

Date In: 30/11/2017 10:09	Job description	Date & Time Completed	Done by
Ref No: NBA/M24/1027817	SAS e-Milling		
Veh No: SL4 6523 m	E-mail (with 3hrs, A/C 3hrs)		
D.O.A: 28/11/2017 23:00	f-Motor Claim Form		
OD / TP / Reporting Only	f-Motor W/O (with 3hrs, TP 3hrs)		
	l-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Box / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars:	Yeh No: SL4 65112	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 Transition Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo (Repair Cost > \$3000) ( )		

Injury:
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Date/Time	Actions

NAN07419	Invoice Preparation Checklist	Val (\$)	AMV (\$)
Customer's Particulars	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$40	
Damaged Portion:	4) FT: Follow-Through Survey	\$110	
	5) YT: Follow-Through Survey (Resurvey)	\$30	
	For e-mailing against INC Only (Under \$10,000)		
	6) TR: Re-inspection	\$33	
	7) NI: New DA + SMRT Survey	\$160	
	8) NTUC Additional Service		
Checked by (Engi-In-Charge):	9) Q11		
	*N3: Courtesy Car / Trip Allowance	\$3	
	*N4: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$65	
	*N8: DY / Collect Excess Coordination	\$3	
	TX (N11): TP (Non-INC) against INC	\$20	
	9) N12: Idle Mobile	\$5	
	Invoice dated	File Charges	
	Invoice Price	File Charges	

### 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	30/11/2017 10:09
Date Of Accident	28/11/2017 23:00
Exact Location Of Accident	TERMINAL 2 AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6523M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	LEETY@HOTMAIL.CO.UK
Mobile Phone No	(LOCAL) +65-91859932
Alternative Phone No	OFFICE-91859932

#### Vehicle Particulars

Manufacturer	FORD
Model	FOCUS
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	REPORTING ONLY
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	LEE THERN YANG
NRIC No	S9311215F
Date Of Birth	27/03/1993
Occupation	INDOOR
Date Of Driving Pass	15/11/2011
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91859932
Fax Number	
Contact Number	OTHERS-91859932
Email Address	LEETY@HOTMAIL.CO.UK

Address	BLK 331 TAH CHING ROAD #11-153
Postcode	611331
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	DRIZZLING
Road Surface	SLIGHTLY WET

#### 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)	1

#### 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	SLN6511L
Vehicle Make/Model/Colour	TOYOTA ESTIMA
Details Of Properties	
Name of Driver	HASHIM BIN HANAWI
NRIC/Passport Number	S1779376D
Contact Number	94593394
Address	BLK 307 BUKIT BATOK STREET 31
Postcode	350307
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

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

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

At approximately 2301 hours on 28/11/17, I (Lee Them Yung) was in SL6523M Ford Focus on the slip road about to enter the main road of Airport Boulevard heading towards Terminal 2. As I was coming to a stop at the stop line to check for oncoming traffic from my left, I felt a low speed impact at my rear. A black Toyota Estima SLN6511L had impacted my rear. The driver admitted that he was looking at the left for oncoming traffic and did not realise that I (Lee Them Yung) had not moved off before he accelerated forward. The Toyota Estima had an in-car camera installed.

The damages were a cracked <sup>front</sup> number plate on the Toyota Estima SLN6511L and grazes on the black plastic part of the rear bumper of Ford Focus SL6523M.

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



# MOTOR ACCIDENT REPORT FORM

Date of Accident: 28/11/17	Time: 2301	Exact Location of Accident: Terminal 2 Boulevard
<b>DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)</b>		
Vehicles Registration Number: SLL 6523M	Name of Registered Owner: SIME DARBY SERVICES	
NRIC / Passport No. / FIN:	Co. Reg. No. (for Co. Vehicle Only): 19750106SW	
*Own Insured Email Address:	*Mobile Phone No.:	*Alternative Phone No.:
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>		
Manufacturer: FORD	Model: FOCUS	
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 3 <sup>rd</sup> Party <input type="checkbox"/> For Reporting Only <input type="checkbox"/>	
Vehicle Category:		
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of My Insurance Company: msig		
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: Lee Thien Yang	NRIC / Passport No. / FIN: S7311215F	
Date of Birth: 27/3/1973	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 15/11/2011	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 91859932	Alternative Phone No.:	
Address as stated in NRIC: 331 Tah Ching Road #11-153		(Post Code: 611331)
Email Address: lee.ty@chiamail.co.uk		
Was driver an employee of the Insured's Company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured: Part-timer	
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 type="checkbox"/> Raining <input type="checkbox"/> Others <input checked="" type="checkbox"/> (please state condition): Drizzling	
Road Surface	Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others <input checked="" type="checkbox"/> (please state condition): Slightly wet	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Was there any video captured by Car Camera?	No <input type="checkbox"/> Yes <input checked="" 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)	1 (Driver only)	
<b>DETAILS OF OTHER VEHICLE</b> (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: SLN6511L	Vehicle Make / Model / Colour: Toyota Estima / Black	
Details of Property Damaged in Accident (other than 3 <sup>rd</sup> -Party vehicle):		
Name of Driver: Hashim bin Harawi	NRIC/Passport Number: S1774376D	
Contact Number: 94593394		
Address: 307 Bukit Batok Street 31		(Post Code: 650307)
Insurance Company Name:		
Nature of Damage: Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver): 1 (Driver only)	
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"/>	
Type of Accident (Please tick the appropriate type on flipside of this form)		

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9311215F



Name

LEE THERN YANG

李 澄 阳

Race

CHINESE

Date of birth

27-03-1993

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9311215F

Name

LEE THERN YANG

Birth Date 27 Mar 1993

Issue Date 15 Nov 2011



002018023H

4198811



NRIC No S9311215F



Date of issue

02-04-2008

Address

APT BLK 331 TAY CHING ROAD  
#11-153  
SINGAPORE 611331

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 15 Nov 2011



Licence No: S9311215F

NP 428A

91859932

## 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  
 SLL6523M

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