

# NATIONAL Assessment Centre Services. (ver 1 Jan 2008) MMA417/60568

Date In: 08/12/2017 10:24	Job description	Date & Time Completed	Done by:
Ref No: NBA/MMA/170234167	SAS e-illing		
Vel No: SKJ 70197	E-mail (w/ide 3hrs, A/C 3hrs)		
D.O.A: 06/12/2017 15:00	E-Motor Claim Form		
OD: TPV Reporting Only	E-Motor W/O (w/ide 3hrs, TP 3hrs)		
	E-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'n Report by Fax/ Hand to Owner/VKsp		

Preferred Wksp / INC Assign Wksp / OW: (	Tel:	Fax:
TP Particulars: Vel No: SLQ 6513R	INC ( ) / Non-INC ( )	
Owner / Driver: (	Tel:	
Policy No: (	Period: (	Cover Type: (
Confirmed by: (	Date:	Time:
Insured/Driver Liability: (	% (Note: BSL 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 repeller.

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

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

Remarks: (INC box line 6788/6016)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Reserve Photo (Repair Cost > \$3000) ( )		

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

Date/Time	Action

Human's Particulars: Driver/Owner: Contact No: Damaged Portion: Checked by (Engr-In-Charge): Remarks/Comments: L1: L2/3:	Invoice Preparation Checklist:		AMU(S)
	1) AR: Accident Reporting (\$30)		
	2) DA: Damage Assessment (\$100)	INC (\$30)	
	3) TP: Towing Fee	\$40/143	
	4) PT: Follow-Through Survey	\$120	
	5) RT: Follow-Through Survey (Resurvey)	\$20	
	Forfeiting against INC Only (wef 10 Jan 2008)		
	6) TR: Re-inspection	\$75	
	7) NI: Idv DA + SMRT Survey	\$160	
	8) NTUC Additional Services:		
OIL:			
*N1: Courtesy Car / Tpl Allowance		\$5	
*N6: Repair Coordination		\$10	
*N7: Post Repair Inspection		\$15	
*N8: DY / Collect Unacc Coordination		\$5	
TP (N11): TP (Non INC) against INC		\$20	
P) N12: Idv Idv		\$0	
Invoice total			
Fee Charged			
Amount 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	08/12/2017 10:24
Date Of Accident	06/12/2017 15:00
Exact Location Of Accident	TANGLIN MALL BASEMENT 3 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ7019T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARDY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	DEVILZZ77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81577287
Alternative Phone No	OFFICE-81577287

### Vehicle Particulars

Manufacturer	AUDI
Model	BLACK
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 29040568 MCY
Cover Note Number	

### Driver

Name of Driver	IRWANDY BIN MISWAN
NRIC No	S7735681I
Date Of Birth	14/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2005
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81577287
Fax Number	
Contact Number	OTHERS-81577287
Email Address	DEVILZZ77@GMAIL.COM

Address	BLK 728 JURONG WEST AVENUE 5 #02-204
Postcode	640728
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	SIDE SWIPE
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(COLLISION TYPE IS TP REVERSE AND HIT INSURED)

#### 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	SLQ6513R
Vehicle Make/Model/Colour	B.M.W
Details Of Properties	
Name of Driver	BERKOVSKAYA IRINA
NRIC/Passport Number	G3346061P
Contact Number	90107568
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


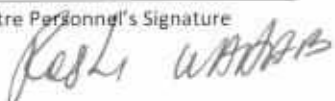
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

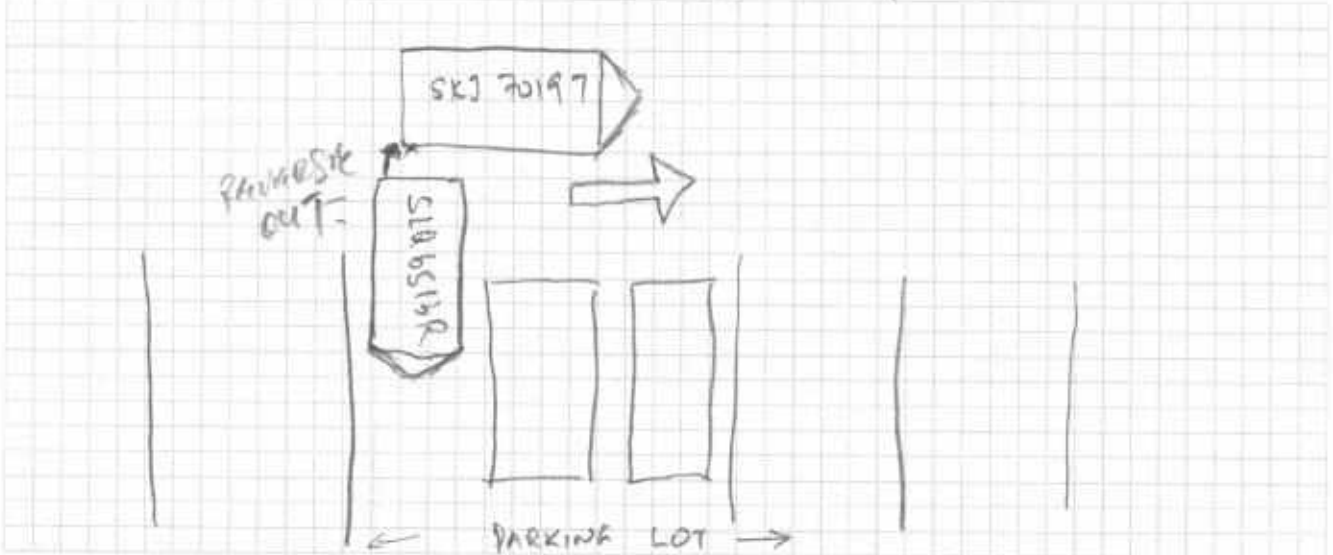
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 08/12/2017 / 0915 HRS

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

SKETCH PLAN

TANGLIN MALL B3 CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06/12/2017 at Tanglin Mall B3 Carpark, I was about to move off. I felt a sudden impact on my vehicle. When I looked at my right mirror I saw a car that (SLA 6513R) was reversing knocked against my car rear. It appeared that the car was in a parking lot and reversing to exit from the carpark lot.

DECLARATION

I/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: 08/12/2017 / 0915 HRS

Reporting Centre Personnel's Signature  
Name: ROSLI WATTHAB  
NRIC/FIN No.:



# ACCIDENT STATEMENT

ACCIDENT DATE: 06 / 12 / 2017 (DD/MM/YYYY), TIME: 15 : 00 (HH:MM)

LOCATION: TANGLIN MALL B3 CARPARK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKJ 7019 T  
 b) INSURANCE COMPANY: YMSI  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: CAR WAS PARKED  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) \_\_\_\_\_  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: WHEATZ SIMKE DARMY (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passengers  
 (including driver)  
(1)

- DRIVER  
 a) NAME: IRWANDY BIN MISWAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 877356811 CONTACT: 81577287  
 c) ADDRESS: BLK 718 JURONG WEST AVE 5 #03-204 (640728)

\* d) DATE OF BIRTH: (14 / 10 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENSE: 20/01/2005

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) HIPER  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

\* No of passengers  
 (including driver)  
(1)

- a) VEHICLE NUMBER: SLG 6513 R MODEL: BMW  
 b) DRIVER'S NAME: BERKONGKAYA IRINA  
 c) NRIC/FIN/PASSPORT: 93346061 P CONTACT: 90107588

## 9. THIRD PARTY VEHICLE

\* No of passengers  
 (including driver)  
( )

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

Email = devil2277@gmail.com

fax =

✓ 1000

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S77356811



Name

IRWANDY BIN MISWAN

أبرواندي بن ميسوان

Race

JAVANESE

Date of birth

14-10-1977

Sex

M

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S77356811

Name

IRWANDY BIN MISWAN

Birth Date: 14 Oct 1977

Issue Date: 11 Aug 2016



002597679H

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	20 Nov 2000
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	20 Jan 2005

EFFECTIVE DATE

20 Nov 2000

20 Jan 2005

NP 425A



Licence No: S77356811



4117403



NRIC No. S77356811

Date of issue

19-10-2007

Address

APT BLK 728 JURONG WEST AVENUE 5  
#02-204  
SINGAPORE 640728

## 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.2.400  
 Cars for Hire

**MOTORMAX PLUS-COMMERCIAL**  
**Comprehensive**

Certificate No. B 29040568 MCY

Excess : SGD1,000  
 Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 SKJ7019T

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.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

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