL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE7514M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 7

Name of injured person	MAJHARUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE7514M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 8

Name of injured person	HASAN MD KAMRUL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE7514M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 9

Name of injured person	HOSSAIN SHAHADAT
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	GBE7514M
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

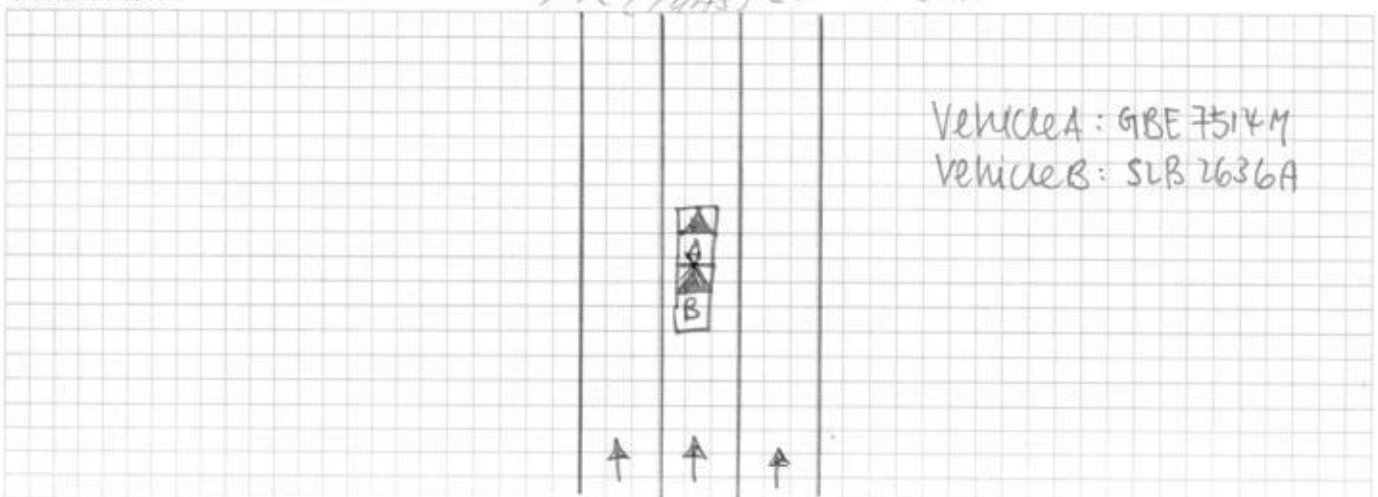


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer To police Report

(T/2021202/7041)

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

2/2/20

Witnessed by Reporting Centre
Personnel



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211202/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2021 23:51		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAM CHEE KONG			Address: 306B JOO CHIAT ROAD SINGAPORE 427557		
ID Type / ID No.: NRIC NO / S7967319F			Contact No.: Home/Office: Mobile: 90070284		
Nationality: MALAYSIAN			Email: samthermal88@gmail.com		
Sex: Male	Age: 42	Date of Birth: 29/04/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Director			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2021 19:35	Type of Location:
Location: Eunos Link				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBE7514M	Lorry					8
SLB2636A	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211202/7041

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20211202/7041

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	Unknown Passenger	ID No.	NIL
Related Vehicle	GBE7514M (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	SAM CHEE KONG	ID No.	S7967319F
Related Vehicle	GBE7514M (Lorry)	Contact No.	90070284
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	01	Degree of	Slight

Brief Details.

On the stated date and time I was travelling along PIE Tuas exiting Jalan Eunos on lane 2. As the traffic light turned red, the front vehicle brake and came to a stop which I followed suit. Suddenly I felt a huge impact coming from my rear. I got out of my vehicle and realised that my vehicle was rear ended by another vehicle bearing car plate SLB2636A. I then consulted a doctor at InteMedical Potong Pasir and was issued a day of MC.



**SINGAPORE
POLICE FORCE**



T/20211202/7041

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211202/7041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NG BEIFENG
Contact No.: 65476845

This report is lodged at Geylang NPC Kiosk 1
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
02/12/2021 23:51

Classification Of Case:

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SLOX21C30001 Vehicle Registration No: GBE7514M
 Name (as shown in NRIC): SAM CHEE KONG NRIC/FIN/Passport No: SXXXXX319E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 306B JOO CHIAT RD Singapore (427557)
 Contact (Tel): _____ Mobile No.: 90070284
 Email Address: _____
 Date of Accident: 02/12/21 Time of Accident: 19:35
 Place of Accident: PIC (TUN) EUNOS EXIT
 Insurance Company: MSIG

(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:

ADD IN 2nd page of
POLICE REPORT

 Policyholder / Driver's Signature
 Date:

2/ym 06/12/21
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date:

Date of Accident : 02/12/21 Accident Time: 1935 (24-HR-Format)
 Accident Place : DIE THAS EUNOS exit
 Vehicle. No. (Car Plate No.) : GBE 7514M Make/Model: NISSAN cabstar
 Insurance Company : MSIG Policy No: A28900013 Mkc
 Owner or Company Name /IC No. : SAM thermal solutions(53153373E)
 Owner or Company Contact No. : 9877 1987 Owner's Hp — Company Tel —
 DRIVER'S Name / IC No. : SAM CHEE KONG (57967319F)
 DRIVER'S Date Of Birth : 29/04/1979 DRIVER'S License Pass Date 02/12/15
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: —
 DRIVER'S Address : 306B JOO CHIAT ROAD
 DRIVER'S Contact No./ Alt No. : 1) 9007 0284 2) —
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : samthermal88@gmail.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): 9
 Was the accident reported to the police? YES \ NO
 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): yes. Driver & passenger (s)

Other Party Driver's Particular (if any)

Vehicle. No: <u>SLB 2636A</u>	Vehicle. No: <u>—</u>
Vehicle Make/Model: <u>Gilt Go car</u>	Vehicle Make/Model: <u>—</u>
Name Driver: <u>—</u>	Name Driver: <u>—</u>
IC No. Driver/Contact: <u>—</u>	IC No. Driver/Contact: <u>—</u>

*** NEW - Passenger's name & gender:**

- | | |
|---------------------------------|------------------------------|
| 1. SHEIKH RIAN (MALE) | 7. HOSSAIN SHAHADAT (MALE) |
| 2. MIHA RAPON (MALE) | 8. UNKNOWN (MALE) (HOSPITAL) |
| 3. HOSSAN MOHAMMAD JEWEL (MALE) | |
| 4. SIKDER MD RASEL (MALE) | |
| 5. MAJHAUL (MALE) | |
| 6. HASAN MD KAMRUL (MALE) | |

**MSIG**

Administered By



Underwriting Agency Pte Ltd

SIG Insurance (Singapore) Pte. Ltd.
 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 tel +65 6827 7888, Fax +65 6827 7800
 a. Reg. No. 200412212G GST Reg. No. 20-0412212G

3 Shenton Way #09-01, Shenton House, Singapore 068805
 Telephone: (65) 62249075 Facsimile: (65) 62227556
 CO. REG. NO. 198101430N

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.

Form M.Z.300

Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE**Comprehensive**

Certificate No. A 28900013 MKC

Excess : SGD600

1. Index Mark and Registration Number of Vehicle

GBE7514M

2. Name of Policyholder

Sam Thermal Solution

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

21/03/2021

4. Date of Expiry of Insurance

20/03/2022

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.

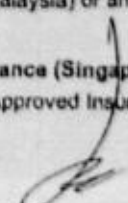
(2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

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


 for Chief Executive Officer