

# NATIONAL Assessment Centre Services

(part 1 of 2 pages)

17/07/2017

Date In: 01/07/2017 19:46	Job description	Date & Time Completed	Done by
Ref No: N/A/18917022920/4	SAS e-illing		
Veh No: SK45946J	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: 30/11/2017 16:00	E-Motor Claim Form		
OD (TP) / Reporting Only	E-Motor W/O (within: OD 3hrs, TP 3hrs)		
	E-Photo Uploaded		
	Assessment/Survey Report		
TP Insured:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars: Yeh No: YP4992E	INC ( ) / Non-INC ( )	
Owner / Drivers: (	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 repeler.

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

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

Remarks: UNO 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] ( )		

Injury: \_\_\_\_\_

Date/Time	Action

NA/1707544	Invoice Preparation Checklist	AMOUNT (\$)	AMOUNT (\$)
Human's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$40		
Assigned Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$20		
	For claiming against INC Only (over 10 Jan 2010)		
	6) TR: Re-inspection \$15		
	7) NI: (for DA + SMRT Survey) \$160		
	8) NTUC Additional Services:		
	QTY		
	*N1: Courtesy Car / Tpl Allowance \$3		
	*N6: Repair Coordination \$10		
	*N7: Post Repair Inspection \$15		
	*N8: DY / Collect Unacc Coordination \$3		
	TP (N11) / TP (Non INC) against INC \$20		
	9) NTUC Mobile \$10		
	Invoice dated	Fee Charged	
	Invoice No:	Fee Received	

## 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	01/12/2017 19:46
Date Of Accident	30/11/2017 16:00
Exact Location Of Accident	CTE TOWARDS PIE (NEAR BRADDELL EXIT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN5946J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	KEN.YAP@CARTRACK.COM
Mobile Phone No	(LOCAL) +65-97335701
Alternative Phone No	OFFICE-97335701

### Vehicle Particulars

Manufacturer	FIAT
Model	GALAXY
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	YAP CHIN LEE (YE ZHENLI)
NRIC No	S8035477J
Date Of Birth	08/11/1980
Occupation	INDOOR
Date Of Driving Pass	25/10/2003
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97335701
Fax Number	
Contact Number	OTHERS-97335701
EMail Address	KEN.YAP@CARTRACK.COM

Address	BLK 52 NEW UPPER CHANGI ROAD #07-1486
Postcode	461052
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)	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	YP4992E
Vehicle Make/Model/Colour	ISUZU
Details Of Properties	
Name of Driver	ZHANG FUMING
NRIC/Passport Number	077465979
Contact Number	92273030(AH QIANG)
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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

Policyholder's Signature / Date & Time

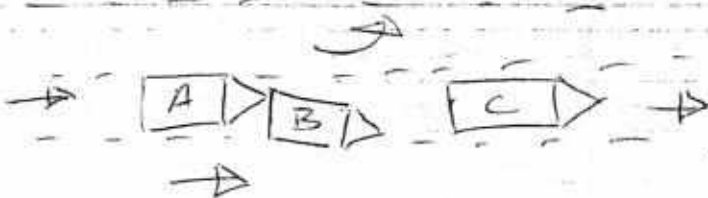
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

CTE TOWARDS PIE (NKKAR BRADDILL ROAD RX17)

(exit to Braddell Rd)



CTE → PIE

Vehicle A - YP4992E

Vehicle B - SKN 5946J

Describe Circumstances of the Accident

Date: 01/12/17 Time: 1600H

~~Vehicle~~ Weather: clear and sunny

Traffic Condition: Heavy towards P12

Vehicle C made

I was driving along CTS going towards P12. I followed Vehicle C which was a DHL truck. Vehicle C made a sudden brake in front which I manage to break in time. However, when I looked into the rear view mirror, I saw Vehicle A approaching towards my car, unable to brake in time. The impact smash my rear windscreen.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

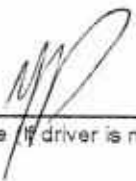
Please State:

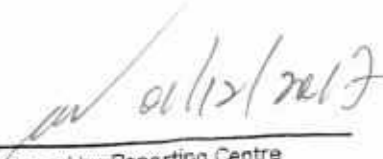
( ) Claim Own Policy (X) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

→  1/12/17  
Driver's Signature (if driver is not the policyholder) / Date & Time

 01/12/2017  
Witnessed by Reporting Centre Personnel



## MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Accident	30/11/17	Time: 1600
Exact Location of Accident	CTE towards PIE (near border Rd exit)	

## DETAILS OF OWN VEHICLE

Vehicles Registration Number:	SKN 5946J	Name of Registered Owner:	SIME DARBY SERVICES
NRIC / Passport No. / FIN:	-	Co. Reg. No. (for Co. Vehicle Only):	19750106SW
Vehicle Particulars			
Manufacturer:	FORD	Model:	GALAXY
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 checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>
Vehicle Category:	Private Car		

## Insurance Company

Name of My Insurance Company:	MSIA
Type of Coverage:	Comprehensive <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>
Fleet Policy (Multiple vehicles coverage):	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Policy / Cover Note Number:	

## Driver

Name of Driver:	Yap Chin Lee	NRIC / Passport No. / FIN:	8803547+J
Date of Birth:	08/11/1980	Occupation:	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass:	25/10/2003	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No.:	9733501	Alternative Phone No.:	

Address as stated in NRIC:	52 New Upper Changi Rd #07-1486	(Post Code: 461052)
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* Email Address:	Ken.Yap@cartrack.com
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Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State relationship of the driver with the insured:
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* Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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* Vehicle Reg. Number of Driver's Own Vehicle (if applicable):	
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* Insurance Company of Driver's Own Vehicle (if applicable):	
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## Other Information of the Accident

Weather Conditions	Sunny	Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):
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Road Surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):
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Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
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* Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
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Foreign Vehicle Registration Number	
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Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus	Others <input type="checkbox"/> *Please indicate
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Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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* Was there any video captured by Car Camera?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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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"/>
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## DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.:	YP 4992E	Vehicle Make / Model / Colour:	ISUZU / Rewind / white
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Details of Property Damaged in Accident (other than 3 <sup>rd</sup> Party vehicle):			
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Name of Driver:	Zhang Fuming	NRIC/Passport Number:	WP 077465979
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Contact Number:	9227 3030 (ah giang)	(Post Code: )
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Address:	
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Insurance Company Name:	
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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):	02
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Details of Witness - Name:	
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Details of Witness - Contact Number:	
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Details of Witness - Email Address:	
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## DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)

Name:		Approximate Age:	
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Address:		(Post Code: )
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Injuries Sustained:		Injured person in which vehicle (vehicle reg. no.):
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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"/>
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Type of Accident (Please tick the appropriate type on flipside of this form)	
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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8035477J



Name

YAP CHIN LEE  
(YE ZHENLI)

叶 振 利

Race

CHINESE

Date of birth

08-11-1980

Sex

M

Country of birth

SINGAPORE

S8035477J



4661558

NRIC No. S8035477J



Date of Issue

27-12-2010



301

APT BLK 52 NEW UPPER CHANGI ROAD #07-1486

SINGAPORE 461052

NRIC No: S8035477J

Date:

20/09/2011

No: 6891158



REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number: S 8 0 3 5 4 7 7 J

Name:

YAP CHIN LEE  
(YE ZHENLI)

Birth Date: 08 Nov 1980

Issue Date: 25 Oct 2003



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

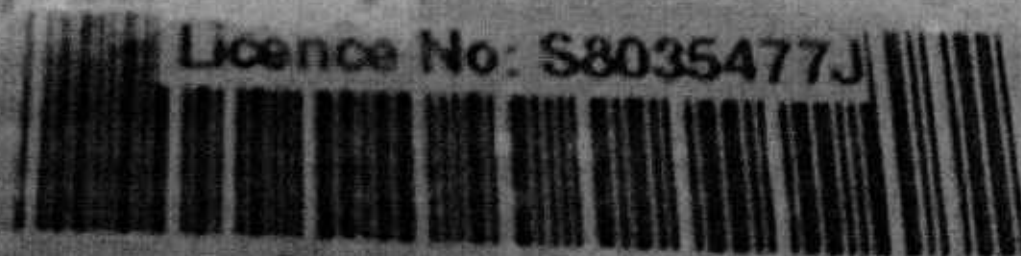
PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of  
which unladen does not exceed 2500 kilograms

25 Oct 2003

Licence No: S8035477J



428A

**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

2894

## 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**

SKNS946J

**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