

NATIONAL Assessment Centre Services. [ver 1 Jan'03] MAY 19011764

Date In: 24/01/2009 16:29	Job description	Date & Time Completed	Done by
Ref No: N/A 190016571	SAS e-illing		
Veh No: SKP 3073E	E-mail (w/oda 8hrs, AIC 2hrs)		
D.O.A: 23/01/2009 15:00	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/Whse		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: —	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 100line 6788/6616)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: —

Date/Time	Actions

NA19007.20	Invoice Particulars (INC 100line 6788/6616)	Amount	Remarks
Claimant's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/145		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (w/ 10 Jan 2009)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*N5: Courtesy Car / Tpt Allowance \$3		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$3		
	TP (Nil): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile \$0		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors Comments:			
Ref: 1:			
2/3:			

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	24/01/2019 16:29
Date Of Accident	23/01/2019 15:00
Exact Location Of Accident	BLK 7 KALLANG PLACE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP3073E
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91056128
Alternative Phone No	OFFICE-66341808

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	YES
Policy Number	B 29100055 MCY
Cover Note Number	

Driver

Name of Driver	HASEGAWA YOSHIKI
NRIC No	G3241993W
Date Of Birth	18/02/1976
Occupation	INDOOR
Date Of Driving Pass	19/04/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91056128
Fax Number	
Contact Number	OFFICE-66341808
Email Address	NOEMAIL

Address	BLK 7 LORONG HOW SUN #15-39
Postcode	536564
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190124/2024

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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	FRANKIE
NRIC/Passport Number	
Contact Number	82884738
Address	GUTHRIE FMC PTE LTD
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.



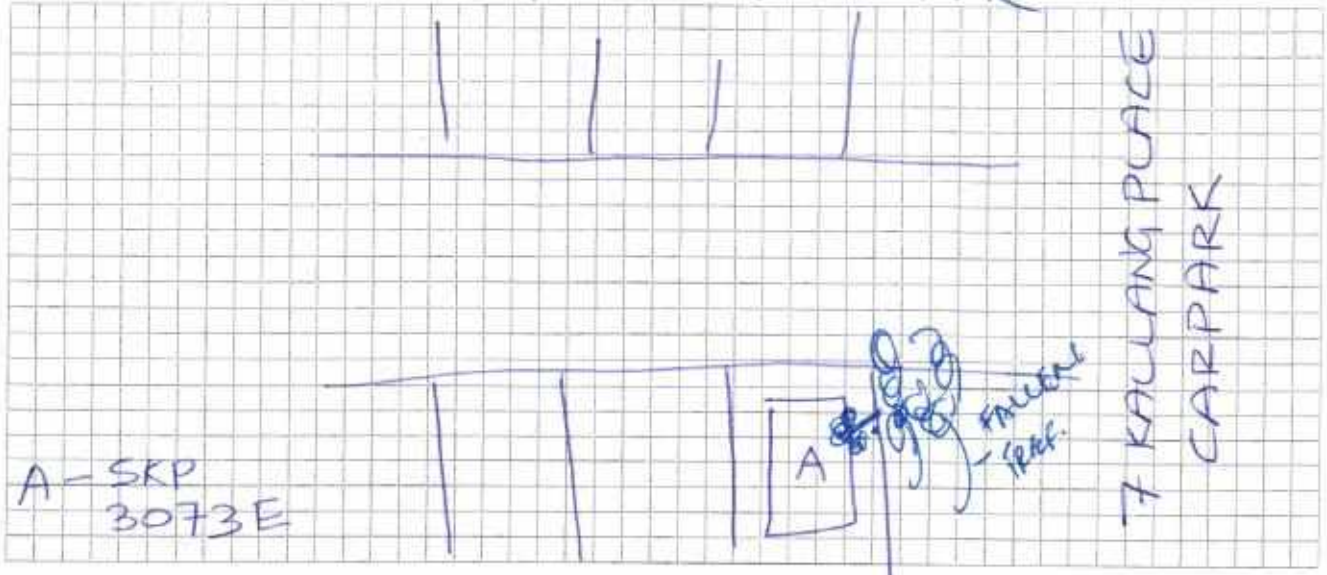
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

25/01/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

BLK 7 KALLANG PLACE OPEN CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT ATTACHED.

A/20190124/2024

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 25/01/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



A/20190124/2024

1 of 2

POLICE REPORT (NP299)

Report No. A/20190124/2024

Police Station Of Origin
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Date/Time Report Made 24/01/2019 10:58	Vide Report No.	Station Diary No. 53
Name Of Informant HASEGAWA YOSHIKI	Address APT BLK 7 LORONG HOW SUN #15-39 BARTLEY RESIDENCES SINGAPORE 536564	
ID Type / ID No. FIN NO / G3241993W	Contact No. Home/Office Mobile 91056128	
Nationality JAPANESE	Email Address	
Occupation VICE PRESIDENT	Sex Male	Age 42
Institution/School Name	Date of Birth 18/02/1976	Race Others
	Language	
Date/Time Of Incident 23/01/2019 12:00 - 23/01/2019 15:00	Location Of Incident 7 KALLANG PLACE UNNAMED SINGAPORE 339153 Open space carpark	

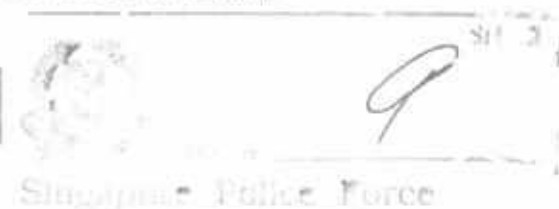
Brief details.

On 23/01/19 at about 1200hrs, I parked my rental vehicle 'SKP3073E' at the open space carpark at 7 Kallang Place.

On the same day at about 1500hrs, I went back to my vehicle and discovered a fallen tree hit onto my vehicle front causing my vehicle left front headlight broken, some scratches and small dent at the vehicle hoods. No one was injured.

Signature Of Officer Recording The Report: A / Sgt 2 CAI JINQUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2019 10:58
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp LEE JUN LONG Contact No.: 65575028	Classification Of Case:

Authentication Stamp





SINGAPORE
POLICE FORCE



A/20190124/2024

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190124/2024

I am lodging this report for insurance claim.

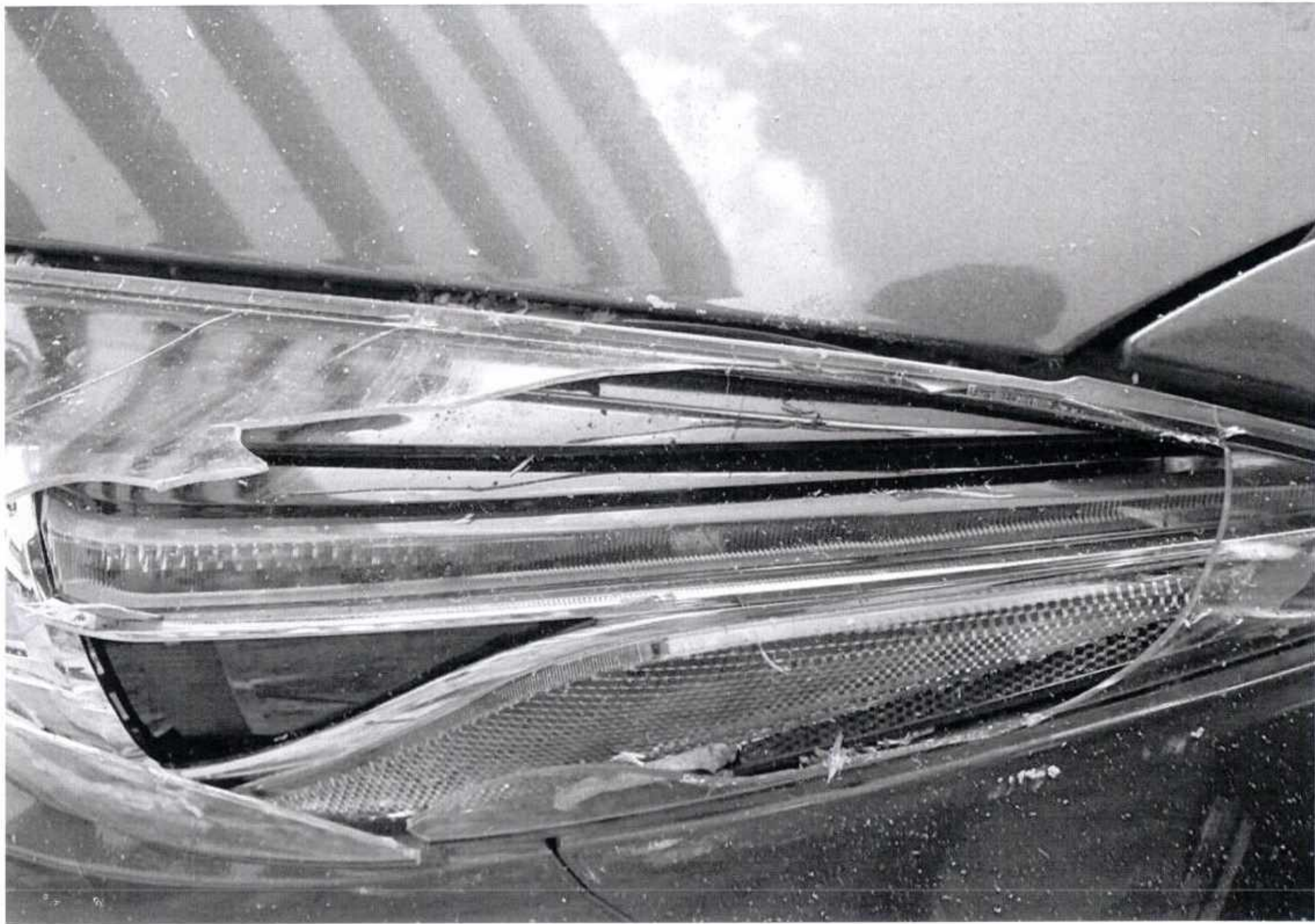
Signature Of Officer Recording The Report: A / Sgt 2 CAI JINQUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2019 10:58
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp LEE JUN LONG Contact No.: 65575028	Classification Of Case:

Authentication Stamp











MOTOR ACCIDENT REPORT FORM

Date of Accident: 23/01/19	Time: 1600HRS	Exact Location of Accident: 7 KALLANG PL C/P
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)		
Vehicles Registration Number: SKP 3073 E	Name of Registered Owner: SIME DARBY SERVICES	
NRIC / Passport No. / FIN:	Co. Reg. No. (for Co. Vehicle Only): 19750106SW	
*Own Insured Email Address:	*Mobile Phone No.:	*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)		
Manufacturer: MAZDA	Model: MAZDA 3	
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 3 rd Party <input checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>
Vehicle Category:		
INSURANCE COMPANY (OWN VEHICLE)		
Name of My Insurance Company: MSI		
Type of Coverage:	Comprehensive <input checked="" type="checkbox"/>	Third Party <input type="checkbox"/>
Fleet Policy (Multiple vehicles coverage):	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Policy / Cover Note Number:	B291000SSMCMY	
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above		
Name of Driver: HASEGAWA YOSHIKI	NRIC / Passport No. / FIN: 93241993 W	
Date of Birth: 18/02/1976	Occupation:	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>
Date of Driving Pass: 19/04/2016	Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Mobile Phone No.: 91056128	Alternative Phone No.: 66341808	
Address as stated in NRIC: BLK 7 LOR HOWSON #15-39	(Post Code: 536564)	
Email Address: —		
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"/> TREE
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)	—	
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.:	Vehicle Make / Model / Colour:	
Details of Property Damaged in Accident (other than 3 rd -Party vehicle):		
Name of Driver: FRANKIE	NRIC/Passport Number:	
Contact Number: 83884738		
Address: GUTHRIE FMC PTE. LTD.	(Post Code:)	
Insurance Company Name:		
Nature of Damage: Front <input type="checkbox"/> Rear <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/>	No. of Passengers (Including Driver):	
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 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)		



EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 80A)
Republic of Singapore

Employer
TSUGAMI UNIVERSAL PTE. LTD.



Name
HASEGAWA YOSHIAKI
Occupation
SALES ENGINEER

Age
03241903W

Date of Application

30-12-2015

Date of Issue

18-03-2016

Date of expiry

18-03-2018



L6587636

VISIT PASS
Immigration Regulations

Name
HASEGAWA YOSHIAKI



Date of Birth	Sex	Nationality
18-02-1975	M	JAPANESE
PR	Date of Issue	Date of Expiry
03241903W	18-03-2016	18-03-2018

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.



PUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G 3 2 4 1 9 9 3 W

HASEGAWA YOSHIKI

Birth Date: 18 Feb 1976

Issue Date: 19 Apr 2016

Valid Till 18/04/2021



consideration. Thank you.

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

	EFFECTIVE DATE
Class 2B Motorcycles ≤ 200 cc	19 Apr 2016
Class 2A Motorcycles between 201 cc and 400 cc	19 Apr 2016
Class 3 Motor cars with unladen weight ≤ 3000 kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500 kg	19 Apr 2016



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.Z.400
Car for Hire

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B 29100055 MCY

Excess : SGD1,000
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKP3073E

2. Name of Policyholder
Sime Darby Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
01/10/2018

4. Date of Expiry of Insurance
30/09/2019

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 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

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 : MMA419011764 Vehicle Registration No: SKP3073E
Name (as shown in NRIC) : SIME DARBY SERVICES NRIC/FIN/Passport No : 197501065W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 305 ALEXANDRA ROAD #03-01 Singapore (159942)
Contact (Tel) : 64473388 Mobile No.: 85337214
Email Address : operations@hertz.simedarby.com.sg
Date of Accident : 23/01/2019 Time of Accident: 1500HRS
Place of Accident : BLK 7 KALLANG PLACE OPEN CARPARK
Insurance Company: MSIG


(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:

To change from 3rd party claim to own damage
claim


Policyholder / Driver's Signature
Date:




Reporting Centre Personnel's Signature
Name: Keshi Loo
NRIC/FIN No.: 2809/2019
Date: