

NATIONAL Assessment Centre Services

(with 1 hour)

19/01/2018 14:57

Date In: 21/01/2018 14:57	Job description	Date & Time Completed	Done by
Ref No: NBA/MS/18003294/4	SAS e-iling		
Veh No: SKD 9096U	E-mail (within 3hrs, AID 3hrs)		
D.O.A: 16/01/2018 08:35	1-Motor Claim Form		
OD / TP / Reporting Only	1-Motor W/O (within 3hrs, 3P 3hrs)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:	Tel:	Fax:
TP Particulars: Yell No: SHA 2051 P	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%; 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 Transition Allowance () / Courtesy Car ()			
2) QC Check / Post Repair Inspection ()			
3) Upload Resurvey Photo (Repair Cost > \$3000) ()			

Injury:	
Date/Time	Action:

19/01/2018	Invoice Preparation Checklist	INC ()	Non-INC ()
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)	INC (\$50)		
3) TP: Towing Fee	\$40/\$12		
4) PT: Follow Through Survey	\$120		
5) PT: Follow Through Survey (Resurvey)	\$50		
6) TR: Re-inspection	\$12		
7) NI: NI & DA + SMRT Survey	\$160		
8) NTUC Additional Services			
9) NI: NI & DA + SMRT Survey			
10) NI: NI & DA + SMRT Survey			
11) NI: NI & DA + SMRT Survey			
12) NI: NI & DA + SMRT Survey			
13) NI: NI & DA + SMRT Survey			
14) NI: NI & DA + SMRT Survey			
15) NI: NI & DA + SMRT Survey			
16) NI: NI & DA + SMRT Survey			
17) NI: NI & DA + SMRT Survey			
18) NI: NI & DA + SMRT Survey			
19) NI: NI & DA + SMRT Survey			
20) NI: NI & DA + SMRT Survey			

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 GlA 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	21/02/2018 14:57
Date Of Accident	16/02/2018 08:35
Exact Location Of Accident	CTE TUNNEL TOWARDS CITY B/F ORCHARD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ9096U
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	ADBUL.RAZAK.SHAIK@HERTZ.SIMEDARBY.COM.SG
Mobile Phone No	(LOCAL) +65-98202140
Alternative Phone No	OFFICE-98202140

Vehicle Particulars

Manufacturer	BMW
Model	320i
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	NO
Policy Number	B 29040568 MCY
Cover Note Number	

Driver

Name of Driver	ABDUL RAZAK BIN SHAIK ABDUL KADER
NRIC No	S1677361A
Date Of Birth	25/08/1964
Occupation	INDOOR
Date Of Driving Pass	08/05/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98202140
Fax Number	
Contact Number	OTHERS-98202140
EMail Address	ADBUL.RAZAK.SHAIK@HERTZ.SIMEDARBY.COM.SG

Address	BLK 770 WOODLANDS DRIVE 60 #13-144
Postcode	730770
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	WET

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)	2
Passenger 1	NAME: : AMIRAH GENDER: : FEMALE

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	SHA2051P
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KEE NAI GUAN
NRIC/Passport Number	
Contact Number	96584507
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	4

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.**
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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.



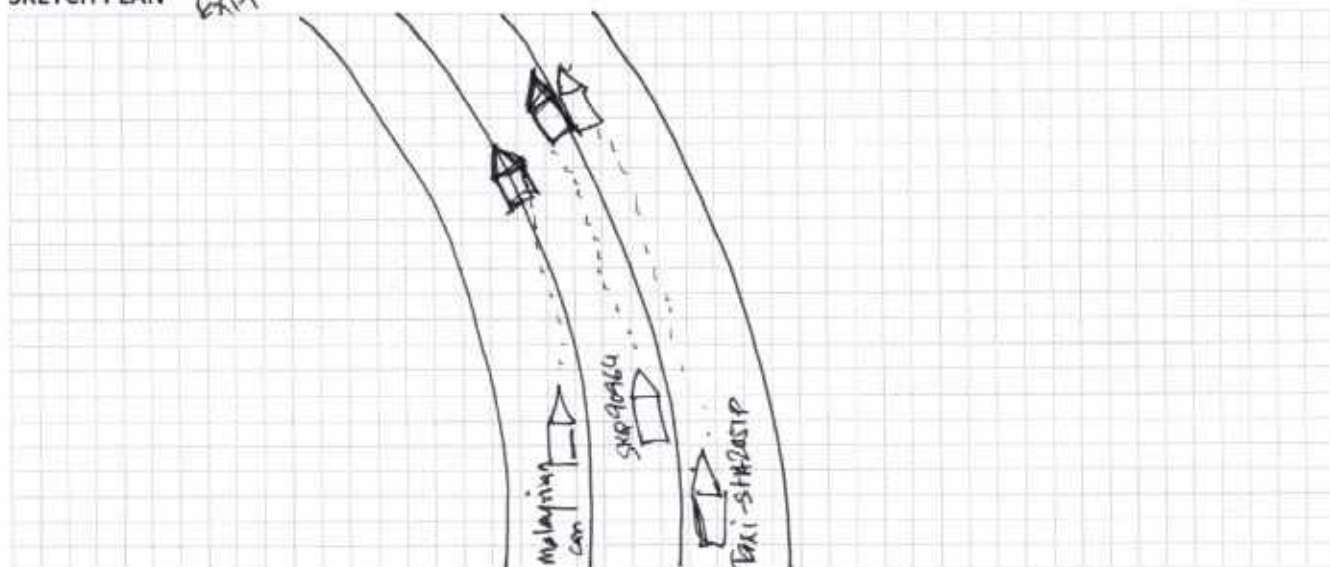
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/4/18

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

SKETCH PLAN

Orchard Exit
city
↑



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT CTE

On 16/2/18 @ 0835am was travelling along CTE Tunnel towards City. I was on lane 2 and there was a taxi (STA 2051P) on 1st lane. A malayian car on lane 3 was on my left started come closer to my car as it was a bend. To avoid the malayian car hitting my car, I moved a little to my right. I didn't realise the taxi on my right was already close to my car. Too ~~too~~ close to react, my car had a slight hit onto the taxi.

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: 19/2/18

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

Amirah - Ins Car & col's group

ACCIDENT STATEMENT

ACCIDENT DATE: 16 / 02 / 2018 (DD/MM/YYYY), TIME: 08:25 (HH:MM)

LOCATION: CTE Tunnel Towards City before Orchard Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKQ 9096A
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 320i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Personal
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: Sime Darby Service Pte (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Abdul Razak Bin Shaik Abdul Kader (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1677361-A CONTACT: 98202140
c) ADDRESS: Unit #13-44, Woodlands Drive 60
S730770

* d) DATE OF BIRTH: 25 / 08 / 1964 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 08 / May / 1990

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

5. a) WEATHER CONDITION: (CLEARLY RAINING / OTHERS) dry weather

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

6. WAS ANYBODY INJURED (YES / NO) NO

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SHA2051P MODEL: Hyundai Taxi
b) DRIVER'S NAME: Kee Nai Guan
c) NRIC/FIN/PASSPORT: _____ CONTACT: 96584507

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

AMIRAH (F)

No of passenger
(including driver)
(2)

No of passenger
(including driver)
(4)


No of passenger
(including driver)
()

email = abdul.razak.shaik@hertz.sime-darby.com.sg

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1677361A



Name
ABDUL RAZAK BIN SHAIK
ABDUL KADER

Race
INDIAN


Date of Birth
25-08-1964

Sex
M

Country of Birth
SINGAPORE

S7

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S1677361A

ABDUL RAZAK BIN SHAIK
ABDUL KADER

Exp. Date 25 Aug 1964

Issue Date 07 Apr 2003

0003577510

1494058



NRIC No. S1677361A



Blood Group: AB+ Date of Issue: 07-12-1993

113 BLK 720 WOODLAND DRIVE #13-144

PHONE 7351710

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

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	24 Jun 1964
Class 2A	Motorcycles between 201 cc and 400 cc	24 Jun 1964
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	08 May 1960

NP 425A

License No. S1677361A





MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7900
Co. Reg. No. 200412212G GST Reg. No. 20-0412212G

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
DATE FOR FILE

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B 29040568 MCY

Excess : SGD1,000
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SKQ9096U

2. Name of Policyholder

Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

05/01/2018

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