

NATIONAL Assessment Centre Services. [ver 1 Jan 05] NIA 49019977

Date In: 13/02/2009 11:02	Job description	Date & Time Completed	Done by
Ref No: NIA/MV/007643/4	SAS e-filing		
Veh No: SLM 5677D	E-mail (4 days 2 hrs, A/C 2 hrs)		
D.O.A: 12/02/2009 07:15	I-Motor Claim Form		
OID: TP Reporting Only	I-Motor W/O (Within: OD 2 hrs, TP 4 hrs)		
	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: SLP 3663R	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 of Claim:	Assessment:

NIA 4901/123	Invoice Details
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/245
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 2005)
	6) TR: Re-inspection \$75
	7) NI: Idan DA + SMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpl Allowance \$5
	*N6: Repair Coordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TE (Nil): TP (Nil) INC against INC \$20
	9) NI: Idan 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	13/02/2019 11:02
Date Of Accident	12/02/2019 07:15
Exact Location Of Accident	ALONG SIXTH AVENUE TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM5677D
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	EJNERRINGTON@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96358889
Alternative Phone No	OFFICE-96358889

Vehicle Particulars

Manufacturer	NISSAN
Model	X-TRAIL-2.0 (A)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055 MCY
Cover Note Number	

Driver

Name of Driver	ERRINGTON TIMOTHY JOHN NESS
NRIC No	G5068806U
Date Of Birth	08/05/1959
Occupation	INDOOR
Date Of Driving Pass	13/03/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96358889
Fax Number	
Contact Number	OTHERS-96358889
Email Address	EJNERRINGTON@GMAIL.COM

Address -
 Postcode -
 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) 3
 Passenger 1
 NAME: : DAUGHTER
 GENDER: : FEMALE
 Passenger 2
 NAME: : DAUGHTER
 GENDER: : FEMALE

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? YES
 Remarks/ Reasons: WITH OWNER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP3663R
 Vehicle Make/Model/Colour TOYOTA
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver HO JIA MING, MARK
 NRIC/Passport Number S8501669E
 Contact Number
 Address 30 LASIA AVENUE

Postcode

277853

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.

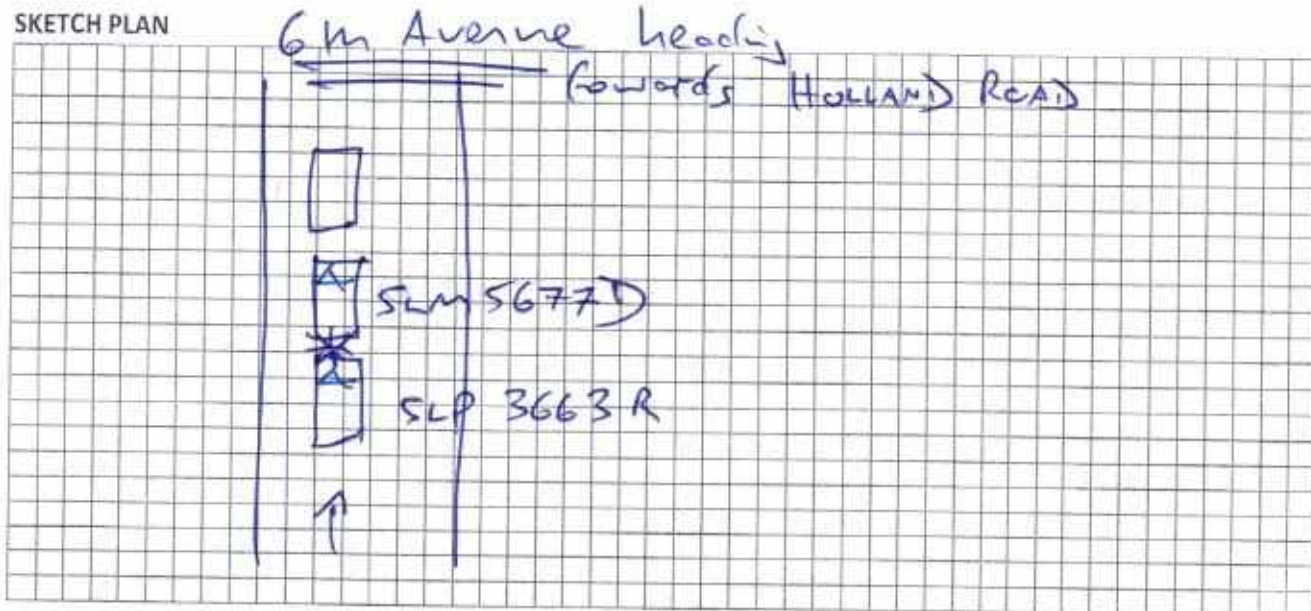


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stopped in traffic on 6th Avenue at 7:15 AM on 12/2/19 whilst taking my children to school.
I was hit from behind whilst I was stationary by Toyota SLP 3663 R.

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: 12/2/19

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

13/02/2019
Peshi hndars

MOTOR ACCIDENT REPORT FORM

h/c & driving licence

Date of Accident: <u>07.15</u>		Time: <u>12 Feb 19</u>		Exact Location of Accident: <u>Gm Ave</u>	
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)					
Vehicles Registration Number: <u>SLM 5677 D</u>			Name of Registered Owner: <u>SIME DARBY SERVICES</u>		
NRIC / Passport No. / FIN:			Co. Reg. No. (for Co. Vehicle Only): <u>197501065W</u>		
*Own Insured Email Address:			*Mobile Phone No.:		*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)					
Manufacturer: <u>NISSAN</u>			Model: <u>XTRAIL 2.0</u>		
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: <u>—</u>					
INSURANCE COMPANY (OWN VEHICLE)					
Name of My Insurance Company: <u>MSIA</u>					
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:		
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above					
Name of Driver: <u>Dr Tim Errington</u>			NRIC / Passport No. / FIN: <u>G5068806 U</u>		
Date of Birth: <u>8-5-59</u>			Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		
Date of Driving Pass: <u>1977</u>			Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		
Mobile Phone No.: <u>96358889</u>			Alternative Phone No.:		
Address as stated in NRIC: (Post Code:)					
Email Address: <u>Ejerrington@gmail.com</u>					
Was driver an employee of the Insured's Company? Yes <input 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 type="checkbox"/>					
Vehicle Reg. Number of Driver's Own Vehicle (if applicable): <u>SLM 5677 D</u>					
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"/>			
Was there any video captured by Car Camera?		No <input type="checkbox"/> Yes <input checked="" 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)		<u>3</u> <u>2 DAUGHTER</u>			
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)					
Vehicles Registration No.: <u>SLP 3663 R</u>			Vehicle Make / Model / Colour: <u>TOYOTA (SILVER)</u>		
Details of Property Damaged In Accident (other than 3 rd -Party vehicle): <u>—</u>					
Name of Driver: <u>HO JIA MING, MARK</u>			NRIC/Passport Number: <u>DRIVING LICENCE S8501669E</u>		
Contact Number:					
Address: <u>30 LASIA AVENUE, SINGAPORE 277853</u> (Post Code:)					
Insurance Company Name:					
Nature of Damage: Front <input checked="" 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 91A)
Republic of Singapore

Employer

TOTAL HEALTH CHIROPRACTIC PTE LTD

Name

ERRINGTON TIMOTHY JOHN NESS

Occupation

CHIROPRACTOR

FIN

G5068806U

Date of Application

05-08-2015

Date of Issue

20-08-2015

Date of Expiry

29-11-2018



L5955047

VISIT PASS
Immigration Regulations

Name

ERRINGTON TIMOTHY JOHN NESS



Date of Birth

08-05-1959

Sex

M

Nationality

BRITISH

FIN

G5068806U

Date of Issue

20-08-2015

Date of Expiry

29-11-2018

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



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G5068806U**

Name

**ERRINGTON TIMOTHY JOHN
NESS**



Birth Date **08 May 1959**

Issue Date **13 Mar 2014**

Valid Till **12 Mar 2019**



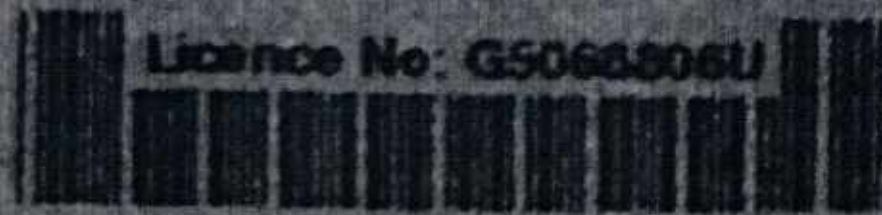
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 2B	Motorcycles \leq 200 cc	13 Mar 2014
Class 2A	Motorcycles between 201 cc and 400 cc	13 Mar 2014
Class 2	Motorcycles $>$ 400 cc	13 Mar 2014
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	13 Mar 2014

NP 428A



THIS PAGE IS RESERVED FOR OFFICIAL OBSERVATIONS
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THERE ARE NO OFFICIAL OBSERVATIONS



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MSIG

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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

MOTORMAX PLUS-COMMERCIAL
Comprehensive

Certificate No. B 29100055 MCY

Excess : SGD1,000
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLM5677D

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