

19448027186

Preferred Wksp / INC Assign Wksp / QW: ([illegible]

NA/00/248		Invoice Preparation Charges	Unit	Rate	Total
1) AR: Accident Reporting	(330)				
2) DA: Damage Assessment	(3100)	INC (330)			
3) TP: Towing Fee					
4) FT: Follow-Through Survey					
5) FT: Follow-Through Survey (Resurvey)					
For all items apply INC Only (See 10 Jan 2005)					
6) TR: Re-inspection					
7) NI: 144 DA + SMRT Survey					
8) NTUC: Additional Services					
Q11					
*NI: Courtesy Car / Tpl Allowance					
*NI: Repel Coordination					
*NI: Post Repair Inspection					
*NI: DY / Collision / Access Coordination					
TP (NI) / TP (Non INC) *against INC					
*NI: Bridge Mobile					
Invoice dated					
Invoice Recd					
Not Charged					
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	26/02/2018 13:43
Date Of Accident	23/02/2018 18:35
Exact Location Of Accident	ANG MO KIO AVE 1 TURNING TO CTE/SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA2980K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	08VIMAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97214500
Alternative Phone No	OFFICE-97214500

### 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	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	VENKATASWAMY VIMAL
NRIC No	S7562371B
Date Of Birth	08/04/1975
Occupation	INDOOR
Date Of Driving Pass	06/08/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97214500
Fax Number	
Contact Number	OTHERS-97214500
Email Address	08VIMAL@GMAIL.COM

Address	15 WOODLANDS DRIVE 72 #01-42
Postcode	738096
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	GBB1514T
Vehicle Make/Model/Colour	NISSAN (VAN)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHONH KWAT CHUEN
NRIC/Passport Number	S1227975B
Contact Number	84113648
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YN8294X
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Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.

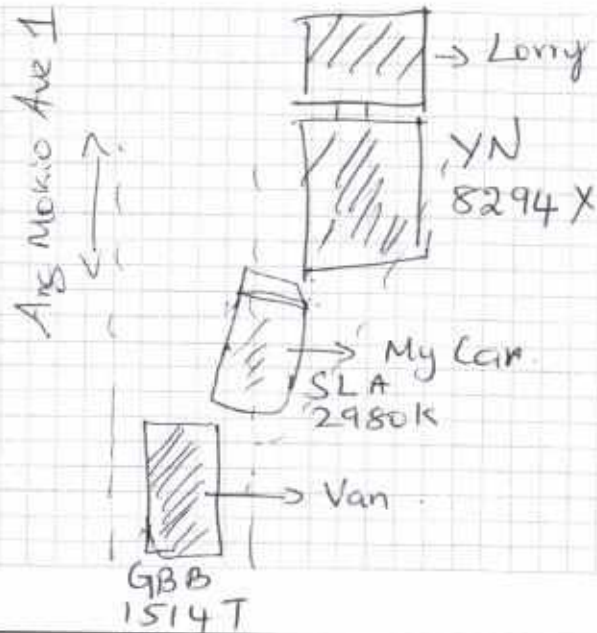


Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26/02/18

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was behind the lorry on the extreme right lane from boundary road and the lorry was slowly going in to CTE/STE exit lane in Ang Mo Kio Ave 1 and since the lorry was slow i tried to slow myself and go behind the lorry. As i slowed down my indicator was also on to indicate my intention to enter the exit lane and suddenly the van from behind hit my rear and pushed my car forward which made my headlight on the right side hit the left behind of the lorry which caused my right headlight to break.

## DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 26/02/18

*[Signature]* 26/02/2018  
Reporting Centre Personnel's Signature  
Name: Rashid Wani  
NRIC/FIN No.:

## BASIC INFORMATION

Date of Accident: 23/02/2018 Time: 6:35 PM  
 Exact Location of Accident: Ang Mo Kio Ave 1, Turning to CTE/SLF C

## DETAILS OF OWN VEHICLE

Vehicles Registration Number: SLA 2980K Name of Registered Owner: SIME DARBY SERVICES  
 NRIC / Passport No. / FIN: Co. Reg. No. (for Co. Vehicle Only): K7501065W

Manufacturer: PEUGEOT Model: p3008

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: MSIA

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

Name of Driver: VENKATASWAMY VIMAL NRIC / Passport No. / FIN: S7562371B

Date of Birth: 08.04.1975 Occupation: Indoor ☒ Outdoor ☐  
 Date of Driving Pass: 06 August 2007 Gender: Male ☒ Female ☐

Mobile Phone No.: 97214500 Alternative Phone No.:  
 Address as stated in NRIC: Blk 15, Woodlands Drive 72, #01-42 (Post Code: 738096)

\* Email Address: 08Vimal@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 claims assistance: No ☒ Yes ☐

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

Vehicles Registration No.: GBB 1514T Vehicle Make / Model / Colour: NISSAN Van

Details of Property Damaged in Accident (other than 3rd-Party vehicle):  
 Name of Driver: CHENG KWAI CHUEN NRIC/Passport Number: S1227975B

Contact Number: 8413648 (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. S7562371B



Name  
VENKATASWAMY VIMAL


Race  
INDIAN

Date of birth  
08-04-1975

Sex  
M

Country of birth  
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

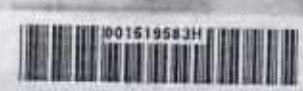


Licence Number  
S7562371B

VENKATASWAMY VIMAL

Birth Date 08 Apr 1975

Issue Date 06 Aug 2007



NRIC No: S7562371B

Nationality  
INDIAN

Date of issue  
21-07-2006

15 WOODLANDS DRIVE 72 #01-42  
SINGAPORE 738096

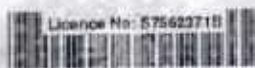
NRIC No: S7562371B Date: 23/08/2017

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

PASS DATE

Class	Description	Pass Date
Class 2B	Motorcycles <= 200 cc	06 Aug 2007
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	06 Aug 2007

Licence No: S7562371B



**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

2745

## 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**

SLA2980K

**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