

# NATIONAL Assessment Centre Services

(part 1 Jan'05)

MA119080557

Date In: 20/06/2019 16:57	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19010949/h4	SAS e-filing		
Veh No: SMK 5807U	E-mail (within 3hrs, AIC 2hrs)		
DOA: 18/06/2019 14:30	I-Motor Claim Form		
(ID) <input checked="" type="radio"/> 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SLN 4372J	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) (01/06/2019 06:16)	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

MA1904577	Invoice Preparation Charge	Am (\$)	TAX (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)		
At 1:	6) TR: Re-inspection \$75		
At 2/3:	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUG Additional Services:-		
	ON:		
	*NS: Courtesy Car / Tpt Allowance \$5		
	*NG: Repair Coordination \$10		
	*N7: Post Repair Inspection \$25		
	*NB: DV / Collect Excess Coordination \$5		
	TP (N11): TP (S'n 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	20/06/2019 16:57
Date Of Accident	18/06/2019 14:30
Exact Location Of Accident	SCOTTS ROAD BY WHEELLOCK PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK5807U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	197501065W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90697586

### Vehicle Particulars

Manufacturer	KIA
Model	STINGER GT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	-
Cover Note Number	13204194

### Driver

Name of Driver	WARNKE AARON ROBERT
NRIC No	G6488109X
Date Of Birth	02/12/1975
Occupation	INDOOR
Date Of Driving Pass	16/06/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90697586
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	11 CORAL ISLAND
Postcode	098567
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	COLLISION - CHANGE/CROSS LANE
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

REFER TO THE STATEMENT ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN4372J
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SEE TONG FOOK WAH
NRIC/Passport Number	S1537423C
Contact Number	96908066
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: 19/6/2019

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

WHITE LICK PLACE

PATERSON ROAD

ORCHARD BLVD

PATERSON ROAD

A=SMK 5807U  
B=CLN 4372J

ORCHARD BLVD

PATERSON ROAD

DRIVER B drove into my lane, striking my car. He made no signal, and drove directly into my car. I used the brakes to slow to avoid him, but he did not look and drove directly into my car. He claimed he stayed in his lane, but the video shows he clearly changed lanes without looking and hit me. There was a car on my right, and I could not move right and change lanes to avoid his poor driving, ~~or without~~ a

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



*CPWT*



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



# MOTOR ACCIDENT REPORT FORM

Date of Accident: 18/6/2019	Time: 1430	Exact Location of Accident: Scotts Road, By where bus stop
<b>DETAILS OF INSURED/POLICYHOLDER (OWN VEHICLE)</b>		
Vehicles Registration Number: SMK 5807U	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.: -
<b>VEHICLE PARTICULARS (OWN VEHICLE)</b>		
Manufacturer: KIA	Model: STINGER GT	
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 checked="" type="checkbox"/> For Reporting Only <input type="checkbox"/>		
Vehicle Category:		
<b>INSURANCE COMPANY (OWN VEHICLE)</b>		
Name of My Insurance Company: MISG		
Type of Coverage: Comprehensive <input 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:		
<b>DRIVER PARTICULARS</b> <input type="checkbox"/> Same as Insured Above		
Name of Driver: Aaron Wanke	NRIC / Passport No. / FIN: 66488109X	
Date of Birth: 2/12/1975	Occupation: Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	
Date of Driving Pass: 16/06/2016	Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
Mobile Phone No.: 9069 7586	Alternative Phone No.:	
Address as stated in NRIC: 11 Coral Island Singapore 098567 (Post Code: )		
Email Address: Aaron@Globalrange.com		
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): SMK 5807U		
Insurance Company of Driver's Own Vehicle (if applicable):		
<b>INFORMATION OF THE ACCIDENT</b>		
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)	1	
<b>DETAILS OF OTHER VEHICLE (Please complete Annex A Form if more vehicles involved)</b>		
Vehicles Registration No.: SLN 4372J	Vehicle Make / Model / Colour: Red Honda VEZEL	
Details of Property Damaged in Accident (other than 3rd-Party vehicle):		
Name of Driver: SEE TONG Fook WAH	NRIC/Passport Number: S1537423C	
Contact Number: 9690 8066		
Address: (Post Code: )		
Insurance Company Name:		
Nature of Damage: Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Left <input type="checkbox"/> Right <input checked="" type="checkbox"/>	No. of Passengers (Including Driver): 1	
Details of Witness - Name:		
Details of Witness - Contact Number:		
Details of Witness - Email Address:		
<b>DETAILS OF INJURED PERSON (Please complete Annex A Form if more person injured)</b>		
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"/>	
<b>Type of Accident (Please tick the appropriate type on flipside of this form)</b>		

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

6 January 2015



# INDIANA

## OPERATOR LICENSE

4d DLN 0320-06-3374

4a Iss 06/16/2016 Exp 12/02/2022

1 **WARNKE**

2 **AARON ROBERT**

8 8401 N TIPPECANOE DR  
WALKERTON, IN 46574

9 Class  
9a End L  
12 Res B

3 DOB 12/02/1975

5 Transaction 06161645200011

15 Sex M

16 Hgt 6'02"

17 Wgt 190 lb

18 Eyes BRO

19 Hair BRN

452



*Aaron Warnke*

DONOR



0370112435216133

Rev. Date 09/21/2009

12/02/1975



ENDORSEMENTS: L-Motorcycle

RESTRICTIONS: B-Corrective Lenses





# EMPLOYMENT PASS

Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer

PANGAEA GLOBAL PTE. LTD.



Name

WARNKE AARON ROBERT

FIN

G6488109X

G6488109X



K0955581



# VISIT PASS

Immigration Regulations

15-11-2018

Name

WARNKE AARON ROBERT

FIN

G6488109X

Date of Birth

02-12-1975

Sex

M

Nationality

AMERICAN

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass  
App to check status



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





**TYPE OF ACCIDENT** (Please tick the appropriate type)

- |  |  |
|--|--|
| <input type="checkbox"/> Collision – Head to Rear (Insured Hit 3 <sup>rd</sup> -Party) | <input type="checkbox"/> Hit and Run                             |
| <input type="checkbox"/> Collision – Head to Rear (3 <sup>rd</sup> -Party Hit Insured) | <input type="checkbox"/> Hit by Tree                             |
| <input type="checkbox"/> Collision – Head on collision (Head-to-Head)                  | <input type="checkbox"/> Hit by Unknown Object                   |
| <input checked="" type="checkbox"/> Collision – Head to Side                           | <input type="checkbox"/> Hit Ins Rear When Turning Right         |
| <input type="checkbox"/> Collision – Side Road to Major Road                           | <input type="checkbox"/> Intoxicating Liquor or Drugs            |
| <input type="checkbox"/> Collision – Traffic Light Junction                            | <input type="checkbox"/> Lost control - Hit Third Party property |
| <input type="checkbox"/> Collision – Turning into Minor Road                           | <input type="checkbox"/> Lost control - Hit Third party vehicle  |
| <input type="checkbox"/> Collision – Turning Out of Minor Road                         | <input type="checkbox"/> Lost control - Overturned               |
| <input type="checkbox"/> Collision – U-Turn  | <input type="checkbox"/> Malicious Damage                        |
| <input type="checkbox"/> Collision – Chain Collision                                   | <input type="checkbox"/> Mechanical Defect                       |
| <input type="checkbox"/> Collision – Change / Cross Lane                               | <input type="checkbox"/> Negotiating Roundabout                  |
| <input type="checkbox"/> Collision – Cross Junction                                    | <input type="checkbox"/> Opening Door of Vehicle                 |
| <input type="checkbox"/> Boarding or Alighting   | <input type="checkbox"/> Overloading or Strain                   |
| <input type="checkbox"/> Collided into animal  | <input type="checkbox"/> Overtaking Third Party from Left/Right  |
| <input type="checkbox"/> Collided into bicyclist                                       | <input type="checkbox"/> Overtaking Turning Vehicle              |
| <input type="checkbox"/> Collided into lamp post                                       | <input type="checkbox"/> Overturned - Hit Third Party Property   |
| <input type="checkbox"/> Collided into motorcyclist                                    | <input type="checkbox"/> Overturned - Hit Third Party Vehicle    |
| <input type="checkbox"/> Collided into motorcyclist with pillion                       | <input type="checkbox"/> Overturned - Slippery Road              |
| <input type="checkbox"/> Collided into parked vehicle                                  | <input type="checkbox"/> Self Ignition - Unknown Cause           |
| <input type="checkbox"/> Collided into pedestrian                                      | <input type="checkbox"/> Side Swipe - Opposite Direction         |
| <input type="checkbox"/> Collided into road divider                                    | <input type="checkbox"/> Side Swipe - Same Direction             |
| <input type="checkbox"/> Collided into side kerb                                       | <input type="checkbox"/> Stolen due to Violence                  |
| <input type="checkbox"/> Collided into stationary objects                              | <input type="checkbox"/> Stolen Whilst Parked                    |
| <input type="checkbox"/> Damaged whilst parked   | <input type="checkbox"/> Stolen Whilst Test Drive                |
| <input type="checkbox"/> Fell asleep while Driving                                     | <input type="checkbox"/> Theft of parts and/or accessories       |
| <input type="checkbox"/> Fell into a Ravine  | <input type="checkbox"/> Tyre bursting                           |
| <input type="checkbox"/> Fire, explosion or lightning                                  | <input type="checkbox"/> Unknown _____                           |





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

## MOTOR INSURANCE COVER NOTE

Cover Note No. 13204194

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

### SCHEDULE

Agent No. : 212668  
Name of Insured : SIME DARBY SERVICES PTE LTD  
Make and Description of Vehicle : KIA STINGER 2.0 GT-LINE  
Vehicle Registration No. :  
Year of Manufacture : 2019  
Engine No. : G4KLKG021151  
Chassis No. : KNAE351AMK6062614  
Capacity : 1,998 Cubic Capacity  
Cover Type : Comprehensive  
Sum Insured (SGD) : Market Value  
Period of Insurance : One year from Date of Registration of the vehicle with LTA  
Excess (SGD) : As Agreed



I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the  
Company's Authorised Representative



Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.  
Authorised Insurers

Katherine Yeo  
Senior Vice President, Brokers

Date of Issue : 27/03/2019

This Cover Note is valid for 30 days from the date of issue.