

NATIONAL Assessment Centre Services

(Unit 1 Jan 2008)

NA18025195

Date In: 21/02/2018 15:51	Job description	Date & Time Completed	Done by
Ref No: XBRM860033141	SAS e-illing		
Veh No: SKE 4406 E	E-mail (within 2hrs, AIO then)		
D.O.A: 21/02/2018 11:45	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (within 2hrs, W/O then)		
	1-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yeh No: SKJ 3841 L	INC () / Non-INC ()	
Owner / Drivers:	Tel:	
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 repairer.

() Total Loss Case | to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () | Invoice: YES () / NO () | Towing Co: ()

Remarks: INC hotline 6788 60167	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Recovery Photo (Repair Cost > \$3000) ()		

Injury: _____

Date/Time	Action:

NA1801182	Invoice Preparation Checklist	NA1801182
Customer/Owner:	1) AR: Accident Reporting (\$20)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$50)
Assessed Portion:	3) TP: Towing Fee	\$20/\$10
	4) PT: Follow-Through Survey	\$10
	5) PT: Follow-Through Survey (Recovery)	\$10
	6) TR: Re-inspection	\$10
	7) NI: New DA + SMRT Survey	\$10
	8) NTUC Additional Serv (over)	
	9) NI: NI: NI	
C. Checked by (Engr-In-Charge):	10) NI: Courtesy Car / Tol Allowance	\$5
	11) NI: Repair Coordination	\$10
	12) NI: Post Repair Inspection	\$10
	13) NI: DY / Collision Unass Coordination	\$5
	14) NI: TP (Nil) / TP (Non INC) against INC	\$10
	15) NI: NI: NI	\$10
	Invoice dated	Not Charged
	Invoice paid	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	21/02/2018 15:51
Date Of Accident	21/02/2018 11:45
Exact Location Of Accident	GRANGE ROAD OPPOSITE GRANGE RESIDENCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE4406E
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	JOHANLIM1951@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81579277
Alternative Phone No	OFFICE-81579277

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	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 29040710 TMC
Cover Note Number	

Driver

Name of Driver	MUHAMMAD JOHAN BIN ABDULLAH @LIM KHOON HENG
NRIC No	S2007852I
Date Of Birth	11/09/1951
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1981
Driving Experience	36 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81579277
Fax Number	
Contact Number	OTHERS-81579277
Email Address	JOHANLIM1951@GMAIL.COM

Address	BLK 620 CHOA CHU KANG STREET 62 #02-16
Postcode	680620
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	
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	SKJ3841L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO KOK HWEE
NRIC/Passport Number	S1218904D
Contact Number	96183945
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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.
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 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.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

on 21/02/2018 at about 11.45am, I was travelling along Grouse Road towards Tangle Road approaching the traffic junction when suddenly a heavily laden E200 crashed into my rear right bumper reversing towards most of the vehicles are travelling in the same direction without changing lanes.

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Signature] 21/2/2018

[Signature] 21/02/2018

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident: 21/02/2018 Time: 11.45 am
 Exact Location of Accident: Grange Road opposite Grange Residence

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SKE 4406E Name of Registered Owner: SIME DARBY SERVICES
 NRIC / Passport No. / FIN: S2007852/E Co. Reg. No. (for Co. Vehicle Only): 197501065W

Manufacturer: TOYOTA Model: ALTIS

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

Name of My Insurance Company: MSIG

Type of Coverage: Comprehensive ☐ Third Party ☒
 Fleet Policy (Multiple vehicles coverage): Yes ☒ No ☐ Policy / Cover Note Number:

Name of Driver: Mohd Ismail bin Abdullah NRIC / Passport No. / FIN: S2007852/E

Date of Birth: 11/02/1951 Occupation: Indoor ☐ Outdoor ☒
 Date of Driving Pass: 12 Nov 1985 Gender: Male ☒ Female ☐

Mobile Phone No.: 815-79227 Alternative Phone No.:

Address as stated in NRIC: 820, China Road, Singapore 40216 (Post Code: 680620)

* Email Address: Ismail bin 1951@gmail.com

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 claim assistance. No ☒ Yes ☐

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

Vehicles Registration No.: SKE 3841L Vehicle Make / Model / Colour: Mercedes Benz

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

Name of Driver: Teo Kok Hwee NRIC/Passport Number: S121890K D

Contact Number: 9618 3945

Address: 78 Bukit Timah Road #03-13 (Post Code: 589820)

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. S20078521



Name
MUHAMMAD JOHAN BIN
ABDULLAH @LIM KHOON HENG

Race
CHINESE

Date of Birth
11-09-1951

Sex
M

Country of Birth
BRUNEI

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S20078521



Name
MUHAMMAD JOHAN BIN
ABDULLAH

Birth Date: 11 Sep 1951

Issue Date: 08 Jan 2003

0000961246

2578910



NRIC No. S20078521



NRIC Group Date of Issue
B+ 14-02-1995

APT BLK 820 CHOA CHU KANG STREET 82 #02-16
SINGAPORE 680820

NRIC No: S20078521 Date: 09/09/2014 (R)

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

VALID DATE: 10 Nov 1991

Licence No: S20078521

NP 421A

**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

2296

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**
 SKE4406E

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