

NATIONAL Assessment Centre Services. Part 1 Jan 2009 **NA19006339**

Date In: 14/01/2009 17:26	Job description	Date & Time Completed	Done by
Ref No: NA19006339	SAS e-filing		
Veh No: SL2 214X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/01/2009 17:30	I-Motor Claim Form		
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars:	Veh No: SL2 879G	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%. P: 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 31/01/2009 07:38:00)	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	Action

NA1900358

Claimant's Particulars:	Invoice Particulars	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$80)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (Nil) : TP (Non INC) against INC \$20		
	9) NI2: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee 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 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. 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	14/01/2019 17:26
Date Of Accident	11/01/2019 17:30
Exact Location Of Accident	AYE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ214X
Insured/Policyholder	
Name Of Registered Owner	JCDDECAUX OUT OF HOME ADVERTISING PTE. LTD.
Co Reg No	-
Email Address	GUILLAUME.THIVEND@JCDECAUX.COM
Mobile Phone No	(LOCAL) +65-97962106
Alternative Phone No	OFFICE-81221490

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN
Exact Purpose for which vehicle was being used at time of accident	VISITING SUPPLIER
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29089603 MCY
Cover Note Number	

Driver

Name of Driver	THIVEND GUILLAUME MICHEL JACQUES
Passport No/FIN	G5257645N
Date Of Birth	04/02/1983
Occupation	INDOOR
Date Of Driving Pass	03/04/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97962106
Fax Number	
Contact Number	OTHERS-81221490
Email Address	GUILLAUME.THIVEND@JCDECAUX.COM

Address	8 TEMASEK BLVD #33-02 SUNTEC CITY TOWER 3
Postcode	038988
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	SGR8779G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE MUN HOH
NRIC/Passport Number	S1684540Z
Contact Number	98376219
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJQ1020C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TONG TIEN TECH

NRIC/Passport Number

S9412881A

Contact Number

96653471

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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 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: 14-01-2019


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

SKETCH PLAN

A/K BOWARDS JURNING

A) SLZ 214X

B) SGR 8779G

C) SJQ 1020C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Vehicle B jammed the brakes in front of me
I jammed the brakes as well, ~~the~~ and my tyres
locked, my vehicle shuddered into vehicle B with
tyres locked

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: 14-01-19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Volkswagen Centre Singapore

Service Order Confirmation



Biz Reg. No. 53103069E
GST No. M20098505-2

SERVICE ORDER NO: 19P11253
CUSTOMER NO.: CV036218
CUSTOMER NAME: ANG KOK HAI
TELEPHONE NO.:
ADDRESS: 16 TOH YI DRIVE #04-83
Singapore

VEH No.: SLZ214X

Order Date: 12/01/19
Reg Date: 10/01/17 KM: 35,277
VIN NO.: WVGZZZ5NZGW071440 ENGINE NO:
MODEL: TiguanR 1.4 TSI 118 DSG6 VNA MODEL NO.: 5N22QY

SA: Naveen Chamunny

No.	DESCRIPTION	QTY	UOM	UNIT PRICE	DISC %	AMOUNT
Item						
1	WHT003859B SENSOR - Rear Lh	1	PCS			Warranty

Remarks : * Abs / Esp And Multiple Warning Lights on

> Performed GFF - Replace Rear Lh Wheel Speed sensor -wty

Remarks

* Front Licence plate damage

> Recommended to replace front / Rear Licence plate

Housing and Licence plate front - Customer Kiv

* Front passenger door dented

> Quoted - for repair / respray - Customer Kiv

TOTAL	0.00
GST AMOUNT	0.00
TOTAL AMOUNT	0.00

On Behalf Of "COMPANY"

Certified Goods/Service received:

Authorized Signature

Customer

NOTE: THIS IS NOT AN OFFICIAL RECEIPT

JCDecaux

04 Oct 2018

Out of Home
Media

To Whom It May Concern

Dear Sir/Madam,

This is to certify that Mr. Thivend Guillaume Michel Jacques of Employment Pass No. G5257645N is under our employment as a Director of Operations. He is provided with a company vehicle, car plate no: SLZ214X since his employment on 23 July 2018.

Kindly contact Audrey Soh at Tel: 6331 9328 or audrey.soh@jcdecaux.com should you have any further enquiries.

Thank you.

Yours sincerely,



Sheena Chung
General Manager - Finance & Admin

Algeria
Angola
Argentina
Australia
Austria
Azerbaijan
Belgium
Botswana
Brazil
Bulgaria
Cameroon
Canada
Chile
China
Colombia
Costa Rica
Croatia
Czech Republic
Denmark
El Salvador
Estonia
Finland
France
Germany
Guatemala
Hungary
Iceland
India
Ireland
Israel
Italy
Japan
Kazakhstan
Korea
Latvia
Lesotho
Lithuania
Luxembourg
Madagascar
Malawi
Mauritius
Mexico
Mongolia
Mozambique
Namibia
Norway
Oman
Panama
Peru
Poland
Portugal
Qatar
Russia
Saudi Arabia
Singapore
Slovakia
Slovenia
South Africa
Spain
Swaziland
Sweden
Switzerland
Tanzania
Thailand
The Dominican Republic
The Netherlands
Turkey
Uganda
Ukraine
United Arab Emirates
United Kingdom
United States
Uruguay
Uzbekistan
Zambia
Zimbabwe

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 01 / 19) (DD/MM/YYYY), TIME: (817: 30) (HH:MM)

LOCATION: AYE heading west (Jurong)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SL2 214 X
 b) INSURANCE COMPANY: NSIC
 c) POLICY NUMBER: B 29089603 PCY
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: VW TIGUAN
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Area Visiting Supplier
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: JCD Deaux OOH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: N/A CONTACT: Audrey Soh 9796 2106
 c) ADDRESS: 8 Temasek Bld #33-02 Simek City Tower 3
 Singapore 038988

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Guillaume Thivend (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G5857645N CONTACT: 8122 1490
 c) ADDRESS: 8 Temasek Bld #33-02 Simek City Tower 3
 Singapore 038988

* d) DATE OF BIRTH: (04 / 02 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 3-Apr-2012

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SG287796 MODEL:
 b) DRIVER'S NAME: LEE Nun Hah
 c) NRIC/FIN/PASSPORT: S16845402 CONTACT: 9837 6219

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: S3G1020C MODEL:
 e) DRIVER'S NAME: TONG Tien Tech
 f) NRIC/FIN/PASSPORT: S9412881A CONTACT: 9665 2471

* No of passengers
 (Including driver)
 ()

* No of passengers
 (Including driver)
 (1)

* No of passengers
 (Including driver)
 (2)

Email = guillaume.thivend@jeducaux.com

VIDEO

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
JG DECAUX SINGAPORE PTE LTD

Name
THIVEND GUILLAUME MICHEL JACQUES

FIN
G5257645N

 K0627823

REPUBLIC OF SINGAPORE DRIVING LICENCE

Reference Number: **G5257645N**

Name: **THIVEND GUILLAUME MICHEL JACQUES**

Birth Date: **04 Feb 1983**
Issue Date: **14 Sep 2017**
Valid Till: **13/09/2022**

 H002723612D

VISIT PASS
Immigration Regulations

Name
THIVEND GUILLAUME MICHEL JACQUES

FIN
G5257645N

Date of Birth: **04-02-1983** Sex: **M**

Nationality
FRENCH

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



Download SGWorkPass App to check status



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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	03 Apr 2012
Class 2A Motorcycles between 201 cc and 400 cc	03 Apr 2012
Class 2 Motorcycles > 400 cc	03 Apr 2012
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	03 Apr 2012



NP 428A

**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

Administered by

Willis Towers Watson 
 Willis Towers Watson Brokers (Singapore) Pte Ltd

6 Battery Road #06-01/02 Singapore 049909
 Tel: (65) 6591 8000 Fax: (65) 6224 0398
 Co. Reg. No. 198001608H

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.X.4
 Company Ownership

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B 29089603 MCY

Excess : SGD800

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle

SLZ214X

2. Name of Policyholder

JCDecaux Out of Home Advertising Pte. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act

20/07/2018

4. Date of Expiry of Insurance

19/07/2019

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 only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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