

NATIONAL Assessment Centre Services (not for use) **SLO/235V0001**

Date In: 31/05/2023 12:14	Job description	Date & Time Completed	Done by
Ref No: CBA/m842800552094	SAS e-illing		
Val No: 1225 89568	E-kill (within 24hrs, AIC 2hrs)		
D.O.A: 30/08/2023 15:10	1-Motor Claim Form		
OD: TP: Reporting Only	1-Motor W/O (within 24hrs, 27 hrs)		
	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assgn Wksp / QW: ()

TP Particulars: Val No: **YE 5470** INC () / Non-INC ()

Owner / Driver: () Tel: () Fax: ()

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: Inc Status (VO): 10-0-30%, F: 21-70%, P: 80-140%)

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 repeller.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks: ()

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Other: ()

Invoice Preparation Checklist	Ass'd By
1) All: Accident Package (5300)	
2) DA: Damage Assessment (5100)	INC (55)
3) TP: Towing Fee	\$105.00
4) PC: Follow Through Survey (5100)	\$105.00
5) T: Follow Through Survey (5100)	\$105.00
6) TR: Dr. Inspection	\$105.00
7) NI: New DA + Survey	\$105.00
8) NTUC Additional Fee (5100)	\$105.00
9) NI: Courtesy Car / Tel Allowance	\$105.00
10) NI: Repair Coordination	\$105.00
11) NI: Post Repair Inspection	\$105.00
12) NI: DV / Collect Excess Coordination	\$105.00
13) NI: TP (Inc & NC) Update INC	\$105.00
14) NI: TP (Inc & NC) Update INC	\$105.00
15) NI: TP (Inc & NC) Update INC	\$105.00
16) NI: TP (Inc & NC) Update INC	\$105.00
17) NI: TP (Inc & NC) Update INC	\$105.00
18) NI: TP (Inc & NC) Update INC	\$105.00
19) NI: TP (Inc & NC) Update INC	\$105.00
20) NI: TP (Inc & NC) Update INC	\$105.00

Checked by (Engr-In-Charge): ()

Signature: ()

Date: ()

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 Actual 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	31/05/2023 12:11 (SGT)
Reported by	Actual Driver
Date of Accident	30/05/2023 15:10 (SGT)
Exact Location of Accident	Gul Cir, Singapore
Additional Location Information	FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	TRB4956S
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	HEAH LONG SENG TRANSPORT & TRADING PTE LTD
Company Reg No	1XXXXX631Z
Email Address	muhdehsanzainol@gmail.com
Mobile Phone No	(Phone) +65-91418365
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hock Nam Seng
Model	HOCK NAMSENG
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	0

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300213746 MKC

DRIVER

Name of Driver	MUHAMMAD EHSAN BIN ZAINOL
Passport No/FIN	GXXXXX608Q
Date Of Birth	23/08/1984
Occupation	Outdoor

Date Of Driving Pass	10/05/2014
Driving experience	9 YEARS
Gender	Male
Mobile Number	(Phone) +65-91418365
Alt. Phone Number	-
Email Address	muhdehsanzainol@gmail.com
Address	14 JALAN BESUT #23-01
Address complement	-
Postcode	619568
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?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO POLICE REPORT T/20230530/7070

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE547D
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	MUHAMMAD EHSAN BIN ZAINOL
Gender	Male
Phone No	(Phone) +65-91418365
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	TRB4956S
Were seat belts worn?	Yes
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

31/05/2023

Sketch Plan

Flame
@
Guard



(A) TRB4956S

(B) XE5470

Describe Circumstances of the Accident

Refer to Police report no: T/20230530/7870

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]
31/05/2023
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20230530/7070

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

1 of 3

Report No. T/20230530/7070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2023 20:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD EHSAN BIN ZAINOL			Address:		
ID Type / ID No.: FIN NO / G2903608Q			Contact No.: Home/Office: Mobile: 91418365		
Nationality: MALAYSIAN			Email: muhdehsanzainol@gmail.com		
Sex: Male	Age: 38	Date of Birth: 23/08/1984	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Trailer-truck driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2023 15:10	Type of Location: Bridge
Location: GUL CIRCLE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
TRB4956S	Trailer					0
TRB8823R	Trailer					0
XE2894M	Lorry					0
XE547D	Lorry					0



**SINGAPORE
POLICE FORCE**



T/20230530/7070

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

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Report No. T/20230530/7070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD EHSAN BIN ZAINOL	ID No.	G2903608Q
Related Vehicle	XE2894M (Lorry)	Contact No.	91418365
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

I was traveling along AYE towards Tuas after Benoi Road with trailer TRB4956S. Suddenly, I felt an impact from the rear. I alighted and realized that I was being hit from the back by XE547D with trailer TRB8823R.

I am suffering from neck, back, chest, knee and body ache. I visited Clementi Family & Aesthetic Clinic and was given 5 days MC.



**SINGAPORE
POLICE FORCE**

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



T/20230530/7070

3 of 3

Report No. T/20230530/7070

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAN JEOK LENG LESLIE
Contact No.: 65476151

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

Date/Time:
30/05/2023 20:46

Classification Of Case:

5

Date of Accident : 30.05.2023 Accident Time: 15:00hr (24-HR-Format)
Accident Place : Payan e Gur Circle
Vehicle. No. (Car Plate No.) : TRB 4956S Make/Model: Hockhamxue
Insurance Company : MSIG Policy No: A300213746 MKC
Owner or Company Name /IC No. : Heng Long Seng Transport & Trading Pte Ltd (1487006312)
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Muhammad Elsan Bin Zainol
DRIVER'S Date Of Birth : _____ DRIVER'S License Pass Date 10/05/2014
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : 14 Jalan Bukit X 23-01 S(619568)
DRIVER'S Contact No./ Alt No. : 1) _____ 2) 91418365
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : MuhammadElsanZainol@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): Driver only
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

Other Party Driver's Particular (if any)

Vehicle. No: <u>XE 547D</u>	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**

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
Third Party**

Certificate No. A 300213746 MKC

Excess : NIL

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**
TRB4956S

2. **Name of Policyholder**
Heah Long Seng Transport & Trading PteLtd

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
14/12/2022

4. **Date of Expiry of Insurance**
13/12/2023

5. **Persons or Classes of Persons entitled to drive***
Not Applicable

*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 whilst the above trailer is being detached or attached to any Motor Vehicles belonging to the Policyholder.

* 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

Mack Eng
Chief Executive Officer

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	631Z

Vehicle Details

Vehicle No.:	TRB4956S
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jul 2023
Vehicle Make:	HOCK NAM SENG
Vehicle Model:	HOCK NAMSENG
Primary Colour:	Green
Manufacturing Year:	2003
Engine No.:	-
Chassis No.:	HNS721503
Maximum Power Output:	-
Open Market Value:	\$15,000.00
Original Registration Date:	14 Jun 2003
First Registration Date:	14 Jun 2003
Transfer Count:	0
Actual ARF Paid:	\$0.00

Intended PARF Rebate Details

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

Intended COE Rebate Details

COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 31 May 2023

OK