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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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,

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	SIAIEMENI
04/12/2017	19:20

Date Of Report

04/12/2017 19:20

Date Of Accident

01/12/2017 16:30

Exact Location Of Accident

ALONG WOODLANDS ROAD

Country/State of Loss SINGAPORE

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

GBC3791R

Insured/Policyholder

Name Of Registered Owner

SIME DARBY SERVICES PTE LTD

Co Reg No

197501065W

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-91282877

Alternative Phone No

OFFICE-91282877

Vehicle Particulars

Manufacturer

NISSAN

Model

NV200 1.5 DIESEL

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

YES

Policy Number

B 29040756 MKF

Cover Note Number

Driver

Name of Driver

NOR HALIM BIN YUSOF

Passport No/FIN Date Of Birth G7921957L 03/05/1974

Occupation

Date Of Driving Pass

OUTDOOR 07/06/2017

Driving Experience

0 YEAR AND 5 MONTH

Gender

MALE

Mobile Number

(LOCAL) +65-91282877

Fax Number

Contact Number

OTHERS-91282877

EMail Address

NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

•

Insurance Company of Driver's Own Vehicle

\*

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR DRY

Road Surface

Other Information

Was any foreign vehicle involved in this accident?

YES

Foreign Vehicle Registration Number

JQD336 (COMMERCIAL VEHICLE)

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)

4

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171201/2167

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

JQD336

Vehicle Make/Model/Colour

LORRY

**Details Of Properties** 

Name of Driver

RIZAL BIN MANSUR

NRIC/Passport Number

850219-12-5213

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

## SKETCH PLAN

# MPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.
- 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)

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

Policyholder's Signature / Date & Time

B1 790 376

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

& Time

Sketch Plan

In all allo

Witnessed by Reporting Centre

Personnel

C/40

WIR	Lufter W Colick Cupoft 1/20/120/12/67
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7,000	
F	
TE: PLE	ASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO
BMIT AN	N OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLIC
R MORE	EINFORMATION.
ease State:	
) Claim O	Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ( ) Reporting only
22.00 (2000) 2500(1200)	
claration	
e declare the	e foregoing particulars are true in every respect.
	/, /
	-> 5this
	17 1/1/9// /

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel





1 of 3

Report No. T/20171201/2167

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

# REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 01/12/2017 20:31		Vide Report No.:	Station Diary No.: 172		
Informa	nt's Partic	ulars				
Name of Informant: NOR HALIM BIN YUSOF			Address: C/O 25 Tuas Avenue 2 Atlas Copco (South-East Asia SINGAPORE 639456			
ID Type / ID No.: FIN NO / G7921957L		7L	Contact No.: Home/Office: 62108000 Mobile: 91282877			
	tionality: LLAYSIAN		Email:			
Sex: Male	Age:	Date of Birth: 03/05/1974	Type of Informant: Driver			
Race: Malay			Language: English	Institution / School Name:		
Occupation: Mechanical engineering technician (general)		ering technician	Driving Licence Information: Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 01/12/2017 16:30	Type of Location X-Junction
WOODLAND	oad 1 and Road 2 S ROAD oodlands Crossing	Road Surface:		Road Speed Limit:
Sunny		Dry		
Traffic Flow:	Way	Traffic Control: Not Controlled		Traffic Volume: Heavy
<b>Dual Carriage</b>	Type of Collision: Between Moving Vehicles - Side Swipe - Sai			1001

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC3791R	Van				Slightly Damaged	3
JQD336	Lorry				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20171201/2167

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No: 1800-7929999

#### CONTINUATION OF REPORT

Driver						
Name	NOR HALIM BIN YU	JSOF		ID No	ě	G7921957L
Related Vehicle	GBC3791R (Van)		Contact No		62108000	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	scharge NIL		
No. of Days gran	nted Medical Leave NIL		Degree of	Injury	NIL	
Driver						
Name	RIZAL BIN MANSUR			ID No	ē.	850219-12-5213
Related Vehicle	JQD336 (Lorry)			Conta	ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of	f Injury	NIL	

### Brief Details.

On 01/12/2017 @1630hrs, I was travelling along Woodlands Crossing heading towards Woodlands Road and at that particular point of time, the traffic was heavy and the traffic light was red. There was a SBS Bus in front of my vehicle and there was one Malaysian registered m/lorry bearing registration number, JQD336 behind me. When the traffic light turned green, the SBS in front of me moved off however it stopped in the middle of the junction as it was congested at the junction. I follow suit and stopped behind the said bus. However as the Malaysian m/lorry, JQD336 halfway through moving off and turned to the right heading towards Woodlands Checkpoint, the left side of the lorry hit onto the rear right brake light of my vehicle. As such, my vehicle's break light got damaged.

I wish to state that my vehicle, GBC3791R, is my company rental vehicle from "Hertz". I am lodging this report as advised by the rental company "Hertz". That's all.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999 3 of 3 Report No. T/20171201/2167

CONTINUATION OF REPORT

## Sketch Plan

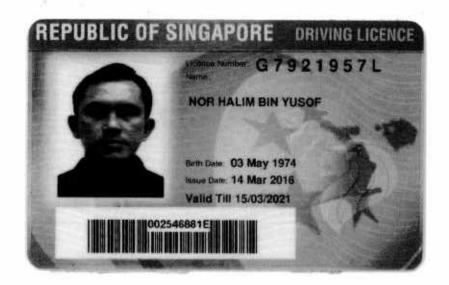
Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: J / Sr Staff Sgt AZMI BIN SALLEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/12/2017 20:31
Officer In Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:

	HASIC INFORMATION Time: /630 DM
Date of Accident 01-10-17	
Exact Location of Accident Wee	podland Read.
	DETAILS OF OWN VEHICLE
Vehicles Registration Number: GBC 370	91 R Name of Registered Owner: SIME DARBY SERVICES
NRIC / Passport No. / FIN: -	Co. Reg. No.(for Co. Vehicle Only): 197501065W
Colmoretanticulare	<b>建工作。2012年10月20日</b>
Manufacturer: NISSAN	Model: NV2001.5 DIESEL VAN
Exact purpose of vehicle being used at time of accid	dent. Normal usage ☐ Other ☐ (please state):
Are you claiming your own insurance policy for repa	air to your vehicle? Yes ☐ Claiming Against 3rd Party.☐ For Reporting Only ☐
Vehicle Category: Private Car	
Demonstrative of the second	<b>《大学》,"我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>
Name of My Insurance Company: m519	
Type of Coverage: Comprehensive D Thir	rd Party D
Reat Policy (Multiple vehicles coverage): Yes-□	No D Policy / Cover Note Number:
Philippin	
Name of Driver: NOR HALIM BIN YU	NRIC / Passport No. / FIN:
Date of Birth: 03-05-74	Occupation: Indoor  Outdoor
Date of Driving Pass: / 1993	Gender: Male □ Fernale □
	native Phone No.:
Address as stated in NRIC: 740503-05	
*Email Address:	7, 33, 34, 34
Was driver an employee of the Insured's Company?	Yes \( \text{No } \( \text{State relationship of the driver with the insured:} \)
*Does the Driver Own Any Other Vehicle?	Yes D No D
*Vehicle Reg. Number of Driver's Own Vehicle (if ap	
*Insurance Company of Driver's Own Vehicle (if app	
Ulite bisometion of the Arcidental	E-MARINE
Weather Conditions	Class C. Salvins C. Others C. (classes state as addition):
	Clear □ Raining □ Others □ (please state condition):
Road Surface	Wet □ Dry □ Others □ (please state condition):
Was anybody injured in the accident?	No <sub>2</sub> B' Yes □
*Was any foreign vehicle involved in this accident?	No □ Yes,□
Foreign Vehicle Registration Number	J9D 336
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxl/Bus Others 🗆 *Please Indicate
Was any other vehicle or property involved?	No,☑ Yes □
*Was there any video captured by Car Camera?	No D Yes & Fraut
Was the accident reported to the Police?	No □ Yes, If Yes, which Police Station?
Was notice of Intended Prosecution given?	No, 2 Yes □ If Yes, against whom?
have been approached by unknown person(s)	No 2 Yes C
soliciting / offering accident claims assistance.	HICLE (Please complete Arinex A Form if more vehicles involved)
Vehicles Registration No.: AVD 326	Vehicle Make / Model / Colour:
Details of Property Damaged in Accident (other than	
Name of Driver: Araal BIN MANSUR	
Contact Number:	NRIC/Passport Number: \$50219 - 12-5313
	SUBRT 104 DADRE, SABAH (Post Code: 89600
	SUBAT 104 DAPAR SABAH (Post Code: 89600
Asurance Company Name:	
lature of Damage: Front □ Rear □ Left □	Right □ No. of Passengers (Including Driver):
V - 10 #14.00 - 4.0	
Petails of Witness - Contact Number:	
letails of Witness - Contact Number: letails of Witness - Ernail Address:	
letails of Witness - Contact Number: letails of Witness - Ernail Address:	PERSON (Please complete Annex A Form if more person injured)
Petails of Witness - Contact Number: Petails of Witness - Ernail Address: DETAILS OF INJURED P	PERSON (Please complete Annex A Form if more person injured)  Approximate Age:
Details of Witness - Contact Number: Details of Witness - Ernail Address: DETAILS OF INJURED PE James:	
Details of Witness - Name:  Details of Witness - Contact Number:  Details of Witness - Email Address:  DETAILS OF INJURED PL  Jame:  Juries Sustained:	Approximate Age:  (Post Code:
Details of Witness - Contact Number: Details of Witness - Email Address: DETAILS OF INJURED PL Jame: Iddress:	Approximate Age:

<sup>\*</sup> Compulsory information required by GIARMC Accident Reporting System for accidents occurring from 15 January 2013 onwards.



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

#### EFFECTIVE DATE

Class 3

$$\label{eq:Motor care} \begin{split} & \text{Motor care} = < 200 \text{ CC} \\ & \text{Motor care} = < 3000 \text{ kg with} = < 7 \text{ passengers, exclusive of the driver; and motor tractors/vehicles} = < 2500 \text{ kg} \end{split}$$

16 Mar 2011 07 Jun 2017

130

G7921957L

S / No.9000268506

NP 428A



### VISIT PASS Immigration Regulations

Name

NOR HALIM BIN YUSOF



Date of Birth Sex.

Nationality

03-05-1974 M

Date of Issue

MALAYSIAN Date of Expiry

G7921957L 11-10-2017

01-11-2019

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





#### WORK PERMIT

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

Employer
ATLAS COPCO (SOUTH-EAST ASIA) PTE. LTD.

Sector SERVICE



NOR HALIM BIN YUSOF

MECHANICAL ENGINEERING TECHNICIAN

Work Permit No. 5 27389283

Date of Application

11-06-2010

Date of Issue 11-10-2017

Date of Expiry

01-11-2019



L8377504



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.2.301

COMMERCIAL VEHICLE - FLEET

Goods Carrying Vehicle -Sch II

Third Party

Certificate No. B 29040756 MKF

Index Mark and Registration Number of Vehicle

GBC3791R

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.

Limitations as to use\*

Use in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. Use for social domestic and pleasure purposes.

The Policy does not cover

- Use for racing pace-making reliability trial or speed-testing. (1)
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
  (3) Use for the carriage of passengers for hire or reward.

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