

Date In: 22/11/2017 16:31	Job description	Date & Time Completed	Done by
Ref No: NBA/M8917022662/Y	SAS e-Milling		
Veh No: SKZ 7548X	E-mail (with photo, A/C etc)		
P.O.A: 21/11/2017 07:35	4-Motor Claim Form		
OD / TP Reporting Only	1-Motor W/O (with photo, TP etc)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whsp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yeh No: SKZ 9670P	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%; P: 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: (INBolline: 6788 0016)	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	Action:

MAN/07880	Invoice Preparation Checklist	Value (\$)	Unit (\$)
Human's Particulars:	1) AR: Accident Reporting (\$30)		
river/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
contact No:	3) TP: Towing Fee \$40/142		
amaged Portion:	4) FT: Follow-Through Survey \$150		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claimant approval INC Only (Ref: 10 Jan 2012)		
	6) TR: Re-inspection \$15		
	7) NI: New DA + SMART Survey \$160		
	8) NTUC Additional Services:		
	Q11:		
	*NI: Courtesy Car / Tpl Allowance \$3		
	*NI: Repair Coordination \$10		
	*NI: Post Repair Inspection \$15		
	*NI: DY / Collision Unsettled Coordination \$3		
	TP (Nil) / TP (Non-INC) equals INC \$30		
	9) NI: Ident Mobile \$10		
	Invoice dated	Per Charge	
	Initials/Stamp	Signature	

## 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 ability.
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 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 Report	22/11/2017 16:31
Date Of Accident	21/11/2017 07:35
Exact Location Of Accident	JUNCTION OF PORTSDOWN ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE7548X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	ATEM@WENERGYGLOBAL.COM
Mobile Phone No	(LOCAL) +65-82182235
Alternative Phone No	OFFICE-64792146

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29040710 TMC
Cover Note Number	

### Driver

Name of Driver	SHANTILALL AATMANAND RAMSUNDERSINGH
NRIC No	G6236449T
Date Of Birth	28/04/1960
Occupation	INDOOR
Date Of Driving Pass	23/02/2010
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82182235
Fax Number	
Contact Number	OFFICE-64792146
EMail Address	ATEM@WENERGYGLOBAL.COM

Address	153A ENG KONG GARDEN
Postcode	599326
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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	SKZ9670P
Vehicle Make/Model/Colour	VOLVO GREY
Details Of Properties	
Name of Driver	INDRA SWARI WONOWIDJOJO
NRIC/Passport Number	S7587971G
Contact Number	83390535
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## SKETCH PLAN

### IMPORTANT NOTICE

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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 reputate 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.

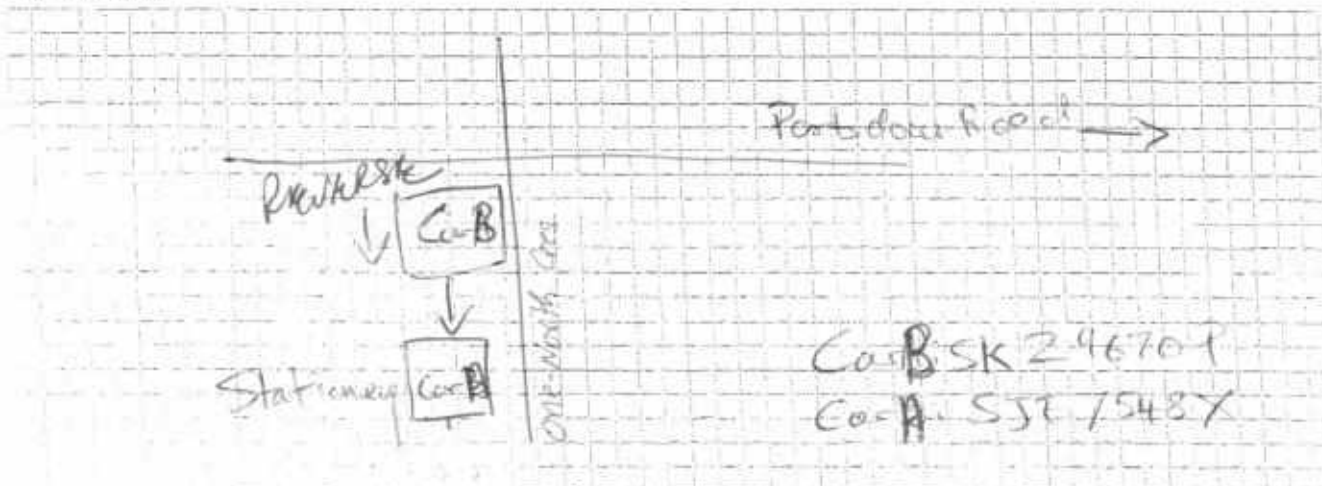


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



# Describe Circumstances of the Accident

On 21 Nov 17, around 7:35am. Waiting for traffic  
 police sign to move. Everyone standing still. MS Indica  
 driver of SK29 9670 P, wanted to go out of  
 cue, backed up / reversed and hit Atems car  
 SJ E7 548X.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
 Time

*[Signature]*  
 21 Nov 17

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

*[Signature]* 24/11/2017  
 Witnessed by Reporting Centre  
 Personnel



**MOTOR ACCIDENT REPORT FORM**

Date of Accident: 21 Nov 17	Time: 0735	Exact Location of Accident: Junction Portstown Rd
<b>DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)</b>		
Vehicles Registration Number: SJE 7548X	Name of Registered Owner: SIME DIRBY SERVICES	
NRIC / Passport No. / FIN:	Co. Reg. No. (for Co. Vehicle Only): 197501065W	
*Own Insured Email Address:	*Mobile Phone No.:	*Alternative Phone No.:
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>		
Manufacturer: TOYOTA	Model: COROLLA ALTIS 1.6L	
Exact purpose of vehicle being used at time of accident.	Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):	
Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/> Claiming Against 3rd Party <input checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>	
Vehicle Category:		
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of My Insurance Company: MISG		
Type of Coverage: Comprehensive <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	
<b>DRIVER PARTICULARS</b> <input type="checkbox"/> Same as Insured Above		
Name of Driver: Shanthi Lal Arin and Raminder Singh	NRIC / Passport No. / FIN: 66236449T	
Date of Birth: 28 Apr 1960	Occupation: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 13 Feb 2015	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 92192235	Alternative Phone No.: 64792146	
Address as stated in NRIC: 153A Eng Kong Garden		(Post Code: 599326)
Email Address: sitem@wenergyglobal.com		
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured:	
Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vehicle Reg. Number of Driver's Own Vehicle (if applicable):		
Insurance Company of Driver's Own Vehicle (if applicable):		
<b>INFORMATION OF THE ACCIDENT</b>		
Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number		
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
Was any other vehicle or property involved?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, which Police Station?	
Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If Yes, against whom?	
I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
*Number of Passengers (Including Driver)	3	
<b>DETAILS OF OTHER VEHICLE</b> (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: SKZ 96707	Vehicle Make / Model / Colour: Volvo Gray	
Details of Property Damaged in Accident (other than 3rd-Party vehicle):		
Name of Driver: Indra Swari Wondwidjjo	NRIC/Passport Number: S7587971 G	
Contact Number: 83390535		
Address:		(Post Code: )
Insurance Company Name:		
Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver): 1	
Details of Witness - Name:		
Details of Witness - Contact Number:		
Details of Witness - Email Address:		
<b>DETAILS OF INJURED PERSON</b> (Please complete Annex A Form if more person injured)		
Name:	Approximate Age:	
Address:		(Post Code: )
Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):	
Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>	
<b>Type of Accident</b> (Please tick the appropriate type on flipside of this form)		

PASPOORT  
PASSPORT  
PASAPORT



# KONINKRIJK DER NEDERLANDEN

KINGDOM OF THE NETHERLANDS

ROYAUME DES PAYS-BAS

Naam / Name / Nom: P NLD Nederlandse

Geboortedatum / Date of birth / Date de naissance: 28 APR/APR 1960

BNJLL4643



1960

Ramsundersingh

echtgenoot van/husband of/époux de Thakoerdin

Shantilall Aatmanand

28 APR/APR 1960

district Nickerle

M/M

07 NOV/NOV 2016

07 NOV/NOV 2016

Handwritten signature



1,75 m

1,75 m

07 NOV/NOV 2026

07 NOV/NOV 2026

Minister van Buitenlandse Zaken



P<NLD RAMSUNDERSINGH<<SHANTILALL<AATMANAND<<<  
BNJLL46436NLD6004284M2611077053831640<<<<<80



## EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
WENERGY GLOBAL PTE. LTD.



Name

SHANTILALL AATMANAND RAMSUNDERSINGH

Occupation

CHIEF EXECUTIVE OFFICER (MANUFACTURING INDUSTRY)

FIN

G6236449T

Date of Application

10-08-2018

Date of Issue

21-09-2018

Date of Expiry

21-09-2018

G6236449T



L7225555

## VISIT PASS

Immigration Regulations

SHANTILALL AATMANAND RAMSUNDERSINGH



Date of Birth Sex  
28-04-1960 M

Nationality  
NETHERLANDS

FIN Date of Issue Date of Expiry  
G6236449T 21-09-2018 21-09-2018

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.







**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE**

**EFFECTIVE DATE**

**Class 3 Motor Car** 3000kg with <7 passengers, exclusive of the driver; and other motor vehicles < 2500kg

**License No: G62364437**

**NP 429A**



**MSIG**

2044

**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

## Certificate of Insurance

ROAD TRANSPORT ACT 1987 (MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (FEDERATION OF MALAYSIA)  
 THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)  
 (REPUBLIC OF SINGAPORE)  
 THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)  
 OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M.Z.400  
 Cars for Hire

### MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29040710 TMC

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

SJE7548X

**2. Name of Policyholder**

Sime Darby Services Pte Ltd

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

01/10/2017

**4. Date of Expiry of Insurance**

30/09/2018

**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 for the carriage of passengers or goods in connection with the Policyholder's business.

Use for social domestic and pleasure purposes.

The Policy does not cover

- (1) Use for racing pace-making reliability trial or speed-testing.
- (2) 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 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