

**NATIONAL Assessment Centre Services** (Call 1 800 555 1234) **801/23610001**

Date In: **21/06/2023 18:32** Job description: **SAS e-illing** Date & Time Completed: Done by:

Ref No: **CB018842300554/4** E-mail (within 24hrs, A/C 2013)

Yeh No: **XE 2894M** 1-Motor Claim Form

D.O.A: **30/08/2023 15:10** 1-Motor W/O (within 24 hrs, 24 hrs)

QC **73** : Reporting Only 1-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/W/Man

TP Insurer:

Tel: Fax:

Preferred Wksp / INC Ass'n Wksp / QW: ( )

TP Particulars: Yeh No: **XE 2894M** INC ( ) / Non-INC ( )

Owner / Driver: ( ) Tel: ( )

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

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

Insured/Driver Liability: ( ) % (Note: 1st Status (WO): 10-0-30%, 21-70%, 30-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

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

General Remarks:

( ) Walk-In Customer / Customer's Information strictly Confidential & Strictly NO info of repair.

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

Injury: ( )

TP Insurer: ( )

TP Particulars: ( )

Owner / Driver: ( )

Policy No: ( )

Assessed Portion: ( )

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

**Invoice: Preparation Charge**

1) AR: Accident Report (300)	
2) DA: Damage Assessment (5100)	INC (55)
3) TP: Towing Fee	\$10/510
4) PC: Follow Through Survey (1500)	\$150
5) PT: Follow Through Survey (1500)	\$150
6) TR: Assessment	\$150
7) NI: New Car / Spare Survey	\$150
8) NTUS Additional Services	
9) QC	
10) NI: Courtesy Car / Transport Allowance	\$50
11) NI: Repair Coordination	\$100
12) NI: Post Repair Inspection	\$100
13) NI: EV / Collect Excess Coordination	\$10
14) NI: TP (Non-INC) Incident INC	\$10
15) NI: TP (Non-INC) Incident INC	\$10

TP Insurer: ( )

TP Particulars: ( )

Owner / Driver: ( )

Policy No: ( )

Assessed Portion: ( )

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

Comments: ( )

Checked by: ( )

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	01/06/2023 18:32 (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	XE2894M
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#### 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	Mitsubishi
Model	Fuso
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	Auto
CC	11967

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300287937 MKC

#### DRIVER

Name of Driver	MUHAMMAD EHSAN BIN ZAINOL
Passport No/FIN	GXXXX608Q
Date Of Birth	23/08/1984
Occupation	Outdoor

Date Of Driving Pass	10/05/2019
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-91418365
Alt. Phone Number	-
Email Address	muhdehsanzainol@gmail.com
Address	14 JALAN BESUT #03-01
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? .....	XE2894M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No



### IMPORTANT NOTICE

- #### 8. Consent under the Personal Data Protection Act (PDPA)

(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.



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A  
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B

① XE 2894m

② XE 5470

Describe Circumstances of the Accident

refer to Police report no: 7120230530/7070

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

01/06/2023

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.:	
<b>Informant's Particulars</b>					
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:		

<b>General Information of the Accident</b>				
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

<b>Details of Vehicle Involved</b>						
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**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
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**



T/20230530/7070

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

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:

G

Date of Accident : 30-05-2023 Accident Time: 1510W S- (24-HR-Format)  
 Accident Place : Plymer e Gul Circle  
 Vehicle. No. (Car Plate No.) : XE 2894M Make/Model: M17. FUSO PP51SPR3WBA  
 Insurance Company : MSIG Policy No: \_\_\_\_\_  
 Owner or Company Name /IC No. : Heath Lane Sene Transport & Trading Pvt Ltd (1987006312)  
 Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : Muttahammad ehsan Bin Zainol (629036080)  
 DRIVER'S Date Of Birth : 23-08-1984 DRIVER'S License Pass Date 10-05-2019  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
 DRIVER'S Address : 14 Jalan Besut 703-01 S(619568)  
 DRIVER'S Contact No./ Alt No. : 1) \_\_\_\_\_ 2) 9141 8365  
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
 Email Address : muttehsan.zainol@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 Impaired

**Other Party Driver's Particular (if any)**

Vehicle. No: <u>XE547D</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  
Comprehensive**Certificate No. **A 300287937 MKC**

Excess : SGD2,000

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**  
XE2894M
2. **Name of Policyholder**  
Heah Long Seng Transport & Trading Pte Ltd
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
27/04/2023
4. **Date of Expiry of Insurance**  
26/04/2024
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. Whilst the Motor Vehicle is being so used the carriage of passengers is permitted. The Policy does not cover  
 (1) Use for racing pace-making reliability trial or speed-testing.  
 (2) Use for the carriage of passengers for hire or reward.  
 (3) Use whilst drawing a trailer except the towing (other than for reward) 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

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.:	XE2894M
Vehicle to be Exported:	No
Intended Deregistration Date:	08 Jul 2023
Vehicle Make:	MITSUBISHI
Vehicle Model:	FUSO FP51SDR3VDEA
Primary Colour:	Green
Manufacturing Year:	2016
Engine No.:	OM457329333
Chassis No.:	FP51SDA20118
Maximum Power Output:	-
Open Market Value:	\$87,837.00
Original Registration Date:	27 Apr 2017
First Registration Date:	27 Apr 2017
Transfer Count:	0
Actual ARF Paid:	\$4,392.00

### Intended PARF Rebate Details

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

### Intended COE Rebate Details

COE Expiry Date:	26 Apr 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$22,876.00
COE Rebate Amount:	\$8,692.00
<b>Total Rebate Amount:</b>	<b>\$8,692.00</b>

The information contained herein is correct as at 31 May 2023

OK