

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	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	G7921957L
Date Of Birth	03/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	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 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? 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

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.

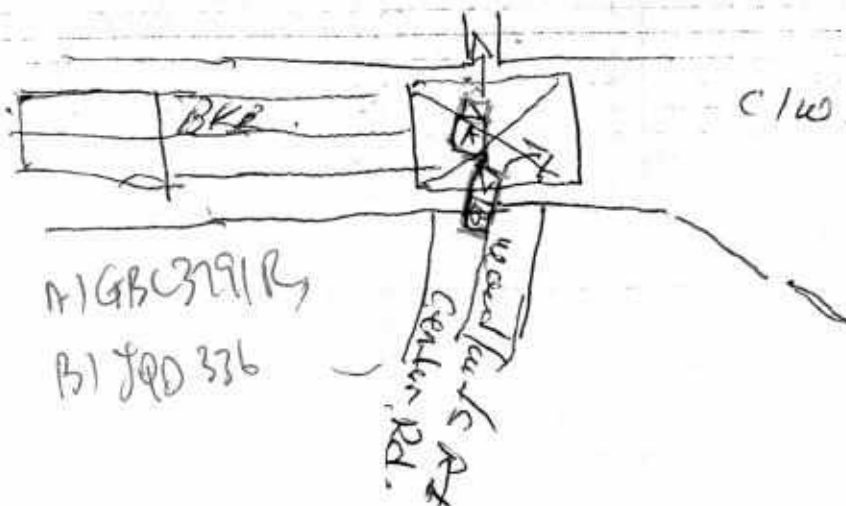
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Along Woodlands Road



Describe Circumstances of the Accident

PLS REFER TO POLICE REPORT 7/20171201/2167

2

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.

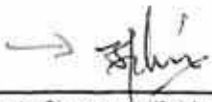
Please State:

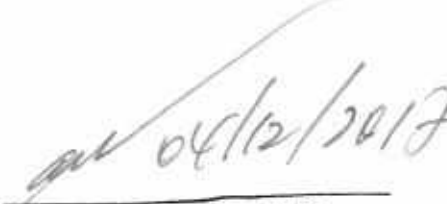
☐ Claim Own Policy ☐ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

 04/12/2017
Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE



T/20171201/2167

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20171201/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2017 20:31	Vide Report No.:	Station Diary No.: 172
--	------------------	---------------------------

Informant's Particulars

Name of Informant: NOR HALIM BIN YUSOF			Address: C/O 25 Tuas Avenue 2 Atlas Copco (South-East Asia) Pte Ltd SINGAPORE 639456		
ID Type / ID No.: FIN NO / G7921957L			Contact No.: Home/Office: 62108000 Mobile: 91282877		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 03/05/1974	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Mechanical engineering technician (general)			Driving Licence Information: Class: 2B,3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 01/12/2017 16:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS ROAD				
Junction of Woodlands Crossing				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	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



**SINGAPORE
POLICE FORCE**



T/20171201/2167

2 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20171201/2167

CONTINUATION OF REPORT

Driver			
Name	NOR HALIM BIN YUSOF	ID No.	G7921957L
Related Vehicle	GBC3791R (Van)	Contact No.	62108000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	RIZAL BIN MANSUR	ID No.	850219-12-5213
Related Vehicle	JQD336 (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of 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.



**SINGAPORE
POLICE FORCE**



T/20171201/2167

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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Signature Of Informant:

Date/Time:

01/12/2017 20:31

Classification Of Case:

Authentication Stamp

SN 127

NR 168



Signature :

Singapore Police Force

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident: 01-10-17 Time: 1630 pm
 Exact Location of Accident: Woodland Road

DETAILS OF OWN VEHICLE

Vehicles Registration Number: GBC 3791 R Name of Registered Owner: SIME DARBY SERVICES
 NRIC / Passport No. / FIN: Co. Reg. No. (for Co. Vehicle Only): 197501065W

Manufacturer: NISSAN Model: NV200 1.5 DIESEL VAN

Exact purpose of vehicle being used at time of accident: Normal usage ☒ Other ☐ (please state):
 Are you claiming your own insurance policy for repair to your vehicle? Yes ☐ Claiming Against 3rd Party ☐ For Reporting Only ☐

Vehicle Category: Private Car

Name of My Insurance Company: MSIG
 Type of Coverage: Comprehensive ☐ Third Party ☒

Fleet Policy (Multiple vehicles coverage): Yes ☐ No ☐ Policy / Cover Note Number:

Name of Driver: NOR HALIM BIN YUSOP NRIC / Passport No. / FIN:
 Date of Birth: 03-05-74 Occupation: Indoor ☐ Outdoor ☐

Date of Driving Pass: 15 1993 Gender: Male ☐ Female ☐
 Mobile Phone No.: 91282877 Alternative Phone No.:

Address as stated in NRIC: 740503-05-5219 (Post Code:
 *Email Address:

Was driver an employee of the Insured's Company? Yes ☐ No ☐ State relationship of the driver with the insured:
 *Does the Driver Own Any Other Vehicle? Yes ☐ No ☐

*Vehicle Reg. Number of Driver's Own Vehicle (if applicable):
 *Insurance Company of Driver's Own Vehicle (if applicable):

Weather Conditions: Clear ☐ Raining ☐ Others ☐ (please state condition):
 Road Surface: Wet ☐ Dry ☒ Others ☐ (please state condition):

Was anybody injured in the accident? No ☒ Yes ☐
 *Was any foreign vehicle involved in this accident? No ☐ Yes ☒

Foreign Vehicle Registration Number: J9D 836
 Foreign Vehicle Category: Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others ☐ *Please indicate

Was any other vehicle or property involved? No ☒ Yes ☐
 *Was there any video captured by Car Camera? No ☐ Yes ☒ Front

Was the accident reported to the Police? No ☐ Yes ☒ If Yes, which Police Station?
 Was notice of Intended Prosecution given? No ☒ Yes ☐ If Yes, against whom?

Have been approached by unknown person(s) soliciting / offering accident claims assistance: No ☒ Yes ☐

DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: J9D 836 Vehicle Make / Model / Colour:

Details of Property Damaged in Accident (other than 3rd-Party vehicle):
 Name of Driver: RIZAL BIN MANSUR NRIC/Passport Number: 850219-12-5213

Contact Number:
 Address: KAMPUNG SAPAT PETI SURAT 104 PAPAR SABAH (Post Code: 89600)

Insurance Company Name:
 Nature of Damage: Front ☐ Rear ☐ Left ☐ Right ☐ No. of Passengers (Including Driver):

Details of Witness - Name:
 Details of Witness - Contact Number:
 Details of Witness - Email Address:


DETAILS OF INJURED PERSON (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 ☐ Yes ☐ Were injured conveyed to hospital by ambulance? No ☐ Yes ☐

Type of Accident (Please tick the appropriate type on flipside of this form)

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **G7921957L**
 Name: **NOR HALIM BIN YUSOF**
 Birth Date: **03 May 1974**
 Issue Date: **14 Mar 2016**
 Valid Till **15/03/2021**



002546881E

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 100 CC	16 Mar 2011
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	07 Jun 2017

G7921957L

S / No. 9000268506

Licence No: G7921957L

NP 42BA

VISIT PASS
Immigration Regulations

Name
NOR HALIM BIN YUSOF



Date of Birth	Sex	Nationality
03-05-1974	M	MALAYSIAN
FIN	Date of Issue	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**



Name
NOR HALIM BIN YUSOF
Occupation
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**

2294

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 MKP

1. 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.

6. 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

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

(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