

NATIONAL Assessment Centre Services (M11 3 2000) **NA1802456**

Date In: 18/04/2018 15:12	Job description	Date & Time Completed	Done by
Ref No: NA1802456	SAS calling		
Veh No: SLR 7156B	E-mail (with VIN, AIC etc)		
D.O.A: 13/04/2018 10:45	Motor Claim Form		
OD / TP: Alleging Oddy	Motor W/O (with OD etc, VV etc)		
	Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Asst Report by Box/Hood to Owner/VV etc		

Preferred Wksp (INC Assign Wksp / OWI) Toll Fax

TP Particulars: Yes/No **SLR 7156B** INC () / Non-INC ()

Owner/Driver: Toll

Policy No: () Period: () Cover Type: ()

Confirmed by: () Date: () Time: ()

Insured/Driver Liability: () % (Note: SL Status (WO): NI 0-20%; PI 21-79%; P: 80-100%)

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

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

General Remarks:

() Work-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:	DATE TIME COMPLETED	DONE BY
1) Apply for Transit Allowance (<input type="checkbox"/>) / Courtesy Car (<input type="checkbox"/>)		
2) QC Check/ Post Repair Inspection (<input type="checkbox"/>)		
3) Upload Recovery Photo (Repair Cost > \$3000) (<input type="checkbox"/>)		

Injury: _____

Date/Time	Action

NA1802456	Invoice Preparation Checklist	DATE/TIME COMPLETED	DONE BY
Customer's Particulars	1) ARI Accident Reporting (300)		
Driver/Owner	2) DA: Damage Assessment (300) INC (<input type="checkbox"/>)		
Policy No:	3) TP: Towing Fee (100)		
Approved Person:	4) RT: Follow Through Survey (100)		
	5) RT: Follow Through Survey (Recovery) (100)		
	6) TR: Mileage (20)		
	7) NI: DA + SMRT Survey (100)		
	8) NTUC Additional Expenses (100)		
	9) Mileage (20)		
	10) NI: Courtesy Car / Toll Allowance (100)		
	11) NI: Repair Coordination (100)		
	12) NI: Post Repair Inspection (100)		
	13) NI: OD / Collar Coordination (100)		
	14) NI: TP (N/A) INC Repair INC (100)		
	15) Mileage (20)		
	16) Mileage (20)		
	17) Mileage (20)		
	18) Mileage (20)		
	19) Mileage (20)		
	20) Mileage (20)		

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	18/04/2018 15:12
Date Of Accident	13/04/2018 10:45
Exact Location Of Accident	ECP TOWARDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7156B
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD.
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90880561
Alternative Phone No	OFFICE-90880561
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS-
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	REPORTING ONLY
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 290407710 TMC
Cover Note Number	
Driver	
Name of Driver	NG ZHI HAN
NRIC No	S8524240G
Date Of Birth	29/07/1985
Occupation	INDOOR
Date Of Driving Pass	28/07/2004
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90880561
Fax Number	
Contact Number	OTHERS-90880561
Email Address	NOEMAIL

Address	BLK 272B PUNGGOL WALK #09-573
Postcode	822272
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	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	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	SLF14BJ
Vehicle Make/Model/Colour	VOLVO S80
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG QI RONG JULIAN
NRIC/Passport Number	S8914018H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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 willful 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.



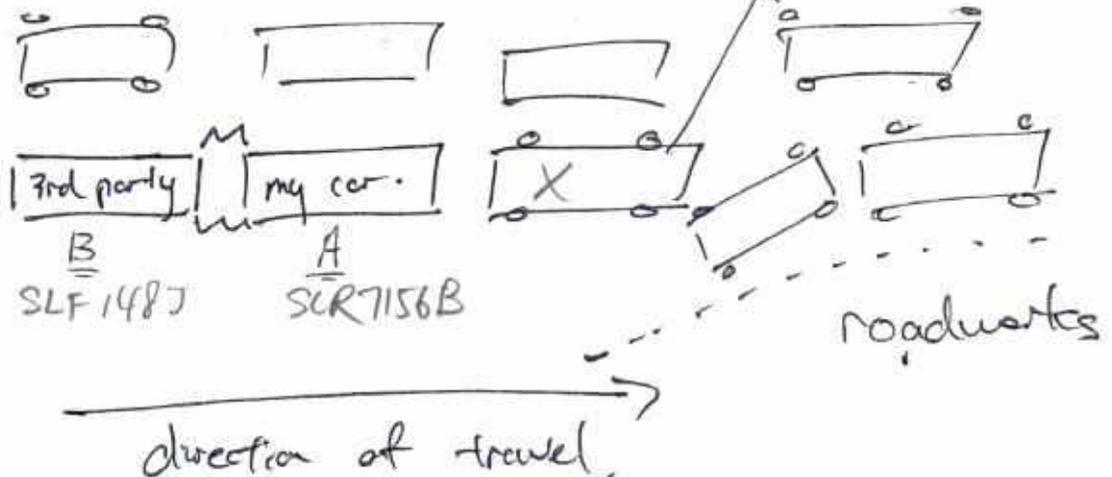
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ECP TOWARDS CHANGI AIRPORT



13/4, 1045hrs

Describe Circumstances of the Accident

I was driving along ECP towards Airport. There was roadworks/ tree pruning on the Lane 1. I switched to lane 2 when I saw the lane closure about 300m before. As many vehicles tried to cut from lane 1 to lane 2, vehicles in front of me start to e-brake. I maintained a safety in front of me and manage to ~~break to~~ brake in time but the vehicle ~~in~~ behind me rear-ended my car.

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

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
18/4/18
0900hrs



Witnessed by Reporting Centre Personnel
18/04/2018

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Accident: 13/4/18 Time: 1045 hrs
 Exact Location of Accident: ECP towards AIA Airport

DETAILS OF OWN VEHICLE

Vehicles Registration Number: SLR 7156B Name of Registered Owner: SIME DARRY SERVICES
 NRIC / Passport No. / FIN: - Co. Reg. No. (for Co. Vehicle Only): 197501065W

Manufacturer: FORD Model: FOCUS 1.0

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: NG ZHI HAN. NRIC / Passport No. / FIN: S8524240G

Date of Birth: 29/7/1985. Occupation: Indoor Outdoor
 Date of Driving Pass: 28/7/04. Gender: Male Female

Mobile Phone No.: 9088 0561. Alternative Phone No.:
 Address as stated in NRIC: 272B Punggol Walk #09-573 (Post Code: 822272)

*Email Address:

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: NIL
 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.: SLF 148J Vehicle Make / Model / Colour: Volvo S80.

Name of Driver: ONG GI RONG JULIAN NRIC/Passport Number: S8914018H

Contact Number:
 Address: (Post Code:)

Insurance Company Name:
 Nature of Damage: Front Rear Left Right No. of Passengers (Including Driver): 2.

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:
 Address: (Post Code:)

Injuries Sustained:
 Were seat belts worn? No Yes Injured person in which vehicle (vehicle reg. no.):
 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 DRIVING LICENCE

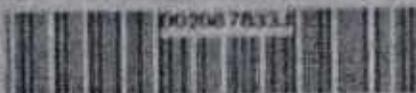
58524240G



NG ZHI HAN

Birth Date 29 Jul 1985

Issue Date 18 Jul 2012



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8524240G



Name

NG ZHI HAN

吴智汉

Race

CHINESE

Date of birth

29-07-1985

Country/Place of birth

SINGAPORE



Sex

M



5557529



NRIC No. S8524240G



Date of issue
27-02-2016

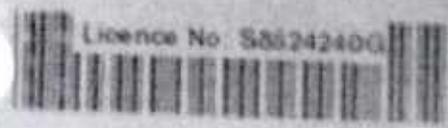
Address
APT BLK 272B PUNGGOL WALK
#09-573
SINGAPORE 822272

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg 28 Jul 2004

NP 428A



Licence No. S8524240G



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

2817

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

SLR7156B

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.

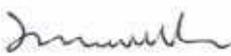
(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

* 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