

## NATIONAL Assessment Centre Services

(wef 1 Jan 00)

MUA416128959

Date In: 3/10/2016 18:29	Job description	Date & Time Completed	Done by
Ref No: NIBA/M841602274214	SAS e-filing		
Veh No: SGP 2000J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A : 09/10/2016 13:30	I-Motor Claim Form		
OD : (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: Vch No: SUG 9297H	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 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

Insured's Particulars:	Invoice Preparation Checklist	Amr (\$) Est Bill	Amr (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$43		
	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*N3: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idao Mobile 30		
	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 ability.
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 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	13/10/2016 18:29
Date Of Accident	09/10/2016 13:30
Exact Location Of Accident	GEYLANG RD TURNING RIGHT INTO PAYA LEBAR ROAD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SGR2000J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	G-STEELMET PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98187668
Alternative Phone No	OFFICE-62243377

**Vehicle Particulars**

Manufacturer	AUDI
Model	A6-2.0 TFSI MU (A)
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	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	A 27859135 MCY
Cover Note Number	

**Driver**

Name of Driver	SHARMA SUBHASH CHANDRA
NRIC No	S2580430I
Date Of Birth	22/03/1949
Occupation	INDOOR
Date Of Driving Pass	30/05/1980
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98187668
Fax Number	
Contact Number	OFFICE-62243377
EMail Address	NOEMAIL

Address  
 Postcode  
 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- SAME DIRECTION  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles involved in the accident  
 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) 3

#### 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 SKETCH PLAN AND ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded?

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLE9297H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category  
 Name of Driver KELVIN  
 NRIC/Passport Number  
 Contact Number 85714819  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 1



## 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 willful 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 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.

#### 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

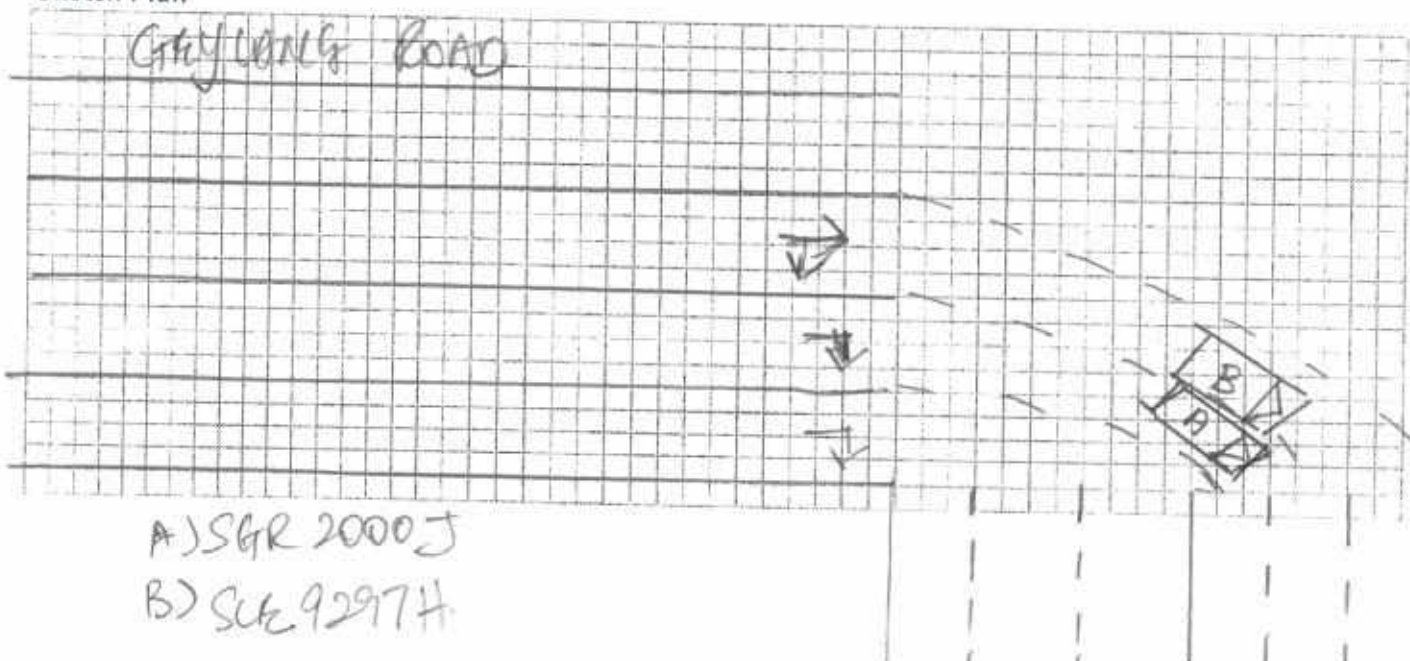
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



Describe Circumstances of the Accident

AS  
PDR  
H M Deetman

Declaration

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

Witnessed by Reporting Centre Personnel

On 9/10/2016, about 1.30 PM

I was driving along Geylang Road, trying to turn in to Paya Lebor Road / SIMS Avenue, on ~~left hand~~ <sup>right hand</sup> side. There was a Honda car (SLE9297H) of the left lane which was also turning in to same side of Paya Lebor Road. Suddenly while turning into Paya Lebor Road- SIMS <sup>PAYA LEBOR</sup> Avenue, right side of Honda car <sup>ROAD</sup> swept on left hand side of my car leaving scratch and dent on left side of my car.





# ACCIDENT STATEMENT

ACCIDENT DATE: 9/10/2016 (DD/MM/YYYY), TIME: 13:30 (HH:MM)

LOCATION: Along GRIFFIN ROAD TURNING RIGHT TO POYA LANSAR RD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SBR 2000 J  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER: A 22859135 MCY  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE WORK  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: G - STEELMET P/L (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6818 7668  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: CHANDRA SUBASH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: SM240430 I CONTACT: 6224 3377  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 22/03/1992 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## B. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: UK 9297 H MODEL: \_\_\_\_\_

b) DRIVER'S NAME: RACVIM

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8571 9819

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(Including driver)  
(3)

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

email = G-STEELMET

fax = 62240944 Q5-

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of a man.

License Number: **S25804301**

Name: **SHARMA SUBHASH CHANDRA**

Birth Date: **22 Mar 1949**

Issue Date: **06 Jun 2003**

Barcode: 000547848D

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

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	30 May 1980
Class 2A	Motorcycles between 201 cc and 400 cc	30 May 1980
Class 2	Motorcycles exceeding 400 cc	30 May 1980
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 May 1980

MP 428.1

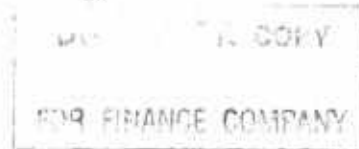
License No: S25804301

Barcode





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



# MOTORMAX PLUS-COMMERCIAL

# RENEWAL CERTIFICATE

Policy Number	Period of Insurance	Place of Issue
A 27859135 MCY	04/03/2016 to 03/03/2017	SINGAPORE
Name and Address of Insured		Date of Issue
G-Steelmet Pte Ltd 3 Shenton Way #08-09 Shenton House Singapore 068805		18/02/2016
		Account Number
		155571
Premium	GST	Total Due
SGD1,259.96	SGD88.20	SGD1,348.16

RISK NUMBER 1

MOTORMAX PLUS-COMMERCIAL

## FINANCIAL INTEREST

DBS Bank Ltd  
as Hire Purchase Owners

SCOPE OF COVER Comprehensive

## INTEREST INSURED

REGISTRATION NO. SGR2000J  
MAKE/MODEL Audi A6 2.0 TFSI MU  
ENGINE NUMBER CDN410308  
CHASSIS NUMBER WAUZZZ4G8EN155749  
YEAR OF MFG 2014  
CAPACITY 1984 C.C.  
SEATING CAPACITY 5 (INCL. DRIVER)  
WINDSCREEN UNLIMITED

SUM INSURED  
INCL. COE/PARF YES  
OFF-PEAK CAR NO  
NO CLAIM DISCOUNT 50.00% (or F/D)  
NCD PROTECTOR COVERED  
EXCESS SGD1,000  
ANNUAL PREMIUM SGD1,259.96

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

## AUTHORISED DRIVERS

Any other person provided he is driving on the Insured's order or with the Insured's permission.

## LIMITATION AS TO USE