

# NATIONAL Assessment Centre Services.

[ver 1 Jan 05]

MMA 119084158

Date In: 28/6/19 13:53

Ref No: MA1 MSG 19011484/64

Veh No: SMD 9500P

DDA: 27/6/19 05:00

OT: ☒ Reporting Only

TP Insurer:

Job description

Date & Time Completed

Done by

SAS e-filing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (Within: OD 2hrs, TP 4hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Whse

Preferred Wksp / INC Ass'n Wksp / GW: (

Tel:

Fax:

TP Particulars:

Veh No:

GZ 6383K

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 Comments:

( ) 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) ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time

Action

MA1904803

Client's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref:

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Invoice Description	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30);		30.00
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claim against INC Only (ver 10 Jan 2003)		
6) TR: Re-inspection	\$75	
7) NI: Ideal DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*N5: Courtesy Car / Tpt Allowance	\$3	
*N6: Repair Coordination	\$10	
*N7: Post Repair Inspection	\$25	
*N8: DV / Collect Excess Coordination	\$3	
TP (N11): TP (N11) against INC	\$20	
9) N12: Ideal 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	28/06/2019 13:53
Date Of Accident	27/06/2019 05:00
Exact Location Of Accident	BKE TWDS BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9500P
<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-97596687

### Vehicle Particulars

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?	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	NO
Policy Number	B 29100055 MCY
Cover Note Number	-

### Driver

Name of Driver	TAN HOK POH
NRIC No	S0144899D
Date Of Birth	20/05/1951
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1973
Driving Experience	46 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97596687
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 716 CLEMENTI WEST ST 2 #10-43
Postcode	120716
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 - 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?	
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)	2
Passenger 1	
	NAME: : UNKNOWN
	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 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	GZ6383K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOH FAH ONN
NRIC/Passport Number	
Contact Number	93811898
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

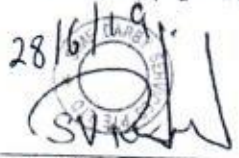
### IMPORTANT NOTICE


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:

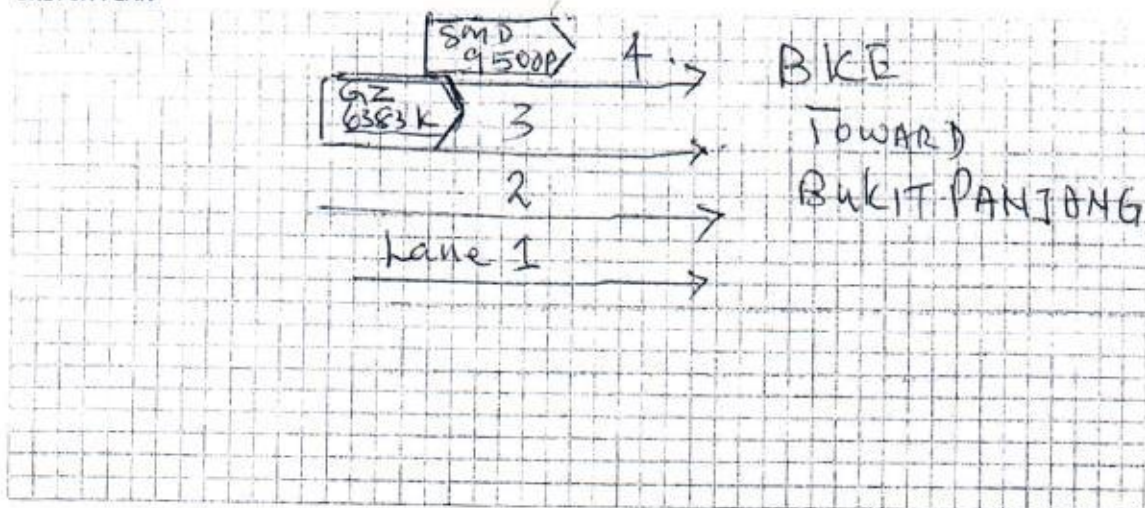
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

28/6/19  
  
Policyholder's Signature  
Date & Time:

 27.6.19.  
0500 hrs.  
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 27.6.19 - While I was doing a transfer from RWS to Bukit Panjung Job order No-927036 Guest name Pen Thiam Siang at 0345 hrs leaving RWS to B. Panjung when I was travelling at BKE Express way on lane 4, suddenly a lorry Pick-up swing from lane 3 and hit my vehicle right ~~back~~ side on the top of back wheel, the driver Mr Loh Fah On he apologize to me that he was sleeping that cause his lorry to swing and hit my vehicle

## DECLARATION

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

28/6/19

Policyholder's Signature  
Date & Time:

27/6/19 0500hrs

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

Signature

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



**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; Color; 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 27.6.19 10:00 am/pm
- 2 Vehicle Registration No. / Model: SMV9500P Toyota Vell
- 3 Date & Time of Accident 27.6.19 - 04:00 hrs am/pm
- 4 Accident Location BKE Toward Bukit Panjun road
- 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 S0144899 Driver's Contact No. 97596189  
E-mail Address: rodueytp@hotmail.com
- 9 Occupation Member ☐ Indoor ☐ Outdoor
- 10 Driver's Dvg Pass Date (S'pore) 5.10.10 (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	G26383K			
Car Model	Toyota Pick up			
Name of Driver	LOH FAH OAN			
IC No				
Contact No	93811898			
- 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) 2

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S0144899D

Name: TAN HOK POH

Birth Date: 20 May 1951

Issue Date: 05 Oct 2010

001090503A

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0144899D

Name: TAN HOK POH

Race: CHINESE

Date of birth: 20-05-1951

Country of birth: SINGAPORE

Sex: M

For LKK/NAC Use Only





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  
SMD9500P
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.

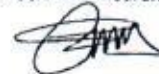
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**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