

# NATIONAL Assessment Centre Services

(ver 1.2/000)

19MAY11-70379

Date In: 28/12/2017 14:19	Job Description	Date & Time Completed	Done by
Ref No: NBR/M8417024596/V	SAS e-filing		
Veh No: SLL 6443K	E-mail (within 2hrs, AIC only)		
D.O.A: 28/12/2017 12:20	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor W/O (within 2hrs, TP only)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars:	Yeli No: GRG144H	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%; P: 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 0016	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

Human's Particulars:	Invoice Preparation Checklist:	Amount:	Amount:
Driver/Owner:	1) AR: Accidental Reporting (300)		
Contact No:	2) DA: Damage Assessment (3100)	INC (310)	
Assigned Portion:	3) TP: Towing Fee (50/540)		
	4) FT: Follow-Through Survey (120)		
	5) FT: Follow-Through Survey (Resurvey) (30)		
	For e-mailing report (INC Only) (ver 1.0 Jan 2005)		
	6) TR: Re-inspection (31)		
	7) NI: Delay DA + SMRT Survey (160)		
	8) NTUC Additional Services:		
	Q11:		
C Checked by (Engr-In-Charge):	*NI: Courtesy Car / Tpl Allowance (3)		
	*NI: Repair Coordination (10)		
	*NI: Post Repair Inspection (31)		
	*NI: DV / Collect Unacc Coordination (3)		
	TP (NI) / TP (Non INC) against INC (30)		
	9) NI: Idm Mobis (30)		
	Invoice dated	File Charged	
	Invoice dated	File Charged	

## 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	28/12/2017 14:19
Date Of Accident	28/12/2017 12:20
Exact Location Of Accident	CAIRNHILL CIRCLE OUTSIDE THE LIGHT@CAIRNHILL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6443K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	YOGITA2674@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97293053
Alternative Phone No	OFFICE-96717999

### Vehicle Particulars

Manufacturer	FORD
Model	FOCUS
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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 290407710 TMC
Cover Note Number	

### Driver

Name of Driver	YOGITA D/O RAJENDRA KUMAR
NRIC No	S8341516I
Date Of Birth	31/12/1983
Occupation	OUTDOOR
Date Of Driving Pass	29/10/2003
Driving Experience	14 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97293053
Fax Number	
Contact Number	OTHERS-96717999
Email Address	YOGITA2674@GMAIL.COM



Address	BLK 527C PASIR RIS STREET 51 #08-707
Postcode	513527
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	GBG144H
Vehicle Make/Model/Colour	NISSAN (LORRY)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DONG YONG KONG
NRIC/Passport Number	S1501264A
Contact Number	96313021
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## 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.

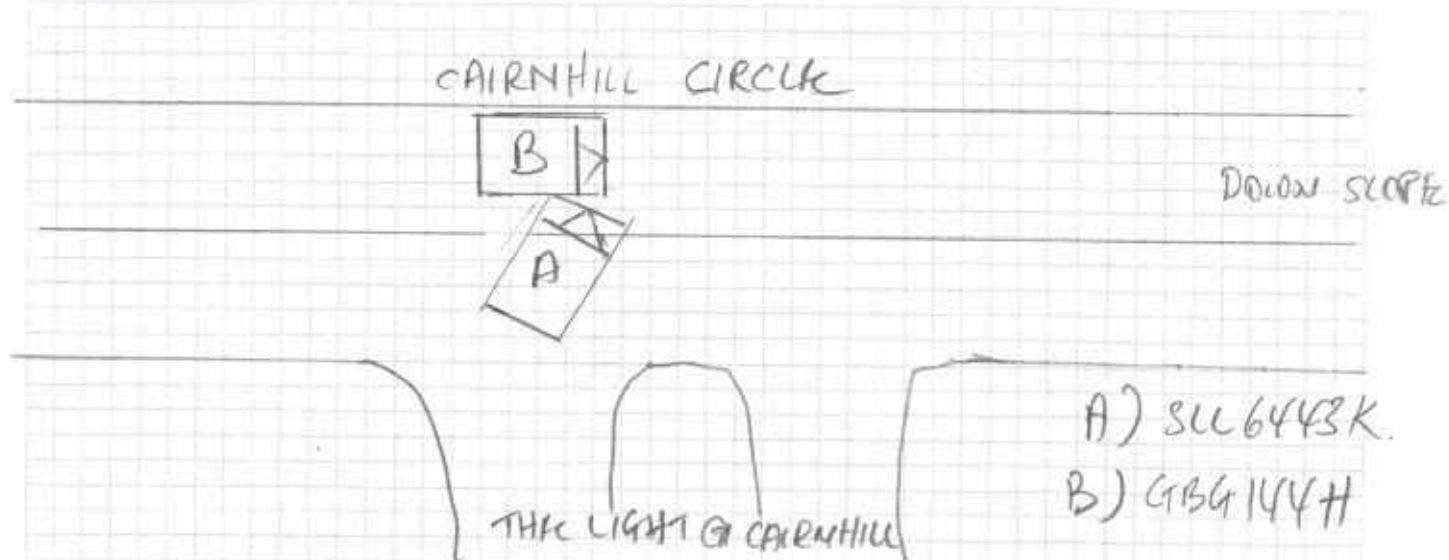


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date: 28th November 2017

Time: 12-20pm


I was driving out of the condo to the main road turning right. Before I drove out, I saw that the lorry GBG144H was far behind before moving out. I had already pass the white line to go to the lane when suddenly I heard a horn and after that the lorry GBG144H and the car SL6643K which was driving had a collision already.


## 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:

 28/12/2017  
Reporting Centre Personnel's Signature

Name: Resli Wathan  
NRIC/FIN No:



## MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Accident: 28<sup>th</sup> November 2017 Time: 12.20pm  
 Exact Location of Accident: Cairhill Circle, outside The Liant @ Cairhill Condo

## DETAILS OF OWN VEHICLE

Vehicles Registration Number: SLL 6443K Name of Registered Owner: SIME PARBY SERVICES  
 NRIC / Passport No. / FIN: Co. Reg. No. (for Co. Vehicle Only): 197501065W

Vehicle Particulars:  
 Manufacturer: FORD Model: Focus

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 3<sup>rd</sup> Party ☒ For Reporting Only ☐

Vehicle Category: Private Car

Insurance Company:

Name of My Insurance Company: MS19

Type of Coverage: Comprehensive ☐ Third Party ☒

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

Driver:

Name of Driver: Yogita P/o Rajendra Kumar NRIC / Passport No. / FIN: 883415161

Date of Birth: 31/12/1983 Occupation: Indoor ☐ Outdoor ☒

Date of Driving Pass: 29/10/2003 Gender: Male ☐ Female ☒

Mobile Phone No.: 07293053 Alternative Phone No.: 96717999

Address as stated in NRIC: 527C Pagar Kis St 51 #08-707 (Post Code: 513527)

\* Email Address: yogita2674@gmail.com

Was driver an employee of the Insured's Company? Yes ☐ No ☒ State relationship of the driver with the insured: Hirer

\* 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):

Other Information of the Accident:

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:

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 ☐

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?

I 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.: G166 144H Vehicle Make / Model / Colour: Nissan

Details of Property Damaged in Accident (other than 3<sup>rd</sup> Party vehicle):

Name of Driver: Dong Yong Kong NRIC/Passport Number: S1501264A

Contact Number: 96313021

Address: (Post Code: )

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  
IDENTITY CARD NO. S83415161



Name

YOGITA D/O RAJENDRA KUMAR

Race

INDIAN

Date of birth

31-12-1983

Country/Place of birth

SINGAPORE

Sex

F



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S83415161

Name

YOGITA D/O RAJENDRA  
KUMAR

Birth Date 31 Dec 1983

Issue Date 29 Oct 2003



5467656



NRIC No. S83415161



Date of issue

12-05-2015

APT BLK 527C PASIR RIS STREET 51 #08-707  
SINGAPORE 513527

NRIC No: S83415161

Date: 01/09/2015

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

29 Oct 2003



NP 428A



## 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

**MOTOR CAR - COMMERCIAL TP**  
**Third Party**

Certificate No. B 29040710 TMC

**1. Index Mark and Registration Number of Vehicle**

SLL6443K

**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