

**NATIONAL Assessment Centre Services.** [ver 1 Jan 09] **MA 11906470**

Date In: <b>17/15/19 09:59</b>	Job description	Date & Time Completed	Done by
Ref No: <b>MA/MSG19008765/44</b>	SAS e-filing		
Veh No: <b>SMO 7511X</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>15/15/19 16:45</b>	I-Motor Claim Form		
<input checked="" type="checkbox"/> 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: <b>GBB 8893C</b>	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 repaler.

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

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

Remarks: (INC Hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:**

Date/Time	Actions

<b>MA 1903628</b>		<b>Invoice Preparation Checklist</b>	<b>Am (\$)</b>	<b>Ad (\$)</b>
<b>Claimant's Particulars:</b>		1) AR: Accident Reporting (\$30);	30.00	
<b>Driver/Owner:</b>		2) DA: Damage Assessment (\$100); INC (\$50)		
<b>Contact No:</b>		3) TP: Towing Fee \$40/\$45		
<b>Damaged Portion:</b>		4) PT: Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>		5) LT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments:</b>		For claiming against INC Only (ver 10 Jan 2009)		
<b>Ref 1:</b>		6) TR: Re-inspection \$75		
<b>Ref 2/3:</b>		7) N1: Idao DA + SMRT Survey \$160		
		8) NTUC Additional Services:		
		ON:		
		*N5: Courtesy Car / Tpt Allowance \$5		
		*N6: Repair Co-ordination \$10		
		*N7: Post Repair Inspection \$25		
		*N8: DV / Collect Excess Coordination \$5		
		TP (N11): TP (Inc-INC) against INC \$20		
		9) N12: Idao 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	17/05/2019 09:59
Date Of Accident	15/05/2019 16:45
Exact Location Of Accident	BUKIT TIMAH RD U TURN TO DUNEARN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD7511X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64473388
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B 29100055 MCY
Cover Note Number	-
<b>Driver</b>	
Name of Driver	TAN BOON KHENG LOUIS MATTHEW
NRIC No	S6809377E
Date Of Birth	04/03/1968
Occupation	INDOOR
Date Of Driving Pass	16/05/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96421117
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 79 INDUS RD #08-429
Postcode	161079
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	WET

#### 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?	
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 ATTACHED STATEMENT.

#### 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	GBB8893C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW CHEE WAI
NRIC/Passport Number	S7587516I
Contact Number	
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.
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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.:



Before

- light rxn
- wet ground

SKETCH PLAN

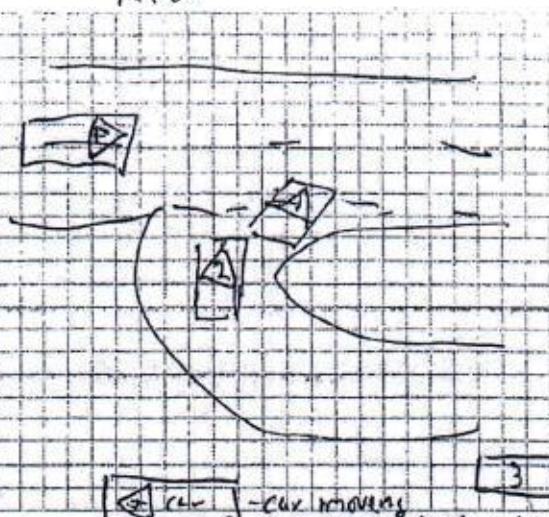
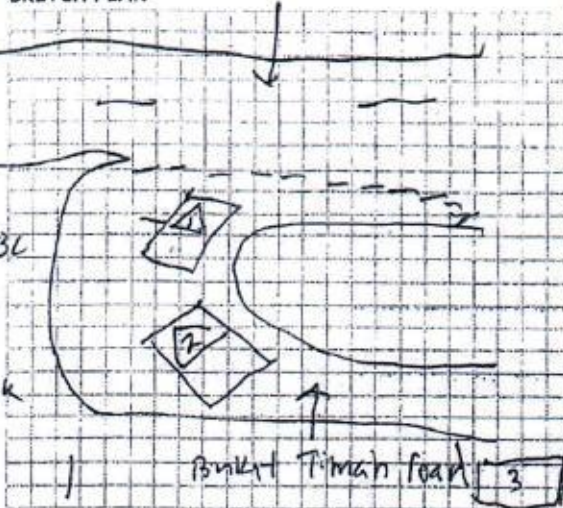
Dunearn Road

After

△  
G8B8893C

△  
MD7871K

3  
in chng  
slor



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After alighting bus guest at Wilby Road, I drove towards Bukit Timah road to make a U turn towards Dunearn road, While waiting at the bend of a U turn road, a delivery van G8B8893C who was in front of me, drove out to the main road towards Dunearn Road. half way turning out he suddenly stop his van when he saw a car moving fast towards him. In this  $\frac{1}{4}$  of a second moment I had hit his van left hand rear signal cover.

# 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:  
NRIC/FIN No.:



### Accident Report Information

Accident Date	15.05.2019	Accident Time	16:45
Location Of Accident	Bukit Timah Road / Duncraig Road		
Vehicle Registration No			

### INSURED/POLICYHOLDER (OWN VEHICLE)

Registered Owner Name	Sime Darby Services pte ltd		
NRIC No/ ROC No	1975 010654		
Mobile Phone No	64773388	Email Address	

### VEHICLE INFORMATION

Manufacturer/ Model	Toyota Vellfire		
Exact Purpose for which vehicle was being used at time of accident	<input type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> HIRER USE	Are you claiming under your own insurance policy for repair to your vehicle?	<input checked="" type="checkbox"/> Own Damage <input type="checkbox"/> Third Party Reporting Only
Vehicle Category	<input type="checkbox"/> PRIVATE USE <input type="checkbox"/> COMMERCIAL USE <input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> TAXI <input type="checkbox"/> BUS <input type="checkbox"/> MOTOR TRADE	<input type="checkbox"/> TANKER <input type="checkbox"/> PRIVATE HIRER <input type="checkbox"/> GOVERNMENT

### INSURANCE COMPANY (OWN VEHICLE)

Insurance Company	MSIA Ins.	Fleet Policy	Yes / No
Policy Number	B 29100055 mcy	Type Of Coverage	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/> Third Party Fire or Theft
Cover Note Number			

### DRIVER IDENTIFICATION

Driver Name	Tan Boon Kheng LOUIS MATTHEW	Driver NRIC	S6809377E
Date Of Birth	04.03.1968	Occupation	Indoor / Outdoor
Driving Date Pass	16.05.1988	Gender	<input checked="" type="checkbox"/> Male / <input type="checkbox"/> Female
Mobile Phone No	96421117	Email Address	
Address	81K79 Indus Road #05-428		Postcode 161079
Relationship	Employee <input type="checkbox"/> Relative <input type="checkbox"/> Children <input type="checkbox"/> Hirer <input type="checkbox"/> Owner <input type="checkbox"/> Friend <input type="checkbox"/> Sibling <input type="checkbox"/> Parent <input type="checkbox"/>		

### GENERAL INFORMATION OF THE ACCIDENT

Type Of Accident	Head to rear		
Weather Condition	Clear / Raining / Others:	Road Surface	Dry / Wet / Others:

✓ - IC front

✓ - chop

✓ - chassis number & mileage.

} pending.

## OTHER INFORMATION

Injured	<input checked="" type="radio"/> No / Yes	Was there any other vehicle or property damaged?	<input checked="" type="radio"/> No / Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="radio"/> No / Yes	Was any foreign vehicle involved in this accident?	No / Yes
Foreign Vehicle Registration Number		Foreign Vehicle Category	
Police Report	No / Yes		
Number of Passengers (Including Driver)	/		
Passenger Details	Male / Female - 1.		
	Male / Female - 2.		
	Male / Female - 3.		
	Male / Female - 4.		
	Male / Female - 5.		
Car Camera ?	No / Yes		

## DETAILS OF OTHER VEHICLE 1

Vehicle Registration No	G66 J893C		
Name of Driver	Low Chee Wei		
Driver's NRIC	S7587516 L	Contact Number	

## DETAILS OF OTHER VEHICLE 2

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

## DETAILS OF OTHER VEHICLE 3

Vehicle Registration No			
Name of Driver			
Driver's NRIC		Contact Number	

## DETAILS OF WITNESS

Name of Witness			
Witness 's NRIC		Contact Number	
Address Line			
Email			



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S6809377E



Name

TAN BOON KHENG LOUIS  
MATTHEW

陳 汶 傑

Race

CHINESE

Date of birth

04-03-1968

Sex

M

Country of birth

SINGAPORE



R6809377E



433606Y



NASC No. **96809377E**



Date of Issue

**10-01-2009**

Address

**APT BLK 79 INDUS ROAD  
#08-429  
SINGAPORE 161079**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **S6809377E**  
Name:

**TAN BOON KHENG LOUIS  
MATTHEW**

Birth Date: 04 Mar 1968  
Issue Date: 01 Aug 2003



000705839F



AM LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	Motorcycles =< 200 CC	20 Jul 1985
Class 2A	Motorcycles between 201 CC and 400 CC	17 Jun 2008
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	16 May 1988
Class 4A	Omnibuses	18 Feb 2005

1 5689377E

S / No. 9000071598





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  
SMD7511X

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