

NATIONAL Assessment Centre Services.

[wef 1 Jan 2005]

MAIA 1901827

Date In: 08/02/2015 17:57	Job description	Date & Time Completed	Done by
Ref No: NBA/1891900228414	SAS e-filing		
Veh No: SKM 288TS	E-mail (24hrs, A/C 2hrs)		
D.O.A: 01/02/2015 11:55	I-Motor Claim Form		
OID: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/WKSP		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SW 6944Z	INC () / Non-INC ()
Owner / Driver: (Tel:	
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates:	Times:
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 repaler.

() Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:

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

2) QC Check / Post Repair Inspection ()

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

Injury: _____

Date of Report: _____

NA/900961	Invoice Particulars	Amount	Balance
Client's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Contact No:	3) TP: Towing Fee	\$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey	\$120	
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey)	\$30	
Auditors Comments:	For claiming against INC Only (wef 10 Jan 2005)		
Tel: 1:	6) TR: Re-inspection	\$75	
2 / 3:	7) NI: Idas 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: Idas 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	08/02/2019 17:57
Date Of Accident	01/02/2019 11:55
Exact Location Of Accident	PIE TOWARDS JURONG @ SIMEI FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM2845S
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	KCJALEXX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88214554
Alternative Phone No	OFFICE-88214554

Vehicle Particulars

Manufacturer	FORD
Model	GALAXY
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 29100025 TMC
Cover Note Number	

Driver

Name of Driver	KONG CHON JIN
NRIC No	S7366769J
Date Of Birth	04/02/1973
Occupation	INDOOR
Date Of Driving Pass	10/03/2000
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88214554
Fax Number	
Contact Number	OTHERS-88214554
EMail Address	KCJALEXX@GMAIL.COM

Address	BLK 93 BEDOK NORTH AVENUE 4 #09-1473
Postcode	460093
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	COLLISION - HEAD TO REAR
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	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	SLW6944Z
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMES NG TIN HOE
NRIC/Passport Number	S9130742A
Contact Number	91112558
Address	BLK 123 SIMEI STREET 1 #10-384
Postcode	520123
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.
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.

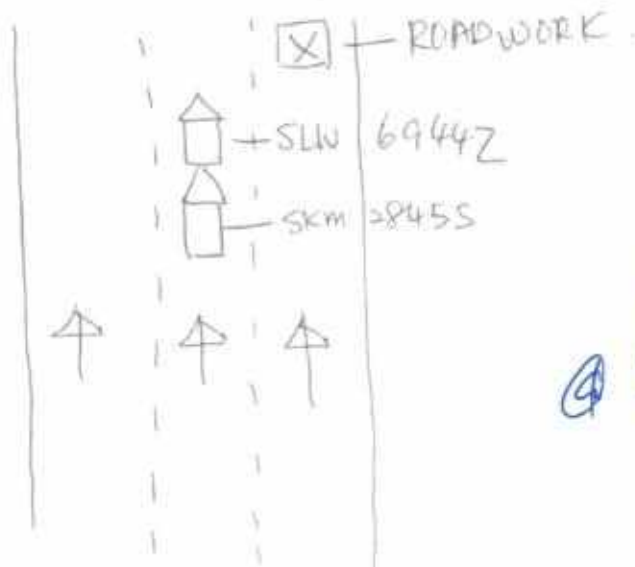


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



PIE TOWARD JERONG
@ Small Flyover

Describe Circumstances of the Accident

It was a road work @ 3rd lane, all the veh. fitted to 2nd lane. I unable to manage brake at time, bang onto front of my vehicle SLW 69442.

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

Witnessed by Reporting Centre Personnel

2507

MOTOR ACCIDENT REPORT FORM

Date of Accident: 12/2019	Time: 1155hrs.	Exact Location of Accident: PIE TOWARD JURONG
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)		
Vehicles Registration Number: SKM284SS	Name of Registered Owner: SIM E DARY S BAUVES	
NRIC / Passport No. / FIN:	Co. Reg. No. (for Co. Vehicle Only): 1975E1065W	
*Own Insured Email Address:	*Mobile Phone No.:	*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)		
Manufacturer: FORD	Model: GALAXY	
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 type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>
Vehicle Category: Private Car		
INSURANCE COMPANY (OWN VEHICLE)		
Name of My Insurance Company: MISG		
Type of Coverage: Comprehensive	Third Party <input checked="" type="checkbox"/>	
Fleet Policy (Multiple vehicles coverage):	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy / Cover Note Number:
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above		
Name of Driver: KONG CHON JIN	NRIC / Passport No. / FIN: S7366769J	
Date of Birth: 04.12.1973	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 10.03.2000	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 88214554	Alternative Phone No.:	
Address as stated in NRIC: 93, Bedok North Ave 4 #09-1473	(Post Code: 460073)	
Email Address: kcjalex@gmail.com		
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:
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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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):	3	
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: SLW 69442	Vehicle Make / Model / Colour: Honda Shuttle	
Details of Property Damaged in Accident (other than 3 rd Party vehicle):		
Name of Driver: James Ng Tin Hoe	NRIC/Passport Number: S9130745A	
Contact Number: 91112588		
Address: BLK 123 SIMZ STREET 1 #10-384	(Post Code: 500123)	
Insurance Company Name:		
Nature of Damage: Front <input type="checkbox"/> Rear <input checked="" 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 oral tests administered?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Were injuries 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)		

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7366769J



Name

KONG CHON JIN

江 春 仁

Race

CHINESE

Date of birth

04-02-1973

Sex

M

Country of birth

MALAYSIA

S7366769J

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7366769J

Name

KONG CHON JIN

Birth Date: 04 Feb 1973

Issue Date: 14 May 2009



001740353H

9033843



NRIC No: S7366769J



Nationality
MALAYSIAN

Date of issue
12-05-2009

APT BLK 93 BEDOK NORTH AVENUE 4 #09-1473
SINGAPORE 460093

NRIC No: S7366769J Date: 01/08/2012 No: 6956837

3826592



NRIC No: S9130742A



TP

Date of issue
31-08-2006


APT BLK 123 SIMEI STREET 1 #10-384
SINGAPORE 520123

NRIC No: S9130742A Date: 19/09/2012 (B) No: 7264556

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

	PASS DATE
Class 2B Motorcycles <= 200 cc	10 Mar 2000
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	10 Mar 2000

Licence No: S7366769J



NP 428A


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

	PASS DATE
Class 2B Motorcycles <= 200 CC	24 Apr 2013
Class 2A Motorcycles between 201 CC and 400 CC	16 Mar 2015
Class 3A Motor cars without clutch pedals <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles without clutch pedals <= 2500 kg	31 Mar 2010
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	20 May 2013

TP

S9130742A S / No. 9000215703

Licence No: S9130742A



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 29100025 TMC

1. Index Mark and Registration Number of Vehicle

SKM2845S

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.

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