

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

MNA118015/14

Date In: 3/1/18-11:28	Job description	Date & Time Completed	Done by
Ref No: NA/M5G18001870/24	SAS e-filing		
Veh No: YP59634	E-mail (within 5hrs, AIC 2hrs)		
D.O.A : 27/1/18-20:30	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:

Veh No: J95286

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

NA1800671

Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Int Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat. 1:

Pat. 2 / 3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 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: Idac DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idac Mobile 30

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 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 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	31/01/2018 11:28
Date Of Accident	27/01/2018 20:30
Exact Location Of Accident	TELOK PAKU RD BESIDE BLK 1A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5963H
Insured/Policyholder	
Name Of Registered Owner	KST AUTO RENTAL PTE LTD
Co Reg No	200806860W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEC (CBU)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	7VCC1700050
Cover Note Number	

Driver

Name of Driver	ANBALAGAN SARATHY
Passport No/FIN	G5330577L
Date Of Birth	24/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94877145
Fax Number	
Contact Number	OFFICE-94877145
Email Address	NOEMAIL

Address	BLK 116 HOUGANG AVENUE 1 #06-1206
Postcode	530116
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JGS2686 (COMMERCIAL VEHICLE)
Number of vehicles involved in the accident	3
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: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180128/2007.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JGS2686
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SCE7575A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

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 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

A: YP 5963H
B: JAS 2686
C: SCE 7578A

TOLK POUH DOL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180128/2007.

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.:



SINGAPORE POLICE FORCE



T/20180128/2007

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 4

Report No. T/20180128/2007

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2018 00:49		Vide Report No.: G/20180127/0246		Station Diary No.: 23
Informant's Particulars				
Name of Informant: ANBALAGAN SARATHY		Address: APT BLK 116 HOUGANG AVENUE 1 #06-1206 SINGAPORE 530116		
ID Type / ID No.: FIN NO / G5330577L		Contact No.: Home/Office: Mobile: 94877145		
Nationality: INDIAN		Email:		
Sex: Male	Age: 27	Date of Birth: 24/03/1990	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/01/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 TELOK PAKU ROAD				
Weather: Just stop raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Chain collision			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JGS2686	Lorry	ISUZU		Yellow	Seriously Damaged	0
SCE7575A	Car	HONDA	VEZEL 1.5X CVT	White	Seriously Damaged	0
YP5963H	Lorry	MITSUBISHI	CANTER FEB71ER4S DEC (CBU)	White	Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20180128/2007

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180128/2007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZRUL HISHAM BIN ZAKARIA	ID No.	A38576745
Related Vehicle	JGS2686 (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	TEO YANG RUI	ID No.	S9426578I
Related Vehicle	SCE7575A (Car)	Contact No.	98266000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ANBALAGAN SARATHY	ID No.	G5330577L
Related Vehicle	YP5963H (Lorry)	Contact No.	94877145
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location. I was driving my vehicle (YP5963H) along Telok Paku Road. Suddenly the front vehicle (SCE7575A) slowed down and stop. I managed to stop my vehicle as well. However the vehicle (JGS2686) behind me collided into the rear of my vehicle. This impact caused my vehicle to move forward and thus my vehicle collided into the first vehicle (SCE7575A). All the parties did not suffer any injuries. I am lodging this police report for insurance claims. There is a CCTV inside my vehicle however the memory card was taken by one of the traffic police officer.



**SINGAPORE
POLICE FORCE**



T/20180128/2007

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180128/2007

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180128/2007

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Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20180128/2007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

G /
Sgt 2 CHOO WEI CHONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

Signature Of Informant:

Date/Time:

28/01/2018 00:49

Classification Of Case:

SIGNATURE

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

Employer
MARKEN TIME CRITICAL EXPRESS LIMITED (SINGAPORE BRANCH)

Sector: **SERVICE**

Name
ANBALAGAN SARATHY

Occupation
DRIVER




S Pass No.
O 35718052

Date of Application
19-07-2017

Date of Issue
25-08-2017

Date of Expiry
25-08-2019

L8252084

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G 5330577L**



Name
ANBALAGAN SARATHY

Birth Date **24 Mar 1990**

Issue Date **28 May 2013**

Valid Till **27 May 2018**

002185570K

VISIT PASS
Immigration Regulations

Name
ANBALAGAN SARATHY

Date of Birth **24-03-1990** Sex **M** Nationality **INDIAN**

FIN **G5330577L** Date of Issue **25-08-2017** Date of Expiry **25-08-2019**

MULTIPLE JOURNEY VISA ISSUED

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





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	28 May 2013
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	28 May 2013
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	06 Aug 2015

S / No. 9000222583

G5330577L

NP 428A



**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

A0633 - 001

3-Apr-20
Comprehensi

Certificate No

: 7VCC1700050

1. Index Mark and Registration Number of Vehicle

: YP5963H

2. Chassis Number of Vehicle

: FEB71EA20337

3. Name of Policyholder

: KST Auto Rental Pte Ltd

4. Effective date of the Commencement of Insurance for the purposes of the Act

: 30 March 2017 00:00 AM

5. Date of Expiry of Insurance

: 29 March 2018

6. Person or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their permission.

Named Lessee: As Per List Provided To MSIG

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensin under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use in connection with the Policyholder's or the specified Lessees' business

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's or the specified Lessees' business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees or for racing pace-making reliability trial or speed testing

(ii) Use whilst drawing a trailer except the towing 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) at Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).



For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorised Person

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company

FORM MZ 400 (Commercial Vehicle)

(For the Issuance of Motor Certificate of Insurance only)