

NATIONAL Assessment Centre Services. (url) (2000)

13/11/24 (8024/04)

Date In:	19/02/2018 19:50	Job Description	Date & Time Completed	Done by
Ref No:	NBA/MSG-180031934	SAS e-illing		
Veh No:	SICK 7534 M	E-mail (within 3hrs, AIO 2hrs)		
D.O.A :	16/02/2018 13:28	E-Motor Claim Form		
OD / TP * Reporting Only		E-Motor W/O (within 300 hrs, TP 3hrs)		
		E-Photo Uploaded		
TP Insurech:		Assessment/Survey Report		
		Ass'l Report by Fax / Hand to Owner / Whse		

Preferred Wksp / INC Assign Wksp / OW: (		Tel: (		Fax: (
TP Particulars: (		Yell No: <u>STR-2850L</u>		INC () / Non-INC ()	
Owner / Driver: (		Tel: (		Fax: (
Policy No: (		Period: (		Cover Type: (
Confirmed by: (		Date: (		Time: (
Insured/Driver Liability: (		%		(Note: B/L 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	INQ 601 (Re: 6788/0016)	Date Time Completed	Done by
1) Apply for Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Recovery Photo (Repair Cost > \$3000) ()			

[illegible]

NA/80/043		INVOICE: PROPORTION OF CHARGES	Bill	Adj. Bill
Humanist/Beneficiaries:		1) AR: Accident Report/Inc. (\$30)		
Driver/Owner:		2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:		3) TP: Towing Fee	\$40/140	
Insured Portion:		4) FT: Follow-Through Survey	\$150	
		5) FT: Follow-Through Survey (Re-survey)	\$70	
		Proportional portion INC Only (over 10 in 200)		
		6) TR: Reinspection	\$15	
		7) NI: (for DA + SMRT Survey	\$160	
		8) NTUC Additional Serv/Post		
		9) NI: Courtesy Car / Tpl Allowance	\$5	
		10) NI: Repairs Coordination	\$10	
		11) NI: Post Tpl/Inspection	\$15	
		12) NI/DY / Collision Unass. Coordination	\$5	
		13) NI/DY / TP (N/A INC) - Collision INC	\$70	
		14) NI: Salvage Abolish	10	
		Invoice dated	Not Charged	
		Insurance dated	Not 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 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	19/02/2018 19:50
Date Of Accident	16/02/2018 13:25
Exact Location Of Accident	UPPER CHANGI ROAD TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG7534M
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98452740
Alternative Phone No	OFFICE-98452740

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	CC TSI-1.8 (A)
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	WONG IVAN (HUANG IVAN)
NRIC No	S7805647I
Date Of Birth	09/03/1978
Occupation	INDOOR
Date Of Driving Pass	13/03/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98452740
Fax Number	
Contact Number	OTHERS-98452740
Email Address	NOEMAIL

Address	17A SIMEI STREET 4 #11-07
Postcode	529882
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	SJR2850L
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO THIAM HUAT ANDY
NRIC/Passport Number	S7117675D
Contact Number	92719033
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle A

Describe Circumstances of the Accident

Can't stop in time. Vehicle B is slowing down. Vehicle A hit vehicle B at the back of the vehicle. please refer to pictures.

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.



[Signature]

Policyholder's Signature / Date & Time

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

[Signature] 20/02/2018
Witnessed by Reporting Centre Personnel

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident: 16 Feb 2018 Time: 01.25 pm
 Exact Location of Accident: CROSS JUNCTION, (CLIP ROAD INTO UPPER CHANGI ROAD) STRAIGHT

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SKG 7534 M Name of Registered Owner: SDS ROAD TO
 NRIC / Passport No. / FIN: Co. Reg. No. (for Co. Vehicle Only): CHANGI AIRPORT
 Manufacturer: VW Model: CC 1.8 TSI
 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

Insurance Company:

Name of My Insurance Company: msig

Type of Coverage: Comprehensive ☐ Third Party ☒

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

Driver:

Name of Driver: NONG IRAN NRIC / Passport No. / FIN: S78056471

Date of Birth: 09/03/1979 Occupation: Indoor ☐ Outdoor ☐

Date of Driving Pass: Gender: Male ☒ Female ☐

Mobile Phone No.: 98452740 Alternative Phone No.:

Address as stated in NRIC: (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):

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.: SJR 24050 L Vehicle Make / Model / Colour: Kia (Plate Forte)

Details of Property Damaged in Accident (other than 3rd-Party vehicle):

Name of Driver: Nong Thiam Hwa Andy NRIC/Passport Number: S71176740

Contact Number: 92419033 (write in no)

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. S78056471



Name

**WONG IVAN
(HUANG IVAN)**

黃 艾 文

Race

CHINESE

Date of birth

09-03-1978

Sex

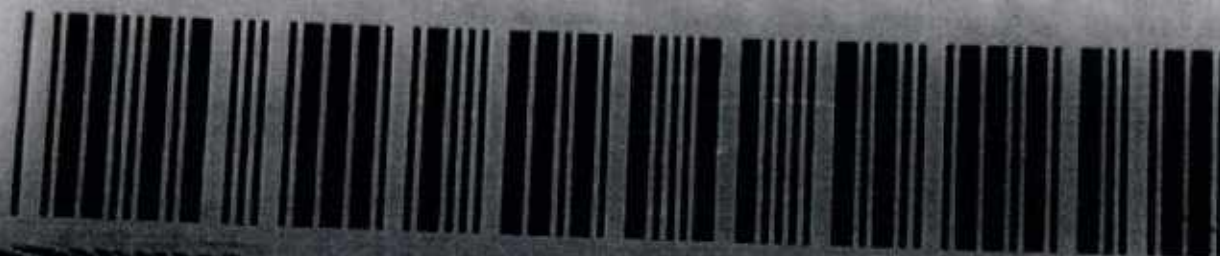
M

Country of birth

SINGAPORE



3453857



NRIC No. S7805647I



Date of issue

19-12-2003

7A SIMEI STREET 4 #11-07
SINGAPORE 520882

IC No: S7805647I

Date: 06/04/2014

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S78056471

Name:

WONG IVAN
(HUANG IVAN)

Birth Date: 09 Mar 1978

Issue Date: 13 Mar 2010



001838387D

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

Class 3A Motor cars without clutch pedals (Auto) \leq 3000kg
with \leq 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals \leq 2500kg

PASS DATE

13 Mar 2010

NP 1234

Licence No: S76056471

**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

2380

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

SKG7514M

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