

NATION 11 Assessment Centre Services **SL0022400001**

Date In: 13/04/2022 16:03	Job Description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CBA/M8622003435/Y	E-mail (within 2hrs. Aft. 2hrs.):		
Veh No: QY 7300Z	i-Motor Claim Form		
DGA: 12/04/2022 10:06	i-Motor W/O (Within 0/1-2hrs. 1/3-4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (Tel: Fax:)

TP Particulars:	Veh No: GBC 43264	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] ()		

Date/Time	Actions

Claimant's Particulars:-	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
Driver/Owner:	1) AR : Accident Reporting (\$30),		1st Bill	Add Bill
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			
Auditors' Comments:-	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:-			
	<i>QIC:</i>			
	*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 \$10			
	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	13/04/2022 16:03 (SGT)
Date of Accident	12/04/2022 10:06 (SGT)
Exact Location of Accident	Buffalo Rd, Singapore
Additional Location Information	SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY7300Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NEW GEN SVC EXPRESS
Company Reg No	5XXXX506C
Email Address	simbenghua.ben@hotmail.com
Mobile Phone No	(Phone) +65-80287300
Alternative Phone No	+65-80287300

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2488

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300432634 MKC
Cover Note Number	-

DRIVER

Name of Driver	SIM BENG HUA BEN
NRIC No	SXXXX300Z

Date Of Birth	23/02/1995
Occupation	Outdoor
Date Of Driving Pass	02/06/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-80287300
Alt. Phone Number	-
Email Address	simbenghua.ben@hotmail.com
Address	BLK 468 ANG MO KIO AVENUE 10 #01-968
Address complement	-
Postcode	560468
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 and run / Vandalism / Damaged whilst parked
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)	0
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC4326U
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)	-

SKETCH PLAN

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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.

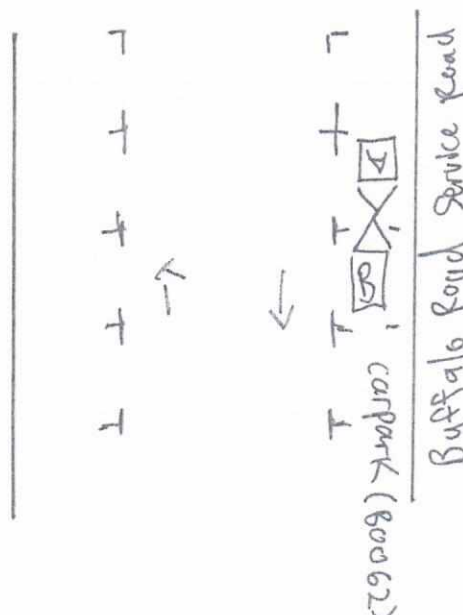


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - GY 7300 Z
B - GBC 4326 U

Describe Circumstances of the Accident


On the above stated time, place and location - I parked my vehicle 'A' into the parking lot and went to deliver things when Z came back to my vehicle 'A' Z realised that there was some damages on the front of my vehicle 'A'. After ~~has~~ viewing my car camera Z noticed that vehicle 'B' had collided onto the front of my vehicle 'A' and went off without leaving any notes.

Vehicle (A) GY 7300 Z

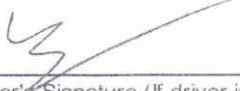
Vehicle (B) GBC 4326 U

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


Witnessed by Reporting Centre Personnel

13/04/2022

Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 12/04/2022 (dd/mm/yy) Time of Accident: 10:06 (24-HR-FORMAT)
Vehicle No.: QY 73007 Vehicle Make & Model: Nissan W350
*Transmission: ☒ Manual ☐ Auto *C.c.: _____
Exact location of Accident: Buffalo Road Service Road (B0062)
Policyholder's Name: New Gen Svc Express NRIC/FIN/REG No.: 53363506C
*Policyholder's email address: simbenghua.ben@hotmail.com
Driver's Name: Sim Beng Hua Ben NRIC/FIN/REG No.: S95073007
*Driver's email address: simbenghua.ben@hotmail.com
Driver's Contact No.: 80287300 Company Contact No (if any): _____
Date of birth: 23/02/1995 Driving Pass Date: 02/06/2014
Driver's Address: B11C468 Ang Mo Kio Ave 10 #01-968 S560468
Insurance Company: MSIG
Policy No.: A300432634 MKC Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft
Relationship between Owner & Driver: (Please CIRCLE one only)
Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: _____
What do you wish to claim? (Please TICK one only)
☐ Own Insurance ☒ Other Vehicle (The one you want to claim against) / ☐ Reporting (For Record Purpose)
Type of Accident
☐ Chain Collision ☐ Head To Rear ☐ Side Swipe ☒ Other Head to head
Occupation (nature job) ☐ Indoor ☒ Outdoor *No. of Passengers / Including Driver): 0
*Passanger Name: _____ Gender: Male / Female
*Passanger Name: _____ Gender: Male / Female
Weather condition & Road conditions? (On the day of accident)
☒ Clear & Dry / ☐ Raining & Wet / ☐ After-Rain & Wet / ☐ Drizzling & Wet / Others: _____
Was there any video captured by your car Car camera? ☒ Yes / ☐ No
Any Injuries: ☐ Yes / ☒ No (If YES) Injured Person's Name: _____
Injuries Sustain: _____ Injured Person in Which Vehicle: _____
Police Report filed: ☐ Yes / ☐ No (If YES) Which Police Station: _____

The Other Party (S) Details:

1. Driver's Name / IC No: _____ Vehicle No: GBC 4326 U
Driver's Contact No: _____ Insurance Company: _____
2. Driver's Name / IC No (If Any): _____ Vehicle No: _____
Driver's Contact No: _____ Insurance Company: _____
*Independent Witness (If Any): _____ Contact No: _____
Preferred Workshop Name: _____ Contact No: _____



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. A 300432634 MKC

Excess : SGD600

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

~~GD59712W~~ GY7300Z

2. Name of Policyholder

New Gen Svc Express

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

30/03/2021

4. Date of Expiry of Insurance

06/05/2022

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

**MSIG**

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 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

COMMERCIAL VEHICLE THE SCHEDULE

Insured	: New Gen Svc Express	Date of Issue	: 08/04/2021
Address	: 468 Ang Mo Kio Avenue 10 #01-968 Teck Ghee Horizon Singapore 560468	Policy No.	: A 300432634 MKC
		Account No.	: 3339
		Period of Insurance	: 30/03/2021 to 06/05/2022
		Premium	: SGD2,120.55
		(inclusive of GST)	

Business
Moving Services

RISK NUMBER 1

Registration No.	: GDE9712U GY7300Z	Year of Registration	: 2016
Make/Model	: Nissan NV350 PANEL VAN 2.5 5MT	Capacity	: 1.47 TON
	5DR EURO V	Seating Capacity	: 02 (Incl. Driver)
Engine No.	: YD25390760A		
Chassis No.	: JN1MC2E26Z0006160		
Financial Interest	: Thiam Heng Auto (S) Pte Ltd as Hire Purchase Owners		

Type of Cover	: Comprehensive	Sum Insured	: Market Value at the Time of Loss
Windscreen	: Unlimited	Windscreen Excess	: SGD100
No Claim Discount	: NIL	NCD Protector	: Not Covered
Annual Premium	: SGD1,794.95		
Excess	: SGD600 (Own Damage (Comprehensive) Deductible)		
Authorized Driver(s)	: Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.		

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.

Clauses/Endorsements applicable to the above Risk

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

Hire Purchase

It is hereby understood and agreed that the Owner specified in the Schedule (hereinafter referred to as the Owners) are the owners of the Insured Vehicle and that the Insured Vehicle is the subject of a Hire Purchase Agreement made between the Owners of the one part and the Insured of the other part. It is further understood and agreed that any payment made in respect of loss or damage (which loss or damage is not made good by repair reinstatement or replacement) under Section 1 of this Policy shall be made to the Owners as long as they are owners of the Insured Vehicle and their receipt shall be a full and final discharge to the Company in respect of such loss or damage. It is also understood and agreed that notwithstanding any provision in the Hire Purchase Agreement to the contrary this Policy is issued to the Insured named in the Schedule as the principal party and not as agent or trustee for the Owners and nothing herein shall be construed as constituting the Insured an agent or trustee for the Owners or as an assignment (whether legal or equitable) by the Insured to the Owners of