

NATIONAL Assessment Centre Services (NACS) (Ref: 11000)

MAA48037571

Date In: 19/03/2018 20:50	Job description	Date & Time Completed	Done by
Ref No: MAA/mf48037571	SAS e-illing		
Veh No: SKW 5314 K	B-small (with 3hrs, 100hrs)		
P.O.A: 18/03/2018 20:10	1-Motor Claim Form		
OD (TP) Reporting Only	1-Motor W/O (with 100 hrs, 100 hrs)		
	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VKsp		

Preferred Wksp / INC Assign Wksp / OWI:	Tel:	Fax:
TP Particulars	Yell No: SFY 223X	INC () / Non-INC ()
Owner / Driver:	Tel:	
Policy No:	Period:	Cover Type:
Confirmed by:	Date:	Time:
Insured/Driver Liability:	%(Note: B/L Stand (WO): NI 0.20%, PI 21.79%, PI 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 8001

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Symptoms:

Actions:

NA1801774	Invoice Breakdown of Charges	
Driver/Owner:	1) AR: Accident Reporting (\$20)	
Policy No:	2) DA: Damage Assessment (\$100)	INC (\$20)
Assigned Portion:	3) TP: Towing Fee	\$400.00
C. Checked by (Engr-In-Charge):	4) FT: Follow Through Survey	\$120
	5) PT: Follow Through Survey (Recovery)	\$20
	For all items against INC Only (w/ 10 Jan 2018)	
	6) TR: Reproduction	\$15
	7) NI: (GVA + SMRT Survey)	\$160
	8) NTUC Additional Services	
	Q11:	
	NI: Courtesy Car / Tpl Allowance	\$5
	NI: Repairs Coordination	\$10
	NI: Post Repair Inspection	\$10
	NI: DV / Collar Usage Coordination	\$5
	TP (NI): TP IN INC against INC	\$15
	NI: Nilsens Advice	\$5
	Invoice total	
	Invoice total	

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 willful 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	19/03/2018 20:50
Date Of Accident	18/03/2018 20:10
Exact Location Of Accident	TANGLIN ROAD BEFORE NASSIM HILL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5314K
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	ANDY@NTY.COM.SG
Mobile Phone No	(LOCAL) +65-81111527
Alternative Phone No	OFFICE-81111527

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29040568 MCY
Cover Note Number	

Driver

Name of Driver	NG KWONG THIAM ,ANDY(HUANG GUANGTIAM)
NRIC No	S7826287G
Date Of Birth	14/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81111527
Fax Number	
Contact Number	OTHERS-81111527
EMail Address	ANDY@NTY.COM.SG

Address	67 JALAN LIM TAI SEE
Postcode	268400
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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	SFY223X
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S1160114F
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Drivers Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

toward tughin Road
while travelling through Naccim belt I was moving from
2nd lane to 3rd lane when by signal the incident happen
that his front right wheel hit on the back left of my
Car. All I heard was a sound and no one injured.

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

19/03/2018

MOTOR ACCIDENT REPORT FORM

✓ Date of Accident: 18/03/2018		Time: 8:10 PM		Exact Location of Accident: Before Nassim Hill	
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)					
Vehicles Registration Number: SKW5314K			Name of Registered Owner: SIME DARBY SERVICES		
NRIC / Passport No. / FIN:			Co. Reg. No. (for Co. Vehicle Only): 197501065W		
*Own Insured Email Address:			*Mobile Phone No.:		*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)					
Manufacturer: TOYOTA			Model: VELLFIRE 2.5		
Exact purpose of vehicle being used at time of accident:			Normal usage <input checked="" type="checkbox"/> Other <input type="checkbox"/> (please state):		
Are you claiming your own insurance policy for repair to your vehicle?			Yes <input type="checkbox"/> Claiming Against 3rd Party <input checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>		
Vehicle Category: Private Car					
INSURANCE COMPANY (OWN VEHICLE)					
Name of My Insurance Company: msig					
Type of Coverage: Comprehensive <input checked="" type="checkbox"/> Third Party <input type="checkbox"/>					
Fleet Policy (Multiple vehicles coverage): Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Policy / Cover Note Number:		
✓ DRIVER PARTICULARS Same as Insured Above					
Name of Driver: NG KUDING THIAM, ANDY			NRIC / Passport No. / FIN: S7826287G		
Date of Birth: 14/09/1978			Occupation: Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		
Date of Driving Pass: 31/05/2014			Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
Mobile Phone No.: 8111527			Alternative Phone No.: —		
Address as stated in NRIC: 67 JLN LIM TAI SEE					(Post Code: 263400)
Email Address: andy@nky.com.sg					
Was driver an employee of the Insured's Company?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> State relationship of the driver with the insured:		
Does the Driver Own Any Other Vehicle?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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 <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):			
Road Surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):			
Was anybody injured in the accident?		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was any foreign vehicle involved in this accident?		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Foreign Vehicle Registration Number					
Foreign Vehicle Category		Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus Others <input type="checkbox"/> *Please indicate			
Was any other vehicle or property involved?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			
Was there any video captured by Car Camera?		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
Was the accident reported to the Police?		No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> if Yes, which Police Station?			
Was notice of Intended Prosecution given?		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> if Yes, against whom?			
I have been approached by unknown person(s) soliciting / offering accident claims assistance.		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
*Number of Passengers (Including Driver)		04			
✓ DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)					
Vehicles Registration No.: SFY223X			Vehicle Make / Model / Colour: Mercedes Silver		
Details of Property Damaged in Accident (other than 3rd-Party vehicle):					
Name of Driver:			NRIC/Passport Number: S1160114F		
Contact Number:					
Address:			(Post Code:)		
Insurance Company Name:					
Nature of Damage: Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>			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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/>			Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		
Type of Accident (Please tick the appropriate type on flipside of this form)					

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7826287G**

Name
NG KWONG THIAM, ANDY
(HUANG GUANGTIAN)

Birth Date: **14 Sep 1978**
Issue Date: **31 May 2014**




 002307504J

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

EFFECTIVE DATE: **17 Jan 1997**

Class 3 Motor Cars $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of the driver; and other motor vehicles $\leq 2500\text{kg}$

 Licence No: S7826287G

NF 428A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7826287G



Name

NG KWONG THIAM, ANDY
(HUANG GUANGTIAN)

黄光添

Race

CHINESE

Date of birth

14-09-1978

Sex

M

S7826287G

Country/Place of birth

SINGAPORE



5228326



NRIC No. S7826287G



Date of issue

24-09-2013

Address

67 JALAN LIM TAI SEE
SINGAPORE 268400

**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

2720

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

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B 29040568 MCY

Excess : SGD1,000

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKW5314K

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.

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