

NATIONAL Assessment Centre Services

Print 1 Jan 2019

MNA119079414

Date In: 18/06/2019 15:14	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19010787/h4	SAS e-filing		
Veh No: SMG 7683 S	E-mail (within 3hrs, AIC 2hrs)		
DOA: 14/06/2019 16:40	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:	Veh No: SJR6574T	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: (INC/Non-INC/TP/DOA/OD)

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Actions

NA1904537	Invoice Ref: NA1904537	Am. (S)	RAAR (S)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	20.00	Add bill
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (yof 19 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Co-ordination \$10		
	*NJ: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (N11): TP (R'n INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	18/06/2019 15:14
Date Of Accident	14/06/2019 16:40
Exact Location Of Accident	JOHOR BARU CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7683S
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98630098
Alternative Phone No	OFFICE-98630098

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	B 29100055 MCY
Cover Note Number	-

Driver

Name of Driver	KAMSANI BIN SUBARI
NRIC No	S1568491G
Date Of Birth	01/11/1962
Occupation	OUTDOOR
Date Of Driving Pass	06/07/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98630098
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 339 TAMPINES STREET 33 #10-228
Postcode	520339
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN 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

REFER TO THE 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	SJP6574T
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

CHEA SIN

S7326230E

90189119

63 PASIR RIS GROVE #01-07

MOTOR ACCIDENT REPORT FORM

Date of Accident: 14.6.19	Time: 1640 HRS	Exact Location of Accident: JOHOR BAHU CHECKPOINT
DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)		
Vehicles Registration Number: SMG 7683 S	Name of Registered Owner: SIME DARBY SERVICES	
NRIC / Passport No. / FIN:	Co. Reg. No. (for Co. Vehicle Only): 19750106SW	
*Own Insured Email Address:	*Mobile Phone No.:	*Alternative Phone No.:
VEHICLE PARTICULARS (OWN VEHICLE)		
Manufacturer: TOYOTA	Model: VELLFIRE 2.5	
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 3rd Party <input type="checkbox"/> For Reporting Only <input checked="" type="checkbox"/>		
Vehicle Category:		
INSURANCE COMPANY (OWN VEHICLE)		
Name of My Insurance Company:		
Type of Coverage: Comprehensive <input type="checkbox"/> Third Party <input type="checkbox"/>		
Fleet Policy (Multiple vehicles coverage): Yes <input type="checkbox"/> No <input type="checkbox"/> Policy / Cover Note Number:		
DRIVER PARTICULARS <input type="checkbox"/> Same as Insured Above		
Name of Driver: KAMSHANI BIN SUBARI	NRIC / Passport No. / EIN: S1568491/4	
Date of Birth: 1.11.1962	Occupation: Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>	
Date of Driving Pass: 6.7.1983	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 98630098	Alternative Phone No.:	
Address as stated in NRIC: B1K 339, TAMPINES 9.33, #10-228 (Post Code: 520339)		
Email Address:		
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 type="checkbox"/> Yes <input checked="" 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 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)	6	
DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)		
Vehicles Registration No.: SJP 6574 T	Vehicle Make / Model / Colour: TOYOTA / RUSH / WHITE	
Details of Property Damaged in Accident (other than 3rd-Party vehicle):		
Name of Driver: CHEA SIN	NRIC/Passport Number: 57326230 E	
Contact Number: 90189119		
Address: 63, PASIR RIS GROVE, #01-07 (Post Code: 518216)		
Insurance Company Name:		
Nature of Damage: Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> Left <input checked="" 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)		

* Mandatory information required by GIARMC Accident Reporting System for accidents occurring from 2 January 2015 onwards.

6 January 2015



MSIG

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.2.400
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
SMG7683S

2. Name of Policyholder
Sime Darby Services Pte Ltd

Effective Date of the Commencement of Insurance for the purposes of the Act

31/12/2018

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

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.

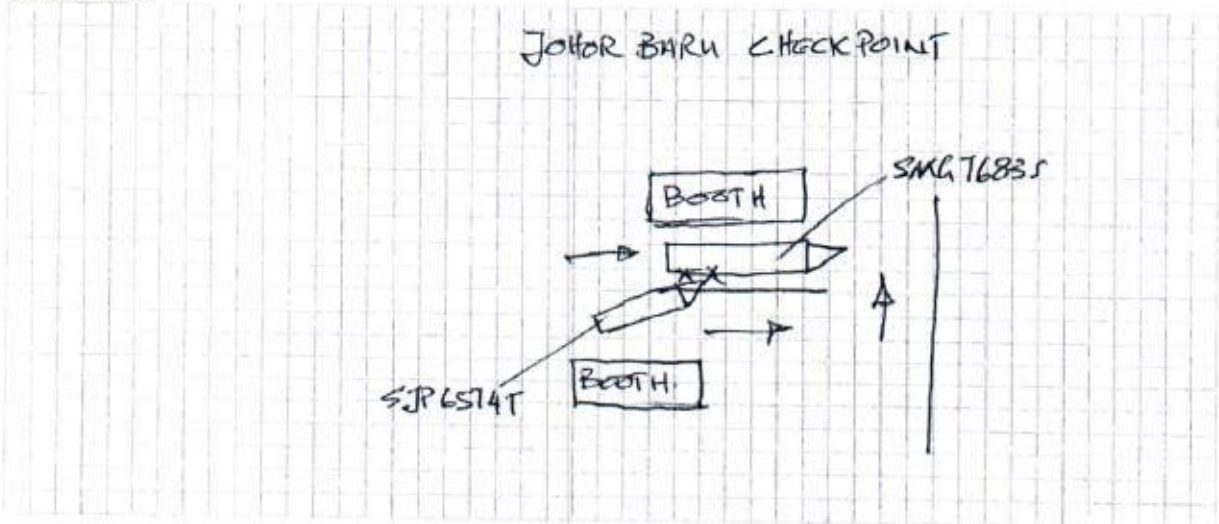


Policyholder's Signature
Date & Time:

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

ON 14.6.19 TIME 1640 HRS ARRIVED AT JORHOR BARU CHECKPOINT, WHILE WAITING PASSPORT TO BE CLEARED, DRIVER OF SJP6574T HIT MY VEHICLE SMG7683S ON RIGHT HAND SIDE REAR CAUSING DAMAGE TO THE REAR SIDE PANEL. DRIVER OF SJP6574T ACKNOWLEDGED THE ACCIDENT AND REQUESTED FOR PRIVATE SETTLEMENT ON THE REPAIR COST.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1568491G



Name
KAMSANI BIN SUBARI

Race
MALAY

Date of birth
01-11-1962

Country/Place of birth
SINGAPORE

Sex
M

S1568491G

REPUBLIC OF SINGAPORE DRIVING LICENCE

Name
KAMSANI BIN SUBARI

Birth Date 01 Nov 1962

Issue Date 15 Jul 2003

000695296H

6038797



NRIC No. S1568491G

Date of issue
06-10-2018

Address
APT BLK 339 TAMPINES STREET 33
#10-228
SINGAPORE 520339

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

CLASS	VEHICLE CLASS	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	17 Jan 1990
Class 2A	Motorcycles between 201 cc and 400 cc	03 Mar 1993
Class 2	Motorcycles exceeding 400 cc	18 Nov 1994
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Jul 1983

Licence No: S1568491G

NP 428A