

NATIONAL Assessment Centre Services. (part 1 Jan 00)

MINA 190 22015

Date In: 18/02/2019 10:12	Job description	Date & Time Completed	Done by
Ref No: N/A/MSG/190029617	SAS e-filing		
Veh No: 8ND 7489C	E-mail (Vehicle Shrs, AIC 2hrs)		
D.O.A: 16/02/2019 17:00	I-Motor Claim Form		
OD: 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: Vch No: SLV 2700K 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: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time	Action

NA/190/228

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)
Damaged Portion:	3) TP: Towing Fee	\$40/\$45
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120
Auditors Comments:	5) FT: Follow-Through Survey (Resurvey)	\$30
	6) TR: Re-inspection	\$75
	7) NI: Idan DA + SMRT Survey	\$160
	8) NTUC Additional Services:-	
	ON:	
	*N5: Courtesy Car / Tpl Allowance	\$3
	*N6: Repair Co-ordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$5
	TP (N11): TP (Non INC) against INC	\$20
	9) N12: 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	18/02/2019 10:12
Date Of Accident	16/02/2019 17:00
Exact Location Of Accident	INFRONT OF HOTEL MICHAEL AND ROTUNDA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD7489C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97913023
Alternative Phone No	OFFICE-97913023

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MAK KUEN ONN ANDREW
NRIC No	S1245571B
Date Of Birth	05/08/1957
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1978
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97913023
Fax Number	
Contact Number	OTHERS-97913023
EMail Address	NOEMAIL

Address BLK 12 FARRER PARK ROAD  
 #17-13  
 Postcode 210012  
 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? YES  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLV2780K  
 Vehicle Make/Model/Colour OPEL MOKKA  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver WEE THIAM HUAT  
 NRIC/Passport Number S7121791D  
 Contact Number 97969238  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## SKETCH PLAN

### IMPORTANT NOTICE

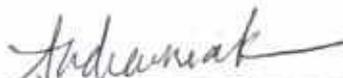
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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)**

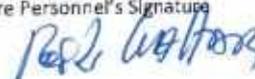
I understand, acknowledge, agree and consent that:

- (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.

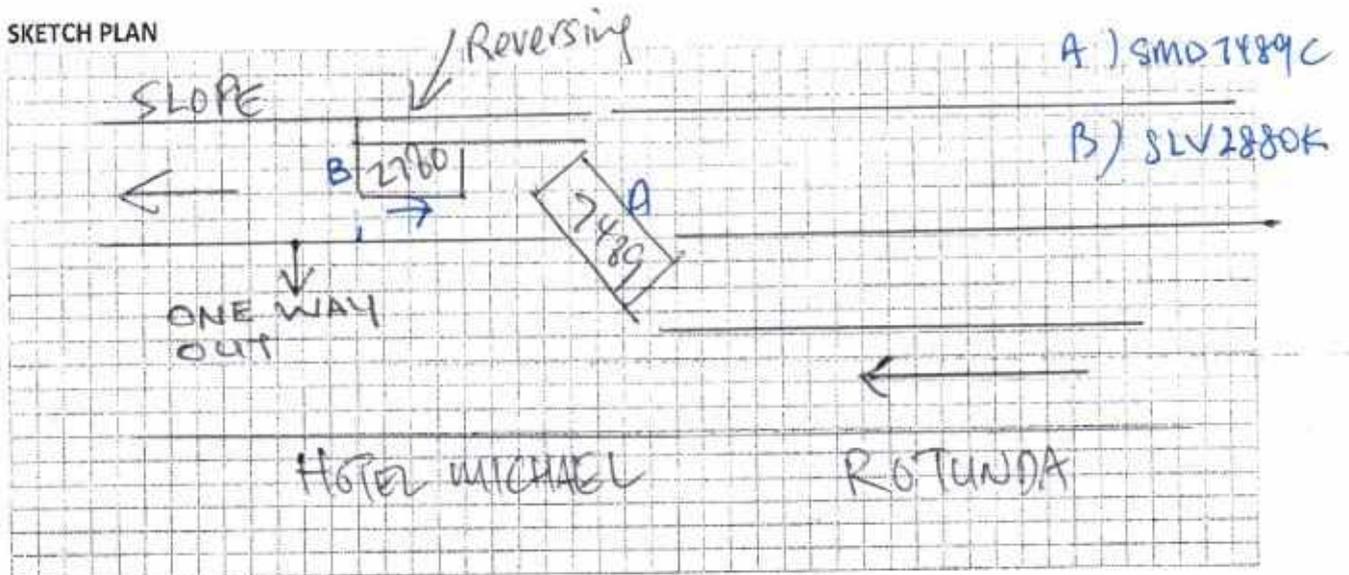


Policyholder's Signature  
Date & Time:

  
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

job id:  
 I was assigned on 16/2/19 1700hrs 763260 to MBS  
 As I was driving out towards the slope going out,  
~~But~~ Suddenly this car (SLV 2880K) was  
 reversing very fast. I immediately jam my brake and  
 horned the vehicle. He didn't stop and hit on the  
 front of my car (SMD 7489C). He admitted that  
 he was wrong.

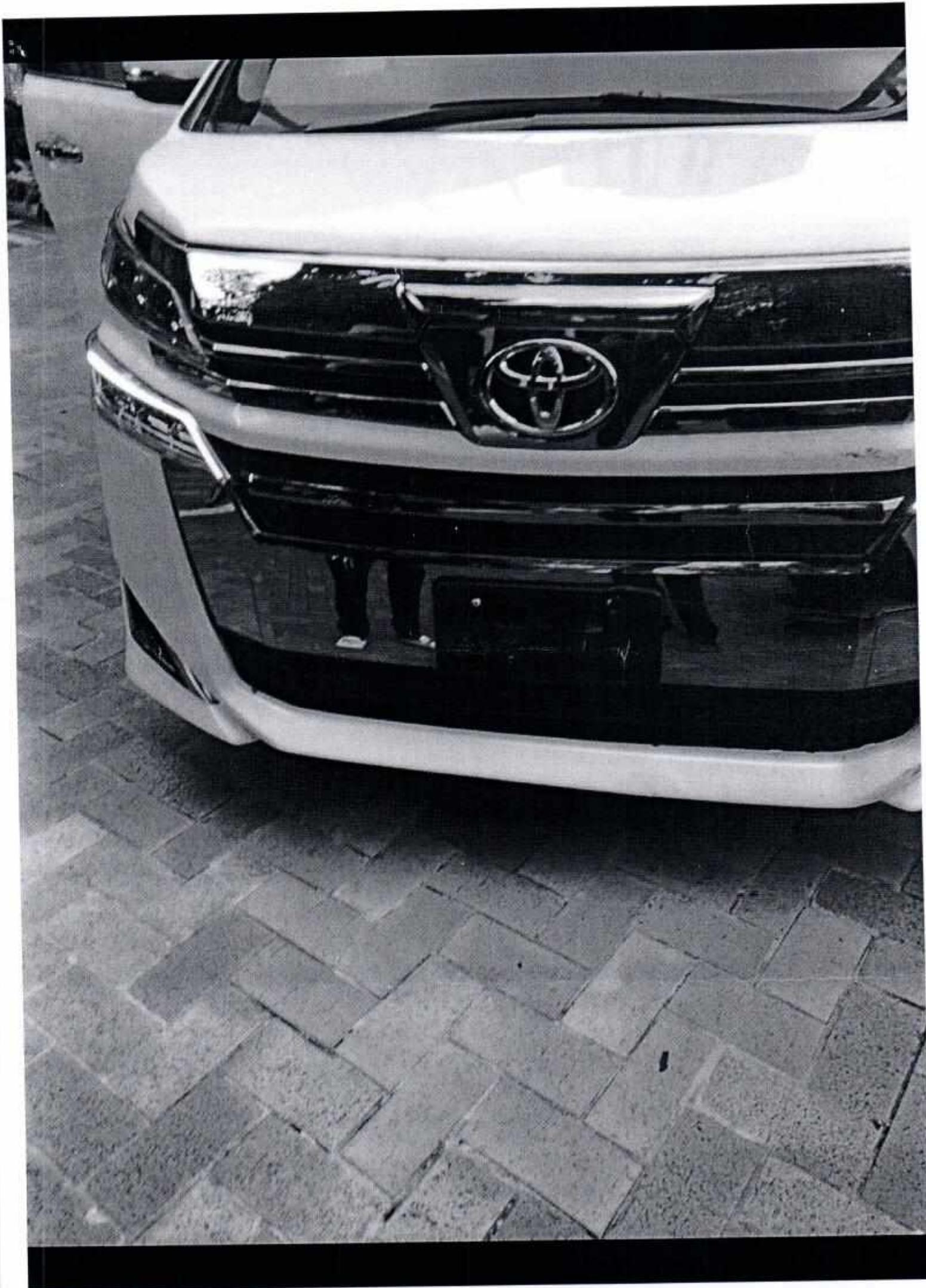
DECLARATION

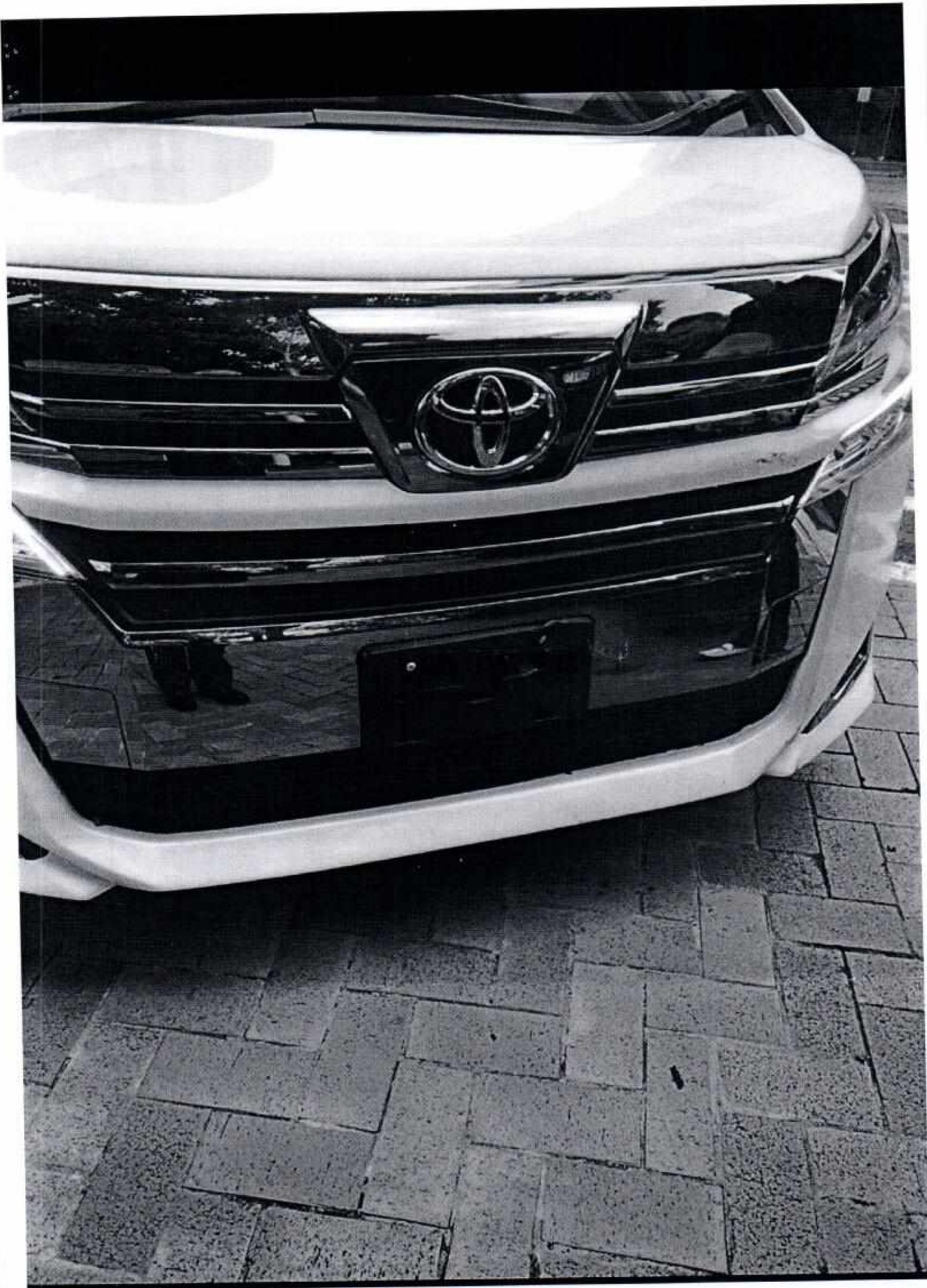
I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

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

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







COVER ME!  
I'M CHANGING  
LANE

SLV 2780K

AUTO GERMANY

DIESEL

MONICA  $\Sigma\Sigma$

CDT



V 2780 K

AUTO GERMANY

CDT

**GIA ACCIDENT REPORTING**  
(Please complete this form)

**Items needed to submit for GIA reporting and to submit to Insurance Company**

- 1  Copy of Reg. Acknowledgement (LTA). (Purpose: Co. Name; Add.; Co. Reg No; Make/Model; etc)
- 2  Copy of Valid Cert. of Insurance (Purpose: Insurer; Insured; Validity; Type; etc)
- 3  Copy of EP or I/C (front & back) (Driver's & Owner's)
- 4  Copy of Driver's Driving Licence (front & back). Foreign Licence needed if Singapore Licence < 2 yrs
- 5  Attached Sketch Plan Form \* Driver must sign under Driver's Signature  
Policyholder need to sign (with Co's Stamp if vehicle under Company's Name.)
- 6  Photos must be JPEG preferably < 500kb

**Additional Information needed:-**

- 1 Date & Time of Reporting  /  am/pm
- 2 Vehicle Registration No.: / Model:
- 3 Date & Time of Accident  /  am/pm
- 4 Accident Location
- 5 Insurance Co.:  Claiming  OD  TP  Uninsured Losses  
Reporting only
- 6 Is the Insurance under fleet policy (applies only for company's car)?  Yes  No
- 7 Owner's Name & I/C No.  Contact No.  Office No.   
E-mail Address:
- 8 Driver's I/C  Driver's Contact No.   
E-mail Address:
- 9 Occupation  Indoor  Outdoor
- 10 Driver's Dvg Pass Date (S'pore)  (Foreign)  (if S'pore Licence < 2 yrs)
- 11 Weather Condition  Clear  Raining  Others
- 12 Road Surface  Dry  Wet  Others
- 13 Was anybody injured?  Yes  No Vehicle No.   
\* If Yes, Original receipt together with medical report need to be submitted once ready.  
\* Injured person must make Police report if MC given is more than 3 days.
- 14 Does driver own any other vehicle  Yes  No Vehicle No.  Ins. Co.
- 15 Other Vehicle Involved?  Yes  No  

Vehicle No	SLV 2780K		
Car Model	OPEL MOKKA		
Name of Driver	WEETHAM HUAT		
IC No	S7121791D		
Contact No	97969228		
- 16 Foreign Vehicle Involved?  Yes  No  
Vehicle No.  Vehicle Category
- 17 Any video captured by car camera?  Yes  No
- 18 Witness  Yes  No  
Name   
Contact No
- 19 Was Accident Reported to Police?  Yes  No  
\*If yes, please state which police station   
\*A copy of Police Report need to be submitted  
Was notice of intended Prosecution given?  Yes  No
- 20 I have been approached by unknown person(s) soliciting/offering accident claims assistance.  Yes  No
- 21 No. of Passengers (Including Driver)

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1245571B



Name

MAK KUEN ONN ANDREW



麥健安

Race

CHINESE

Date of Birth

05-08-1957

Country of Birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1245571B

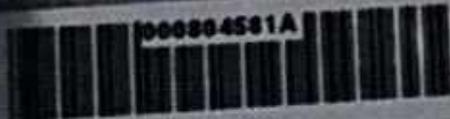
Name

MAK KUEN ONN ANDREW



Birth Date: 05 Aug 1957

Issue Date: 05 Sep 2003



0788998



NRIC No: S1245571B



Blood Group: O+ Date of issue: 03-02-1993

Address: APT BLK 12 FARRER PARK ROAD #17-13 SINGAPORE 210012

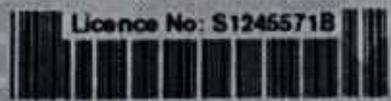
NRIC No: S1245571B Date: 04-10-2002 (RNo: 4012603)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING

PASS

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

401 1978



Licence No: S1245571B

NP-428A

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  
SMD7489C

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