

# NATIONAL Assessment Centre Services (NACS) (011 1 1000)

NA1802063

Date In: 02/04/2018 10:56	Job description	Date & Time Completed	Done by
Ref No: NA1802063005921/Y	SAS e-illing		
Veh No: SKK 8128R	E-mail (vehicle status, NACS etc)		
D.O.A: 01/04/2018 14:30	1-Motor Claim Form		
OD: TP Reporting Only	1-Motor VVO (within 90 days, 1st survey)		
	1-Photo Uploaded		
TP Insure:	Assessment/Survey Report		
	Ass'l Report by Fax/Hand to Owner/VWSP		

Preferred Wksp / INC Assign Wksp / QW:	Tel:	Fax:
TP Particulars: Yell No: SKK 8128R	INC ( ) / Non-INC ( )	
Owner / Driver: ( )	Tel: ( )	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: ( )	Date: ( )	Time: ( )
Insured/Driver Liability: ( ) %	(Note: BSL Status (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 / Customers Information strictly Confidential & Strictly NO refer of repeller.

( ) Total Loss Case / To e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) / Invoiced: YES ( ) / NO ( ) / Towing Cost: ( )

Remarks:	NA1802063	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: \_\_\_\_\_

Other: \_\_\_\_\_

NA1802063	Invoice Preparation/GR/OWS		
Driver/Owner:	1) AR: Accident Reporting (350)		
Policy No:	2) DA: Damage Assessment (3100)	INC (NA)	
Damaged Portion:	3) TP: Towing Fee	340/145	
C. Checked by (Ongr-In-Charge):	4) PT: Follow-Through Survey	210	
	5) PT: Follow-Through Survey (Resurvey)	220	
	6) TR: Re-inspection	215	
	7) NI: (NA) DA + SMRT Survey	3160	
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Trip Allowance	15	
	10) NI: Repair Coordination	110	
	11) NI: Post Repair Inspection	115	
	12) NI: BY / Collision Under Coordination	11	
	13) NI: (NI) TP (NI) INC against INC	110	
	14) NI: (NI) (NI)	10	
	Invoice dated	File Closed	
	Invoice Paid	File Closed	

## 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	02/04/2018 10:56 ✓
Date Of Accident	01/04/2018 14:30 ✓
Exact Location Of Accident	ALONG JALAN BUKIT CHAGAR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK8178E ✓
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD ✓
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81121487
Alternative Phone No	OFFICE-81121487

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	P408
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	ZHANG LIANSHENG, JOSEPH ✓
NRIC No	S88246511
Date Of Birth	09/07/1988
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2008
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81121487
Fax Number	
Contact Number	OTHERS-81121487
Email Address	NOEMAIL



Address BLK 10C BENDEMEER ROAD  
#29-133  
Postcode 333010  
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 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: : WIFE  
GENDER: : FEMALE  
Passenger 2 NAME: : SON  
GENDER: : MALE  
Passenger 3 NAME: : DAUGHTER  
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 SKC7289R OR SJC7289R  
Vehicle Make/Model/Colour VOLKSWAGEN SIROCCO  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number

## 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' 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.

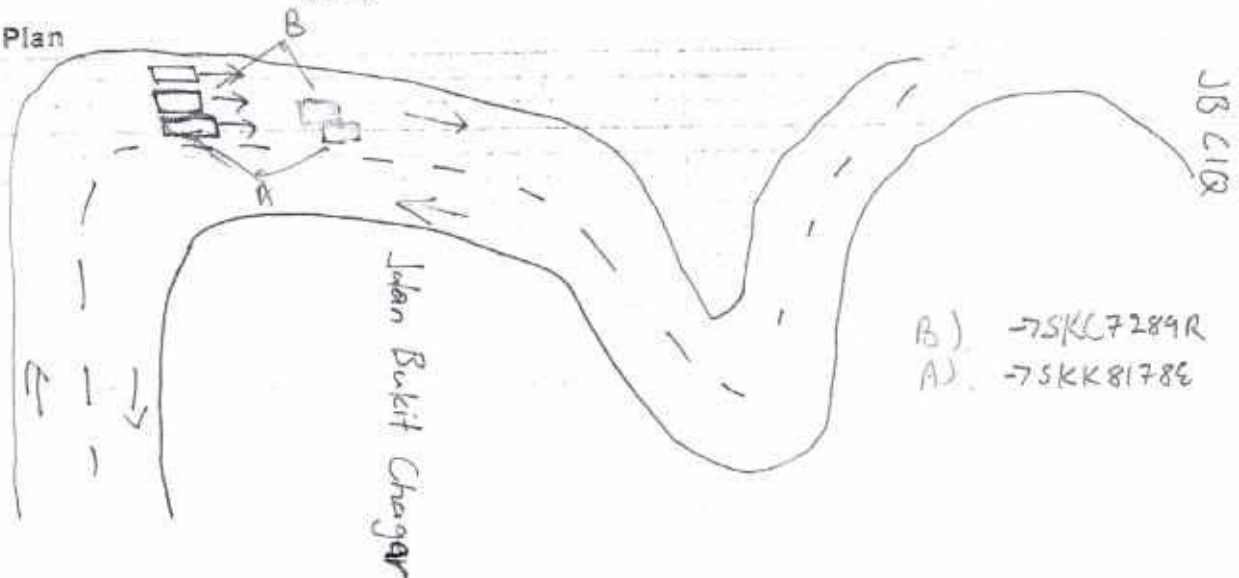


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



Describe Circumstances of the Accident

Both SKC7289R (3rd Party) and I (SKC8178E) were traveling towards JB C102. Traffic condition was heavy jam with 3 lanes merging into 2 lanes. I was on the outer most lane. While moving forward to merge, I felt an impact on my left door.

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



## MOTOR ACCIDENT REPORT FORM

## BASIC INFORMATION

Date of Accident	01/04/2018	Time: 1430 HRS
Exact Location of Accident	ALONG JLN BUKIT CHAGAR	

## DETAILS OF OWN VEHICLE

Vehicles Registration Number: SKK 8178E	Name of Registered Owner: SIME DARBY SERVICES
NRIC / Passport No. / FIN: -	Co. Reg. No. (for Co. Vehicle Only): 197501065W

## Vehicle Particulars

Manufacturer: PEUGEOT	Model: P408
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Exact purpose of vehicle being used at time of accident.	Normal usage <input checked="" type="checkbox"/>	Other <input type="checkbox"/> (please state):
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Are you claiming your own insurance policy for repair to your vehicle?	Yes <input type="checkbox"/>	Claiming Against 3 <sup>rd</sup> Party <input checked="" type="checkbox"/>	For Reporting Only <input type="checkbox"/>
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Vehicle Category: Private Car
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## Insurance (Company)

Name of My Insurance Company: MSIG
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Type of Coverage: Comprehensive <input type="checkbox"/> Third Party <input checked="" type="checkbox"/>
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Fleet Policy (Multiple vehicles coverage): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:
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## Driver

Name of Driver: ZHANG LIANSHENG JOSEPH	NRIC / Passport No. / FIN: 588246511
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Date of Birth: 09 July 1988	Occupation: Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
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Date of Driving Pass: 25 Jun 2008	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
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Mobile Phone No.: 81121487	Alternative Phone No.:
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Address as stated in NRIC: Blk 10C Bendemeer Road #29-133	(Post Code: 353010)
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* Email Address:
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Was driver an employee of the Insured's Company?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	State relationship of the driver with the insured:
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* Does the Driver Own Any Other Vehicle?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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* Vehicle Reg. Number of Driver's Own Vehicle (if applicable):	-
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* Insurance Company of Driver's Own Vehicle (if applicable):	-
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## Other Information of the Accident

Weather Conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> (please state condition):
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Road Surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/> (please state condition):
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Was anybody injured in the accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
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* Was any foreign vehicle involved in this accident?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
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Foreign Vehicle Registration Number	-
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Foreign Vehicle Category	Private Car/Commercial Vehicle/Motorcycle/Taxi/Bus	Others <input type="checkbox"/> *Please indicate
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Was any other vehicle or property involved?	No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>
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* Was there any video captured by Car Camera?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
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Was the accident reported to the Police?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If Yes, which Police Station?
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Was notice of intended Prosecution given?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If Yes, against whom?
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I have been approached by unknown person(s) soliciting / offering accident claims assistance.	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
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## DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)

Vehicles Registration No.: SKC 7289R	Vehicle Make / Model / Colour: White VW Scirocco
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Details of Property Damaged in Accident (other than 3 <sup>rd</sup> -Party vehicle):	
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Name of Driver:	NRIC/Passport Number:
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Contact Number:	
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Address:	(Post Code: )
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Insurance Company Name:	
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Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/>	No. of Passengers (Including Driver):
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Details of Witness - Name:	
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Details of Witness - Contact Number:	
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Details of Witness - Email Address:	
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## DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)

Name:	Approximate Age:
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Address:	(Post Code: )
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Injuries Sustained:	Injured person in which vehicle (vehicle reg. no.):
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Were seat belts worn? No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injured conveyed to hospital by ambulance? No <input type="checkbox"/> Yes <input type="checkbox"/>
--	--

Type of Accident (Please tick the appropriate type on flipside of this form)	
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# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S88246511**



Name

**ZHANG LIANSHENG, JOSEPH**



**張 連 升**

Race

**CHINESE**

Date of Birth

**09-07-1988**

Sex

**M**

Country of Birth

**SINGAPORE**





3370577



NRIC No. **S88246511**

Blood Group      Date of issue  
-                      17-07-2003

**APT BLK 10C BENDEMEER ROAD #29-133  
SINGAPORE 333010**

**NRIC No: S88246511**

**Date: 11/12/2017**



**REPUBLIC OF SINGAPORE**

**DRIVING LICENCE**

Licence Number: **S 88246511**

Name:

**ZHANG LIANSHENG, JOSEPH**



Birth Date: **09 Jul 1988**

Issue Date: **25 Jan 2008**



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

**PASS DATE**

**Class 3    Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg    25 Jan 2008**

NP 428A





## 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**

SKK8178E ✓

**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.

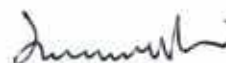
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* 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

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

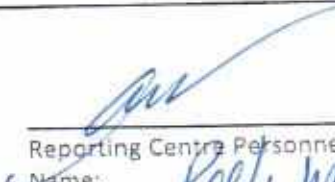
Original Report No: MNA418043295 Vehicle Registration No: SKK817FE  
Name (as shown in NRIC): ZHANG LIANG HUAN, JOSEPH NRIC/FIN/Passport No: S8824651I  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 81121487  
Email Address: \_\_\_\_\_  
Date of Accident: 01/04/2018 Time of Accident: 14:30  
Place of Accident: AWONG JUAN BUKIT CHAGAR  
Insurance Company: M814

**(B) ADDITIONAL INFORMATION (AMENDMENTS):**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Vehicle to SKC 289R ON SKATCH PLAN

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Kelli Wong  
NRIC/FIN No.: 24/04/2018  
Date: