

Date In: 3/2/18-17:18	Job description	Date & Time Completed	Done by
Ref No: NA/MJA 1800166/24	SAS e-filing		
Veh No: 0032777U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 3/2/18-08:40	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: FW9183D	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

NA/180745	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
QC Checked by (Engr-In-Charge):	Q1)*		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments:-	TP (N11): TP (Non INC) against INC \$20		
Ref. 1:	9) N12: Idac Mobile 30		
Ref. 2 / 3:	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	03/02/2018 13:18
Date Of Accident	02/02/2018 08:40
Exact Location Of Accident	ALONG MANDAI RD BEFORE JUNC SLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2777U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KST LEASING & SERVICING
Co Reg No	49392700W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL 3SEATER
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	7VCR1749660
Cover Note Number	

### Driver

Name of Driver	RAMALINGAM ASHOK KUMAR
Passport No/FIN	G7770113W
Date Of Birth	15/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2017
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82670428
Fax Number	
Contact Number	OFFICE-82670428
Email Address	NOEMAIL

Address	BLK 519 WEST COAST ROAD #04-623
Postcode	120519
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	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	AYER RAJAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 43 TEBAN GARDENS ROAD , POSTCODE: 600043 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5659999 - FAX NO: 66655790
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180202/2144.

#### 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	FW9183D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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

SHD3596L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

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.

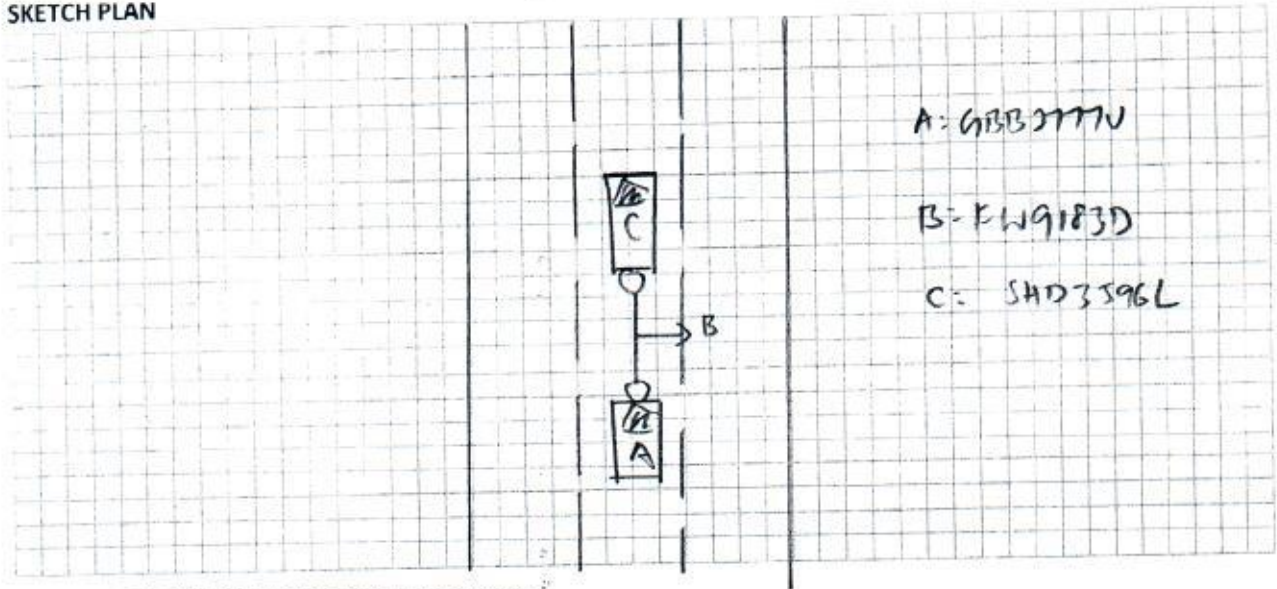


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180362/2144.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GLS/MC Sketch Platform V3

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

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



# SINGAPORE POLICE FORCE



T/20180202/2144

Police Station Of Origin:  
Ayer Rajah NPP  
43 Teban Gardens Road #01-388  
SINGAPORE 600043  
Tel No: 1800-5659999

1 of 4

Report No. T/20180202/2144

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 19:20	Vide Report No.: F/20180202/0105	Station Diary No.: 16
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### Informant's Particulars

Name of Informant: RAMALINGAM ASHOK KUMAR			Address: APT BLK 519 WEST COAST ROAD #04-623 WEST COAST PRIDE SINGAPORE 120519		
ID Type / ID No.: FIN NO / G7770113W			Contact No.: Home/Office: Mobile: 82670428		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 15/07/1979	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: SENIOR SALES & MARKETING EXECUTIVE			Driving Licence Information: Class: 2B,3		Date of Expiry: 05/12/2022

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/02/2018 08:40	Type of Location:
Location: Along Road 1 MANDAI ROAD				
Along Mandai Road towards BKE/KJE @ Mandai Junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW9183D	Motorcycle				Slightly Damaged	0
GBB2777U	Lorry				Slightly Damaged	0
SHD3596L	Car					0



Police Station Of Origin:

2 of 4

Ayer Rajah NPP

Report No. T/20180202/2144

43 Teban Gardens Road #01-388

SINGAPORE 600043

**CONTINUATION OF REPORT**

Tel No: 1800-5659999

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	Vinoth S/O A Gunashekarran	ID No.	S9028486Z
Related Vehicle	FW9183D (Motorcycle)	Contact No.	94891509
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
<b>Driver</b>			
Name	RAMALINGAM ASHOK KUMAR	ID No.	G7770113W
Related Vehicle	GBB2777U (Lorry)	Contact No.	82670428
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: 05/12/2022
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Teo EE Suan	ID No.	S1466387H
Related Vehicle	SHD3596L (Car)	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

**Brief Details.**

On the mentioned date, time and location, I was driving my vehicle bearing registration number: GBB2777U along Mandai Road, lane 2 as I needed to proceed to Clementi. While I was driving my vehicle I noticed one motorbike bearing registration number: FW9183D that was travelling in front of me suddenly jam brake due to that I don't have enough time to engage my brake thus I collided onto the motorbike rear back that cause the rider to fell down.

I immediately get down from my vehicle and make a check on the rider, while I was doing so, one taxi driver come to assist me and informed me that earlier he was driving his taxi bearing registration number: SHD3596L along lane 2, when one vehicle suddenly cut into his lane due to that he jam brake his vehicle,



**SINGAPORE  
POLICE FORCE**



T/20180202/2144

Police Station Of Origin:

Ayer Rajah NPP

43 Teban Gardens Road #01-388

SINGAPORE 600043

Tel No: 1800-5659999

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Report No. T/20180202/2144

**CONTINUATION OF REPORT**

which cause this traffic accidental. After which, we exchange our particular with each other. Traffic police and ambulance was at scene too. The rider was then conveyed to the hospital. The Traffic Police then informed me that he will be taking my in-cam SD Card as they need to investigate this matter.

I wish to state that this is the first time such incident happened and my vehicle got install in-build camera.



**SINGAPORE  
POLICE FORCE**



T/20180202/2144

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43 Teban Gardens Road #01-388  
SINGAPORE 600043  
Tel No: 1800-5659999

4 of 4

Report No. T/20180202/2144

**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:

D /

Sgt 1 TAN CONG CHEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/02/2018 19:20

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

**Authentication Stamp**



**S PASS**Employment of Foreign Manpower Act (Chapter 91A)  
Republic of SingaporeEmployer  
**UNITED LAUNDRY PTE. LTD.**Sector: **SERVICE**Name  
**RAMALINGAM ASHOK KUMAR**  
Occupation  
**SENIOR SALES & MARKETING EXECUTIVE**S Pass No.  
**0 33370245**Date of Application  
**14-01-2016**Date of Issue  
**26-02-2016**Date of Expiry  
**15-04-2018****L6524801****REPUBLIC OF SINGAPORE DRIVING LICENCE**Licence Number **G7770113W**

Name

**RAMALINGAM ASHOK KUMAR**Birth Date: **15 Jul 1979**Issue Date: **22 Nov 2017**Valid Till **05/12/2022****VISIT PASS**  
Immigration RegulationsName  
**RAMALINGAM ASHOK KUMAR**

Date of Birth	Sex	Nationality
<b>15-07-1979</b>	<b>M</b>	<b>INDIAN</b>
FIN	Date of Issue	Date of Expiry
<b>G7770113W</b>	<b>26-02-2016</b>	<b>15-04-2018</b>

**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 CLASS(ES)**

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 CC	2
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	7
		06 Dec 2012
		16 Dec 2017

**G7770113W****S / No. 9000304309**

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

12-Oct-2017  
Third Party

Certificate No

: 7VCR1749660

1. Index Mark and Registration Number of Vehicle

: GBB2777U

2. Chassis Number of Vehicle

: JTFAT35Y40K200189

3. Name of Policyholder

: KST Leasing &amp; Servicing

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

: 11 NOV 2017 00:00 AM

5. Date of Expiry of Insurance

: 10 NOV 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 licensing 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) and 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)