NATIONAL Assessment Centre Services [illegible] NAA180 31636

Date In: 06/03/2018 16:17	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG18004318/4	SAS e-filing		
Veh No: SLL 6561 C	E-mail (within 3hrs, A/C 3hrs)		
D.O.A: 05/03/2018 18:30	I-Motor Claim Form		
OD / TP / Reporting Only	I-Motor W/O (within OD 3hrs, TP 1hr)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel: Fax:)

TP Particulars: Veh No: SLM 7064R 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%; F: 80-100%)

Year of Registration: ( ) Warranty: YES ( ) / NO ( )

Excess: ($) Loading: $1,000 ( ) / $2,000 ( )

General Remarks:

( ) Walk-in Customer: Customers 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 0016	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	Actions

NA1801494

Summons / Enquiries

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Additional Comments:

Invoice Preparation Checklist		
1) AR: Accident Reporting ($30):		
2) DA: Damage Assessment ($100): INC ($30)		
3) TF: Towing Fee $40/$40		
4) FT: Follow-Through Survey $130		
5) FT: Follow-Through Survey (Resurvey) $30		
For claimants against INC Only (wef 10 Jan 2010)		
6) TR: Re-Inspection $35		
7) NI: Idea DA + SMRT Survey $160		
8) NTUC Additional Services:		
OIII		
*NI: Courtesy Car / Tpt Allowance $[illegible]		
*NI: Repair Co-ordination $10		
*NI: Post Repair Inspection $35		
*NI: DV / Collect Excess Coordination $[illegible]		
TP (NI): TP (Non INC) against INC $30		
9) NI: Idea Mobile 10		

Invoice dated Not Charged

Invoice dated Not Charged

1 / 2 / 3:

MNA418031636 / National Assessment Centre Services - Bukit Merah
ENTRY DATE & TIME: 06/03/2018 16:17
SUBMITTED BY: ROSLI BIN ABDUL WAHAB

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	06/03/2018 16:17
Date Of Accident	05/03/2018 18:30
Exact Location Of Accident	JUNCTION OF PUNGGOL FIELD/PUNGGOL ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL6561C
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	DARTH_DICK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93380565
Alternative Phone No	OFFICE-93380565
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS WAGON
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	YEO KIAN HUI,DICK
NRIC No	S8705001G
Date Of Birth	28/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93380565
Fax Number	
Contact Number	OTHERS-93380565
EMail Address	DARTH_DICK@HOTMAIL.COM

Address	BLK 278C COMPASSVALE BOW #09-569
Postcode	543278
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	SIDE SWIPE
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	SJM2064R
Vehicle Make/Model/Colour	PROTON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90696680
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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,

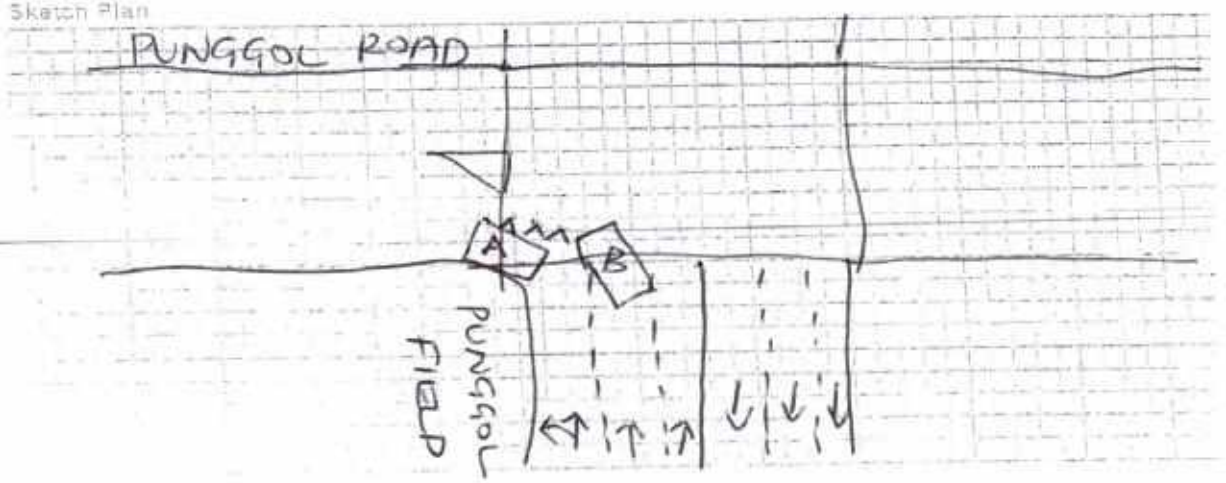
(collectively the "Purposes")

(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
	M / 5/3/18 2200hrs.	06/03/2018

Sketch Plan



A – SLL 6561 C

B – SJM 2064 R

Describe Circumstances of the Accident

Incident occured at Punggol field road on the filter lane going toward TPE (PIE) changi airport).
The third party vehicle was on the lane going straight and decided to make a last minute lane change.
I did not observe any direction change signalling and shortly after passing the third party vehicle a minor collision occured for which the third party vehicle had collided ~~with the~~ with the rear right side portion of the car.

third party individual had claimed that she was changing lane and had signalled beforehand.

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	Witnessed by Reporting Centre Personnel
	5/3/18 2000hrs.	06/03/2018

MOTOR ACCIDENT REPORT FORM

Date of Accident: 5/3/18	Time: 1830	Exact Location of Accident: Punggol field

DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)

Vehicles Registration Number: SLL 6561 C	Name of Registered Owner: SIME DARBY SERVICES
NRIC / Passport No. / FIN: S8705001G	Co. Reg. No. (for Co. Vehicle Only): 197501065W
*Own Insured Email Address: darth_dick@hotmail.com	*Mobile Phone No.: 93380565 *Alternative Phone No.:

VEHICLE PARTICULARS (OWN VEHICLE)

Manufacturer: FORD	Model: FOCUS WAGON

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 (OWN VEHICLE)

Name of My Insurance Company: MSIG

Type of Coverage: Comprehensive ☐ Third Party ☑

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

DRIVER PARTICULARS ☐ Same as Insured Above

Name of Driver: Yeo Kian Hui Dick	NRIC / Passport No. / FIN: S8705001G
Date of Birth: 28/2/1987	Occupation: Indoor ☐ Outdoor ☑
Date of Driving Pass: 26/2/2015	Gender: Male ☑ Female ☐
Mobile Phone No.: 93380565	Alternative Phone No.:

Address as stated in NRIC: Compass Vale Bow, Block 278C, #09-569 (Post Code: 543278)

Email Address: darth_dick@hotmail.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): —

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 ☐
*Number of Passengers (Including Driver)	2

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

Vehicles Registration No.: SJM 2064 R	Vehicle Make / Model / Colour: Proton / grey

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

Name of Driver:	NRIC/Passport Number:

Contact Number: 9069 6680

Address: (Post Code:

Insurance Company Name:

Nature of Damage: Front ☐ Rear ☐ Left ☐ Right ☐ | No. of Passengers (Including Driver): 01

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)

* Mandatory information required by GIA RoAC Accident Reporting System for accidents occurring from 2 January 2015 onwards.


REPUBLIC OF SINGAPORE
DRIVING LICENCE
S8705001G
YEO KIAN HUI, DICK
(YANG JIANHUI)
26 Feb 1987
22 May 2012


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8705001G
YEO KIAN HUI, DICK
(YANG JIANHUI)
杨 建 辉
CHINESE
26-02-1987
M
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
EFFECTIVE DATE
S7705001G


5720431
S8705001G
27-03-2017
APT BLK 278C COMPASSVALE BOW
#03-369
SINGAPORE 543278

MSIG

2911

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

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**
   SLL6561C
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