

**NATIONAL Assessment Centre Services** (ver 1.2/1/00) **MA918049321**

Date In: <b>13 Oct 2018</b> <b>16:37</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NBA1MSG180061051Y</b>	SAS e-illing		
Veh No: <b>SPK 5918 T</b>	E-mail (within 3hrs, AIC 3hrs)		
D.O.A: <b>10 Oct 2018</b> <b>18:15</b>	I-Motor Claim Form		
OD / TP <u>Reporting Only</u>	I-Motor Y/O (within OD 3hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Yell No: **SLL 74947** 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 Rem:**

( ) 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: ( )

**Removals:** URG Hotline: 6788 60161 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	Action

**MA1802391**

Human's Particulars	Invoice Preparation/Checklist	Amount	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$30)	
Damaged Portion:	3) TP: Towing Fee	\$10/\$15	
	4) FT: Follow-Through Survey	\$130	
	5) PT: Follow-Through Survey (Resurvey)	\$30	
	Per claimant against INC Only (ver 10 Jan 2003)		
	6) TR: Re-inspection	\$75	
	7) NI: Ideal DA + SMRT Survey	\$160	
	8) NTUC Additional Services		
	9) NI: Ideal DA		
C. Checked by (Bngr-In-Charge):	*N1: Courtesy Car / Tpl Allowance	\$5	
	*N6: Repair Coordination	\$10	
	*N7: Post Repair Inspection	\$15	
	*N8: DV / Collect Wksp Coordination	\$5	
	TP (NI) / TP (Non INC) against INC	\$20	
	9) NI: Ideal DA	\$10	
	Invoice dated	Fee Charged	
	Invoice Paid	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	13/04/2018 16:37
Date Of Accident	10/04/2018 18:15
Exact Location Of Accident	ALONG PHILIP ST PARKING LOT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5918T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UTTAM PRITAMDAS KRIPALANI
NRIC No	S2199532J
Email Address	KRIPALANI@GALAXYCONSULTANTS.COM
Mobile Phone No	(LOCAL) +65-96150704
Alternative Phone No	OFFICE-96150704

#### Vehicle Particulars

Manufacturer	JAGUAR
Model	XF
Exact Purpose for which vehicle was being used at time of accident	WENT FOR MEETING
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B27628757QMY
Cover Note Number	

#### Driver

Name of Driver	SEETOH KAR LOK JASON
NRIC No	S7600762D
Date Of Birth	04/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86889939
Fax Number	
Contact Number	
Email Address	KRIPALANI@GALAXYCONSULTANTS.COM

Address BLK 587 #12-54 WOODLANDS DR 16 S(730587)  
 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 COLLISION - HEAD TO REAR  
 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. YES  
 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 SKETCH PLAN

#### 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 SLL7499T  
 Vehicle Make/Model/Colour SUBARU  
 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)

## 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:

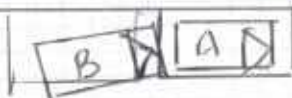
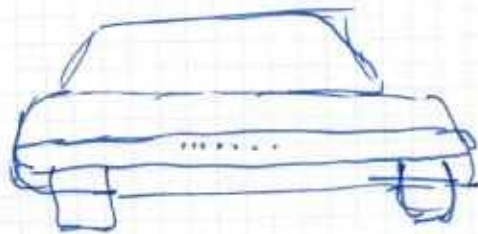
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

Back view



A) SJK 5918 T

B) SLL 7499 T

ALONG PHILIP STREET PARKING LOT

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/4/2018 @ about 1818hrs, my car was parked in one of the parking lot along Philip St outside Royal Group Building. There is this white Subaru Forester with vehicle no plate SLL 7499 T hit the back of my car SJK 5918 T bumper when he was making a parallel parking behind my car, and had caused some minor scratch on the ~~my~~ back of my bumper. ~~Thanks~~ I was in the car when the accident happened. Thanks.

## 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: Resti W. H. B.  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 10/04/2018 (DD/MM/YYYY), TIME: 18:18 (HH:MM)  
 LOCATION: ALONG PHILIP ST PARKING LOT

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: SJK 5918 T  
 b) INSURANCE COMPANY: MSIA INSURANCE (S) P/L  
 c) POLICY NUMBER: B 276 28757 QMY  
 d) POLICY TYPE: COMPREHENSIVE ~~THIRD PARTY / THIRD PARTY FIRE & THEFT~~  
 e) MAKE & MODEL: JAGUAR XF  
 f) TYPE: SALOON ~~COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS~~  
 g) VEHICLE CATEGORY: PRIVATE ~~COMMERCIAL / MOTORCYCLE~~  
 h) PURPOSE OF USING AT ACCIDENT TIME: WENT FOR MEETING  
 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: UTTAM PRITAM DAS KRIPALANI (MALE) ~~FEMALE~~  
 B) NRIC/FIN/PASSPORT: S2199532 J CONTACT: 9615 0704  
 C) ADDRESS: 237 ARCADIA ROAD #04-06  
S (289844)

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

\* No of passengers  
 (including driver)  
(01)

DRIVER  
 a) NAME: SEETON KAR LOK JASON (MALE) ~~FEMALE~~  
 b) NRIC/FIN/PASSPORT: S7600762 D CONTACT: 8688 9939  
 c) ADDRESS: BLK 587 #12-54 WOODLANDS DR 16  
S (730589)

\* d) DATE OF BIRTH: 04/01/1976 (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS 21/1/1999

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:

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SL 7499 T MODEL: SUBARU

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

\* No of passengers  
 (including driver)  
( )

\* No of passengers  
 (including driver)  
( )

Email = KRIPALANI@GALAXYCONSULTANTS.COM

fax = 62247890

VIDEO:



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7600762D



Name

SEETOH KAR LOK, JASON

司徒家乐

Race

CHINESE

Date of birth

04-01-1976

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7600762D

Name

SEETOH KAR LOK, JASON

Valid From 04 Jan 1976

Valid Until 20 Aug 2011



NRIC No. S7600762D



Date of issue

27-01-2006

APT BLK 587 WOODLANDS DRIVE 18 #12-54  
SINGAPORE 730587

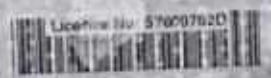
NRIC No. S7600762D

Date: 13/03/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

ISSUE DATE

Class 2B	Motorcycles not exceeding 200 cc	10 Aug 1995
Class 1A	Motorcycles between 201 cc and 400 cc	16 Dec 1996
Class 2	Motorcycles exceeding 400 cc	17 Mar 1998
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jan 1999



NP 428A

**MSIG**

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.X.1  
 Individual Ownership

MOTOR MAX PLUS  
 Comprehensive

Certificate No. B 27626737 QMY

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
 SJK5918T

2. Name of Policyholder  
 Uttam Pritamdas Kripalani

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 24/12/2017

4. Date of Expiry of Insurance  
 23/12/2018

5. Persons or Classes of Persons entitled to drive\*

Uttam Pritamdas Kripalani

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 only for social domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

\* 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