

NATIONAL Assessment Centre Services. part 1 (2003) : MMA 119093620.

Date In: 17/7/19 15:39	Job description	Date & Time Completed	Done by
Ref No: NA/MSG/1901263/164	SAS e-filing		
Veh No: SLQ 212CB	E-mail (within 2hrs, AIC 2hrs)		
DOA: 14/7/19 16:10	I-Motor Claim Form		
AD - TP? Repaired Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Invoice:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Work		

Professional Whelp / INC Ass'n Whelp / GW: () Tel: () Fax: ()

TP Particulars: Veh No: SJL 6490Y. 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 > \$9000] ()

Injury: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

Signature: ()

Date: ()

Time: ()

Location: ()

Weather: ()

Other: ()

NA 1905342	NA 1905342	NA 1905342	NA 1905342
1) AR: Accident Reporting (\$30)	2) DA: Damage Assessment (\$100)	3) TR: Towing Fee (\$40/\$45)	4) TT: Yellow-Through Survey (\$120)
5) FT: Follow-Through Survey (Resurvey) (\$30)	6) TR: Re-inspection (\$375)	7) NL: Ideal DA-EMRT Survey (\$160)	8) NTUC Additional Services
9) NI: Ideal Mobile	10) NI: Ideal Mobile	11) NI: Ideal Mobile	12) NI: Ideal Mobile
13) NI: Ideal Mobile	14) NI: Ideal Mobile	15) NI: Ideal Mobile	16) NI: Ideal Mobile
17) NI: Ideal Mobile	18) NI: Ideal Mobile	19) NI: Ideal Mobile	20) NI: Ideal Mobile
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93) NI: Ideal Mobile	94) NI: Ideal Mobile	95) NI: Ideal Mobile	96) NI: Ideal Mobile
97) NI: Ideal Mobile	98) NI: Ideal Mobile	99) NI: Ideal Mobile	100) NI: Ideal Mobile

Invoice dated: () Fee Charged: ()

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	17/07/2019 15:39
Date Of Accident	14/07/2019 16:10
Exact Location Of Accident	PIE TWDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2126B
Insured/Policyholder	
Name Of Registered Owner	SIME DARBY SERVICES PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81394543

Vehicle Particulars

Manufacturer	FORD
Model	MONDEO
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29100025 TMC
Cover Note Number	-

Driver

Name of Driver	MARCUS ONG CHENG
NRIC No	S9311424H
Date Of Birth	29/03/1993
Occupation	INDOOR
Date Of Driving Pass	18/10/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81394543
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 51 TELOK BLANGAH DR #10-136
Postcode	100051
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?	
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	SJL6490Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH KIA HWEI
NRIC/Passport Number	S7809837F
Contact Number	97842739
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.

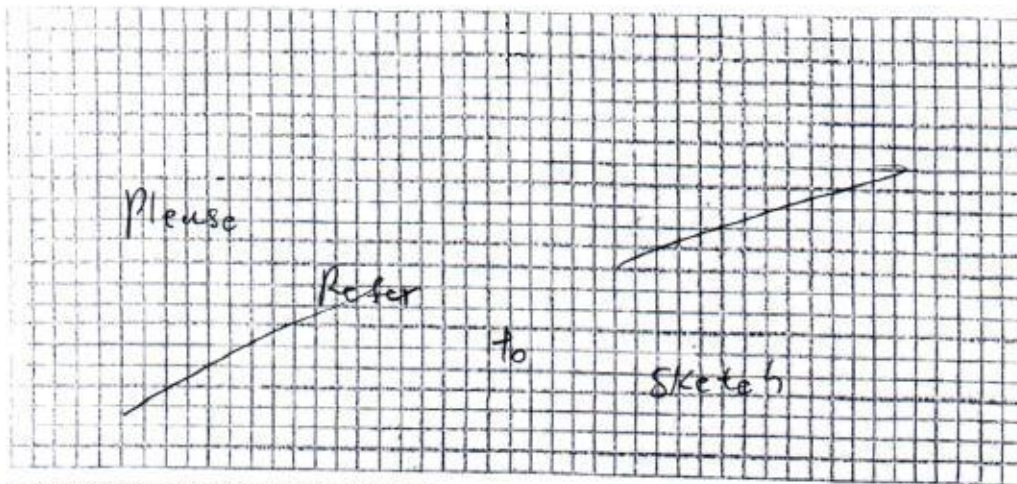


Policyholder's Signature
Date & Time:

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

16/07/19 1050

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering P16 towards ECP from Exit 3A. As I was headed to the airport, I kept right after exiting, driving on Lane 1. As I realised that within a short distance ahead had some on going road works on Lane 1, I started slowing down to filter towards Lane 2. As I was doing that, I had noticed that the car in front of me when I was driving on Lane 1 (Blue Camry) sped up despite the on coming road works and had cut in front of the Vios abruptly. At that moment, I was filtering behind the Vios. Due to the Blue Camry squeezing in front of the Vios, the Vios driver had to jam brake and in that instant, I could not brake in time and ended up colliding into the Vios.

DECLARATION

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

Policyholder's Signature
(Date & Time)

AK/MC Sketch Pen/Four, VA

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

16/07/14 1030

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

Exit 2

Road Works

PIE to
ECP

Camp

Vios

Mondo

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 Authorized 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 Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 14/07/19 Time: 1610
Exact Location of Accident	PIE towards ECP Junction of End 2

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ 21268
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	SIME DARBY SERVICES
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer <u>FORD</u> Model <u>MONDEO</u>
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others _____
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input type="radio"/> Third Party <input checked="" type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	MSIG
Type of Policy	<input type="radio"/> Comprehensive <input checked="" type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	
Motor CI	

DRIVER	<input type="radio"/> Same as Insured above
Name of Driver	Marcus Ong Cheng
Personal Identification - NRIC (Singaporean/PR)	S9311424H
- FIN/Passport Number	
Date of Birth	29 dd/ 03 mm/ 1993 yy
Driving Date Pass	18 dd/ 10 mm/ 2013 yy
Year of Driving Experience	5 Year(s) 9 Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	8139 4543

Address of Driver	S1 Telok Blangah Dr #10-136
Email Address	marcusong.e@gmail.com
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own	<input checked="" type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	SJL 2045 U
Insurance Company of Driver's Own Vehicle (if applicable)	NFUC Income

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Front to rear
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (including Driver)	Marcus Ong Cheng

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of Intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	SJL 6490 X
Vehicle Make/ Model/ Colour	Kayote Vios
Details of Properties	
Name of Driver	Soh Kim Hwei
Personal Identification - NRIC (Singaporean/PR)	S79 099376
- FIN/Passport Number	
Contact Number	9784 2739
Address	
Name of Insurance Company	
Nature of Damage	Dented bumper (rear)
No. of Passenger (including Driver)	1

(Note - Please use page 8 if you need to add more vehicles)



For LKK/NAC Use Only

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

EFFECTIVE DATE

Class 3 Motor Cars - 3000kg with <7 passengers exclusive of the driver; and other motor vehicles - 2500kg 16 Oct 2013

For LKK/NAC Use Only

NT 428A



License No: 56011A24H1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9311424H



Name

MARCUS ONG SENG

王 成

Race
CHINESE

Date of birth
28-03-1963

Sex
M

Country of birth
SINGAPORE

For LKK/NAC Use Only

4201477



For LKK/NAC Use Only



NAC No. 89311424H

Date of issue
08-04-2008

Address
APT BLK 51 TELOK BLANDH DRIVE
#10-128
SINGAPORE 100051



MSIG

2972

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

MOTOR CAR - COMMERCIAL TP Third Party

Certificate No. B 29100025 TMC

1. Index Mark and Registration Number of Vehicle
 SLQ2126B

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.

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