

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

NA/9017848

Date In: 08/02/2019 18:05	Job description	Date & Time Completed	Done by
Ref No: N3A/MS915002319/4	SAS e-filing		
Veh No: 24 4475 J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 01/02/2019 18:05	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: SJ252114	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: ()

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: _____

Date/Time	Accident

NA/901065

Claimant's Particulars:	Invoice No: NA/901065	Invoice Date: 08/02/2019	Invoice Time: 18:05	Invoice By: [Signature]
Driver/Owner:	1) AR: Accident Reporting (\$30)			
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)		
Damaged Portion:	3) TP: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	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	\$5		
	TP (Nil): TP (Non INC) against INC	\$20		
	9) NI: Idao Mobile	\$30		
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors Comments:				
Pat. 1:				
Pat. 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	08/02/2019 18:55
Date Of Accident	01/02/2019 18:05
Exact Location Of Accident	ALONG COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4475J
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	CLIFTONCHUA@FEDEX.COM
Mobile Phone No	(FOREIGN) +861-80197988
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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 29100025 TMC
Cover Note Number	

Driver

Name of Driver	CHUA CHUNG HOW CLIFTON
NRIC No	S1789945G
Date Of Birth	18/10/1967
Occupation	INDOOR
Date Of Driving Pass	18/03/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) +861-80197988
Fax Number	
Contact Number	OTHERS-99999999
Email Address	CLIFTONCHUA@FEDEX.COM

Address	NO 16, 2239 HONGQIAO LU, CHANG NING SHANGHAI, PR CHINA
Postcode	200336
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	SIDE SWIPE
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)	3
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : SON GENDER: : MALE

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	SJZ5271X
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ELLYIRMA BINTE RAMLI
NRIC/Passport Number	S8025135A
Contact Number	97972706
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

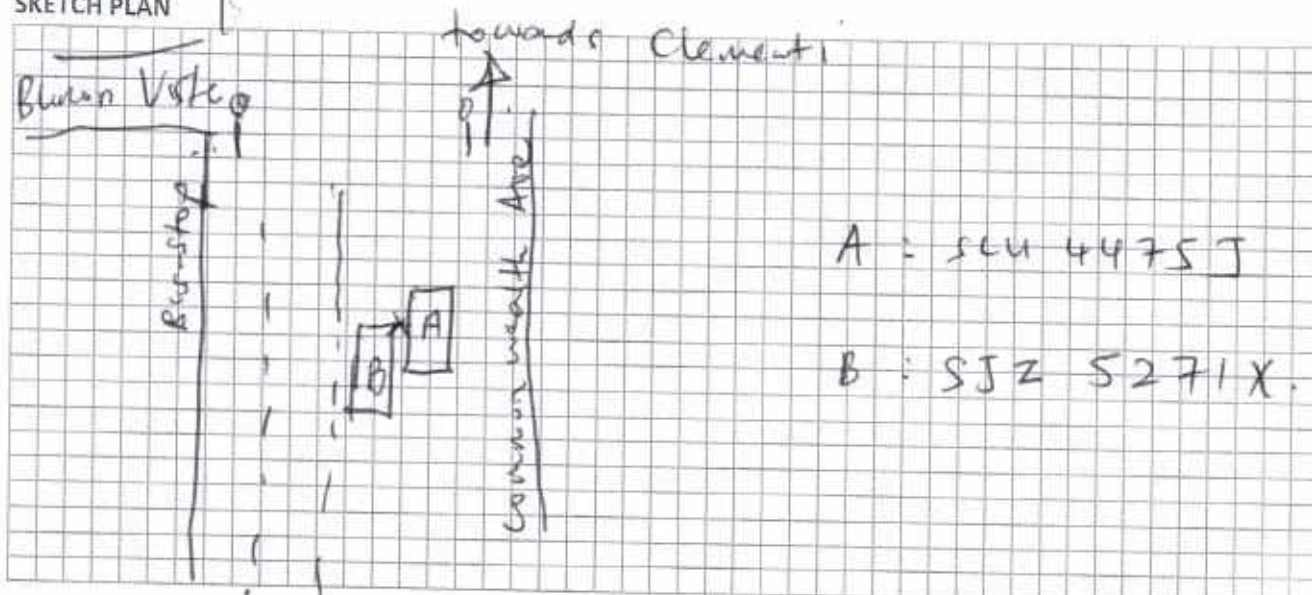
Driver's Signature
(If driver is not the policyholder)
Date & Time:

1 Feb 2019
8 pm

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

11/02/2019
Rashid Yusoff

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I needed to keep left and signal left when I see that it is clear, I tilted the car slightly to the left to filter and the other car sped by and grazed my left side.
No one was injured.

DECLARATION

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



Policyholder's Signature
Date & Time:

GIARMC SketchPlanForm_V3

[Signature]
Driver's Signature
(If driver is not the policyholder)

Date & Time:
1 Feb 2019
8 pm

[Signature] 11/02/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Rashidutton

MOTOR ACCIDENT REPORT FORM

Date of Accident: 1 Feb 2019		Time: 6.05pm		Exact Location of Accident: Commonwealth Ave Road	
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)					
Vehicles Registration Number: SLU 4475 J			Name of Registered Owner: SIME DARBY SERVICES		
NRIC / Passport No. / FIN:			Co. Reg. No. (for Co. Vehicle Only): 197501065W		
*Own Insured Email Address:			*Mobile Phone No.:		*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)					
Manufacturer: Hyundai Elantra			Model: ELANTRA		
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: MSIG					
Type of Coverage: Comprehensive <input type="checkbox"/> 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: CHUA CHUNG HOW CLIFTON			NRIC / Passport No. / FIN: S17899456		
Date of Birth: 18 OCT 67			Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		
Date of Driving Pass: 18 MAR 94			Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
Mobile Phone No.: 486 1801979888			Alternative Phone No.:		
Address as stated in NRIC: No 16, 2239 HONGQIAO LU, CHANG NING (Post Code: 200336)					
Email Address: cliftonchua@fedex.com SHANGHAI, PR CHINA					
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"/> 3 rd party			
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.: SJZ 5271X			Vehicle Make / Model / Colour: TOYOTA COROLLA ALTIS WHITE COLOR		
Details of Property Damaged in Accident (other than 3 rd -Party vehicle):					
Name of Driver: ELLYIRMA BINTE RAMLI			NRIC/Passport Number: S8025135A		
Contact Number: 97972706					
Address: (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): 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:			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)					

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1789945G



Name

CHUA CHUNG HOW CLIFTON

蔡 俊 豪

Race

CHINESE

Date of birth

18-10-1967

Sex

M

Country/Place of birth

SINGAPORE

S1789945G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1789945G

Name

CHUA CHUNG HOW CLIFTON



Birth Date: 18 Oct 1967

Issue Date: 26 Feb 2004



2019-2-1 20:22

2019-2-1 20:22

6013343



NRIC No. S1789945G



Date of issue

03-09-2018

Address

NO16, 2239 HONGQIAO LU, CHANG NING,
SHANGHAI 200336

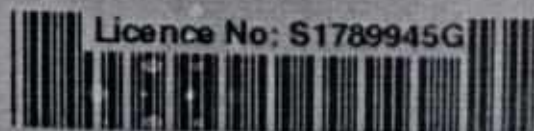
YOU ARE **ENTITLED** TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

18 Mar 1994

NP 428A



Licence No: S1789945G



MSIG

3068

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
Cars for Hire

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29100025 TMC

1. Index Mark and Registration Number of Vehicle

SLU4475J

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