

NATIONAL Assessment Centre Services

(Ver 1.2/2009)

NA800952

Date In: 12/03/2018 17:56	Job description	Date & Time Completed	Done by
Ref No: NBA/M8618002811/Y	SAS e-illing		
Veh No: SKL 5895H	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 10/03/2018 21:50	E-Motor Claim Form		
OD / TP / Reporting Only	E-Motor VVO (within 2hrs, TP 1hr)		
	E-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	Veh No: SKL 5895H	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 repeller.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () : Invoice: YES () / NO () : Towing Co: ()

Remarks:	INC Hotline: 6788 6616	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

NA800952	Invoice Preparation Checklist	Amount	Remarks
Customer's Particulars:	1) AR: Accident Reporting (\$20)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$10/\$42	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
	5) PT: Follow-Through Survey (Resurvey)	\$20	
	6) TR: Re-inspection	\$15	
	7) NI: NI DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: NI DA + SMRT Survey		
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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 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	12/02/2018 17:56
Date Of Accident	10/02/2018 21:50
Exact Location Of Accident	JURONG WEST AVENUE 5 JUCNTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL5895H
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	LIMCHERHOON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97970269
Alternative Phone No	OFFICE-97970269

Vehicle Particulars

Manufacturer	PEUGEOT
Model	P3008
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	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29040710 TMC
Cover Note Number	

Driver

Name of Driver	LIM CHER HOON MICHAEL
NRIC No	S7103069E
Date Of Birth	02/02/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1992
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97970269
Fax Number	
Contact Number	OTHERS-97970269
EMail Address	LIMCHERHOON@GMAIL.COM

Address	53 WESTWOOD AVENUE
Postcode	648377
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?	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	SGF7595P
Vehicle Make/Model/Colour	MERCEDES BENZ B160
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANTHONY LEONG
NRIC/Passport Number	S2170392C
Contact Number	92963327
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 12/2/18

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

A - SKL5895H

B - SGF7595P

I was u-turning at Jimmy West Ave
S traffic Junction when I vehicle in
front stopped and I bumped into the
vehicle.

I/We declare the foregoing particulars are true in every respect.

in every respect.

[Signature] 12/2/18

Reporting Centre Personnel's Signature
Name: Rasdi A. H. H.
NRIC/FIN No.: 12/01/2018

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident	10/02/2018	Time: 9.50 PM
Exact Location of Accident	Jwons West Ave S Junction	

DETAILS OF OWN VEHICLE

Vehicles Registration Number:	SKL 5895 H	Name of Registered Owner:	SIME DARBY SERVICES
NRIC / Passport No. / FIN:	-	Co. Reg. No. (for Co. Vehicle Only):	197501065W
Vehicle Manufacturer:	PEUGEOT	Model:	P3008
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 3 rd Party <input type="checkbox"/>	For Reporting Only <input checked="" type="checkbox"/>
Vehicle Category:	Private Car		
Name of My Insurance Company:	MSIG		
Type of Coverage:	Comprehensive <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>		
First Policy (Multiple vehicles coverage):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:	

Name of Driver:	LIM HER HOON	NRIC / Passport No. / FIN:	57103069E
Date of Birth:	02/02/1971	Occupation:	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Date of Driving Pass:	19/12/1992	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No.:	97970269	Alternative Phone No.:	
Address as stated in NRIC:	53 WESTWOOD AVENUE		(Post Code: 648377)
* Email Address:	limcherhoon@gmail.com		
Was driver an employee of the Insured's Company?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	State relationship of the driver with the insured:	
* Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
* Vehicle Reg. Number of Driver's Own Vehicle (if applicable):	-		
* Insurance Company of Driver's Own Vehicle (if applicable):	-		

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/>

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

Vehicles Registration No.:	SGF 7595P	Vehicle Make / Model / Colour:	MERC B160
Details of Property Damaged in Accident (other than 3 rd -Party vehicle): NIL			
Name of Driver:	ANTHONY LEONG	NRIC/Passport Number:	52170392C
Contact Number:	92963327		
Address:			
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):	
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:			
Address:			
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. S7103069E



Name
LIM CHER HOON MICHAEL

林子勤

Race
CHINESE

Date of Birth
02-02-1971

Sex
M

Country of Birth
SINGAPORE

S7103069E

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S7103069E

Name
LIM CHER HOON MICHAEL

Birth Date
02 Feb 1971

Issue Date
21 Dec 2002

1000054212F

0411677



NRIC No. S7103069E



Blood Group
O+

Date of issue
04-07-1992

53 WESTWOOD AVENUE
SINGAPORE 648377
NRIC No. S7103069E

Date: 10/01/2010 No: 6573689

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

	PASS DATE
Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the drivers and motor tractors/vehicles <= 2500 kg	19 Dec 1992
Class 4 Heavy motor cars and motor tractors > 2500 kg	13 Oct 2012

S7103069E

S / No. 8000169998

NP 428A

Licence No. S7103069E

**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

2486

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

MOTOR CAR - COMMERCIAL TP
Third Party

Certificate No. B 29040710 TMC

1. Index Mark and Registration Number of Vehicle

SKL5895H

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