

NATIONAL Assessment Centre Services

(ver 1.1/2000)

N/A 418001380

Date In: 03/01/2018 14:17	Job description	Date & Time Completed	Done by
Ref No: N/A 418000118/y	SAS e-illing		
Vel No: SLR 8597E	E-mail (within 3hrs, A/C 7hrs)		
P.O.A: 03/01/2018 07:25	I-Motor Claim Form		
OD / TR / Reporting Only	I-Motor W/O (within 30 hrs, 7P 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yell No: 8KD 5812P	INC () / Non-INC ()	
Owner / Driver: (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 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	Actions

N/A 41800135	Invoice Preparation Circles	Amount	Amount
Human Resources	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$50)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$10	
	6) TR: Re-inspection	\$15	
	7) NI: Adv DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Courtship Car / Tpl Allowance	\$1	
	10) NI: Repair Coordination	\$10	
	11) NI: Post Repair Inspection	\$15	
	12) NI: DY / Collision Excess Coordination	\$1	
	13) TP (NI): TP (Kva INC) against INC	\$10	
	14) NI: 1st Mobile	\$10	
	Invoice total		
	Invoice paid		
	Free Charged		
	Used 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	03/01/2018 14:17
Date Of Accident	03/01/2018 07:25
Exact Location Of Accident	MAIN ROAD OF 172A PUNGGOL FIELD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8597E
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90701102
Alternative Phone No	OFFICE-90701102

Vehicle Particulars

Manufacturer	BMW
Model	520D
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	B 29040568 MCY
Cover Note Number	

Driver

Name of Driver	ANDREW CHAN POH SENG
NRIC No	S7732131D
Date Of Birth	02/11/1977
Occupation	INDOOR
Date Of Driving Pass	25/03/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90701102
Fax Number	
Contact Number	OTHERS-90701102
Email Address	NOEMAIL

Address	BLK 109B EDGEDALE PLAINS #17-121
Postcode	822109
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
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

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	SKD5812P
Vehicle Make/Model/Colour	HONDA CIVIC TYPE R
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA MING WEI
NRIC/Passport Number	S8511924I
Contact Number	
Address	BLK 120A #15-265 EDGEDALE PLAINS
Postcode	8821120
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.



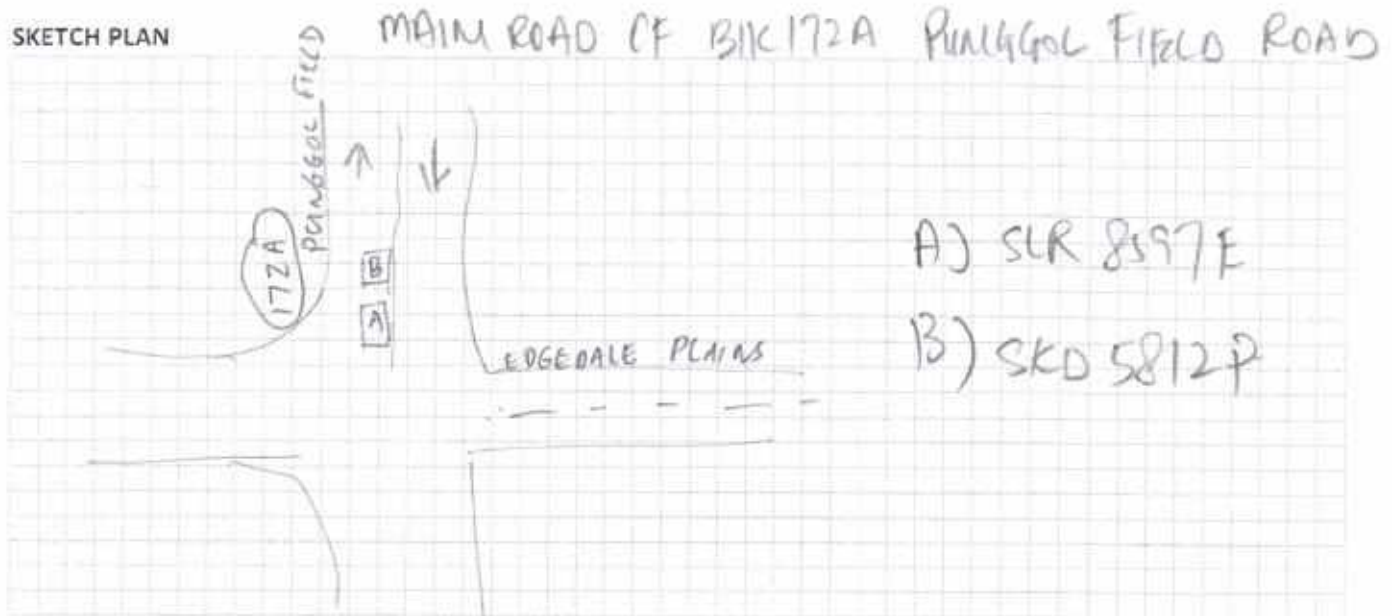
Policyholder's Signature
Date & Time:

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

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

03/01/2018
Rosh Watar

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 3 Jan 2018 at about 7:23 am, as traffic was heavy on punggol Field road near blk 172A due to peak hours. Cars were back to back. Car B (other vehicle) moved a little when and suddenly ~~braked~~ braced. I managed to break in time and didn't feel any impact. However he came down and said I hit his rear. There was no damage on my car & his damage are paint chips with no visible dent or marks of impact. He claims the paint chips are caused by me. However there are no paint marks or damages on my car at all.

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:

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

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident	3 Jan 2018	Time: 07:23 am
Exact Location of Accident	Main Rd of 172A Punggol Field road.	

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SLR8597E	Name of Registered Owner: SIME DARRY SERVICES
NRIC / Passport No. / FIN: —	Co. Reg. No. (for Co. Vehicle Only): 19750106SW
Manufacturer: BMW	Model: 520d
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 3rd Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>	
Vehicle Category: Private Car —	
Name of My Insurance Company: MSI	
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>	
Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number: —

Name of Driver: Andrew Chan Poh Seng	NRIC / Passport No. / FIN: S77321310
Date of Birth: 02 Nov 1977	Occupation: Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>
Date of Driving Pass: 25 Mar 1998	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No.: 90701102	Alternative Phone No.:
Address as stated in NRIC: 109B EDGEHALL PLAINS #17-121 (Post Code: 822109)	
* Email Address:	
Was driver an employee of the Insured's Company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> State relationship of the driver with the insured:	
* Does the Driver Own Any Other Vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>	
* 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 <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):	
Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
* Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
Foreign Vehicle Registration Number		
Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate	
Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
* Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
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 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 type="checkbox"/> Yes <input type="checkbox"/>	

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

Vehicles Registration No.: SED5812P	Vehicle Make / Model / Colour: Honda Civic Type R (PW)
Details of Property Damaged in Accident (other than 3rd-Party vehicle):	
Name of Driver: Chua Ming Wei	NRIC/Passport Number: S8511924L
Contact Number: —	
Address: 120A EDGEHALL PLAINS #15-265 (Post Code: 821120)	
Insurance Company Name:	
Nature of Damage: Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver): 01
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 <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>
Type of Accident (Please tick the appropriate type on flipside of this form)	

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7732131D



Name

ANDREW CHAN POH SENG



陈宝成

Race

CHINESE

Date of birth

02-11-1977

Sex

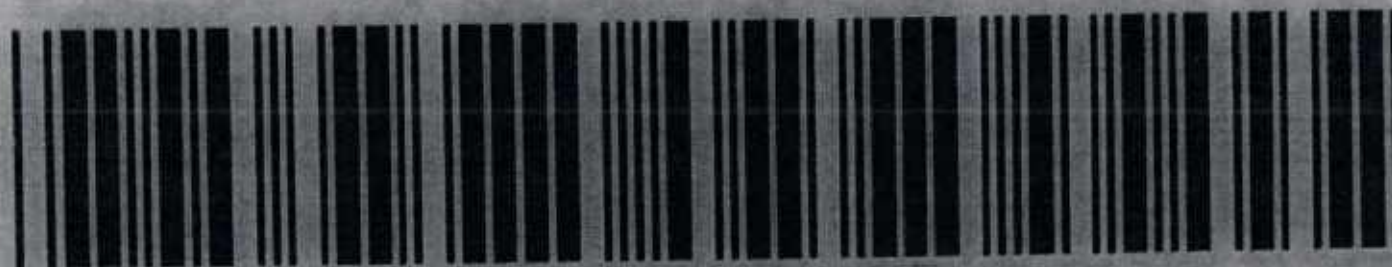
M

Country of birth

SINGAPORE



4 2 5 4 6 8 6



NRIC No. **S7732131D**

Date of issue

26-07-2008

APT BLK 109B EDGEDALE PLAINS #17-121
SINGAPORE 822109

NRIC No: **S7732131D**

Date: **06/10/2012**

No: **7173447**

REPUBLIC OF SINGAPORE

DRIVING LICENCE

Licence Number: **S7732131D**

Name:

ANDREW CHAN POH SENG

Birth Date: **02 Nov 1977**

Issue Date: **06 Jan 2004**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(E

PASS DATE

Class 2B Motorcycles \leq 200 CC

02 Feb 2006

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the
driver; and motor tractors/vehicles \leq 2500 kg

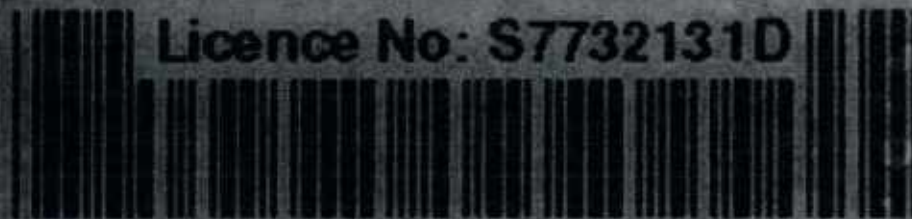
25 Mar 1998

S / No. 9000043221

S7732131D

Licence No: S7732131D

NP 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

3005

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**MOTORMAX PLUS-COMMERCIAL**
Comprehensive

Certificate No. B 29040568 MCY

Excess: SGD1,000

Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle

SLR8597E

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