

NATIONAL Assessment Centre Services (wef 1 Jan 03) **MMA 118058235**

Date In: 4/5/18 13:35	Job description	Date & Time Completed	Done by
Ref No: MMA FCI 180081831/4	SAS e-filing		
Veh No: SGG1275Y	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 315/18 14:20	i-Motor Claim Form		
OD: TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Veh No: **SHC 8123 R** 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%, F: 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:-	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

2at. 1.

2at. 2 / 3.

Invoice Preparation Checklist		Amt (\$)	Amt (\$)
		1st Bill	Add Bill
1) AR: Accident Reporting (\$30);	INC (\$80)	32.00	
2) DA: Damage Assessment (\$100);			
3) TF: Towing Fee	\$40/\$45		
4) FT: Follow-Through Survey	\$120		
5) i-T: Follow-Through Survey (Resurvey)	\$30		
For claiming against INC Only (wef 10 Jan 2003)			
6) TR: Re-inspection	\$75		
7) N1: Idao DA + SMRT Survey	\$160		
8) NTUC Additional Services:-			
Q1:			
*N5: Courtesy Car / Tpl Allowance	\$5		
*N6: Repair Co-ordination	\$10		
*N7: Post Repair Inspection	\$25		
*N8: DV / Collect Excess Coordination	\$3		
TP (N11): TP (N/a INC) against INC	\$20		
9) N12: Idao Mobile	30		
Invoice date: 1	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	04/05/2018 13:35
Date Of Accident	03/05/2018 14:20
Exact Location Of Accident	PIE TWDS CHANGI AFTER STEVEN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG1275Y
Insured/Policyholder	
Name Of Registered Owner	SIANG HOCK CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67492002

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D-18090245MFZH/7
Cover Note Number	-

Driver

Name of Driver	THIRUNTHAIYAN VENGAINA THAN
Passport No/FIN	F7987361Q
Date Of Birth	28/12/1965
Occupation	INDOOR
Date Of Driving Pass	01/06/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83166288
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 184 YUNG SHENG RD #02-75
Postcode 610184
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 -
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
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 SHC8123R
Vehicle Make/Model/Colour
Details Of Properties TAXI
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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 = SGG 1275 Y

B = SHC 8123 R

C = Unknown

PIE twds Changi After Steven Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While travelling along PIE twds changi after Steven Exit, Taxi in front of me suddenly jammed brake.

I manage my brake but cannot stop in time.

Hit onto the taxi rear portion. After the Incident,

I Realized that was total 3 cars chain collision.

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.:

ACCIDENT STATEMENT

ACCIDENT DATE: (3 / 5 / 18) (DD/MM/YYYY), TIME: (14 : 20) (HH:MM)

LOCATION: PIC turns change After Steven Exit

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SG 81278 Y
 b) INSURANCE COMPANY: _____
 c) POLICY NUMBER: _____
 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 Use
 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: Sing Hock (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 67492002
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Thirunthaiyan Vengainathan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 83166288
 c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 1 / 06 / 1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

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: SHC 8123 B MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: Taxi Unknown MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* No of passenger
 (including driver)
(1)

* No of passenger
 (including driver)
()

* No of passenger
 (including driver)
()


Email =

fax =

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

Employer
DHANU SHRI RESTAURANT & CATERING PTE. LTD.

Sector: **SERVICE**



 **Name**
THIRUNTHAIYAN VENGAINATHAN
Occupation
PASTRY & CONFECTIONERY MAKER


S Pass No.
0 31427037

Date of Application
12-01-2017

Date of Issue
03-02-2017

Date of Expiry
08-03-2019

 **18530695**

VISIT PASS
Immigration Regulations

Name
THIRUNTHAIYAN VENGAINATHAN



Date of Birth	Sex	Nationality
28-12-1965	M	INDIAN
FIN	Date of Issue	Date of Expiry
F7987361Q	03-02-2017	08-03-2019

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.**





**SINGAPORE
POLICE FORCE**



J/20171106/2069

1 of 3

POLICE REPORT (NP322)

Report No. J/20171106/2069

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 06/11/2017 12:46	Vide Report No.	Station Diary No. 129
Name Of Informant THIRUNTHAIYAN VENGAINATHAN	Address APT BLK 184 YUNG SHENG ROAD #02-75 CORPORATION SPRING SINGAPORE 610184	
ID Type / ID No. FIN NO / F7987361Q	Contact No. Home/Office	Mobile 83166288
Nationality INDIAN	Email Address	
Occupation PASTRY & CONFECTIONERY MAKER	Sex Male	Age 51
Institution/School Name	Date of Birth 28/12/1965	Race Indian
Date/Time Of Incident 02/11/2017 08:00 - 02/11/2017 09:00	Location Of Incident 399 YUNG SHENG ROAD TAMAN JURONG SHOPPING CENTRE SINGAPORE 610399	

Brief details.

On the above mentioned date, time and location, I discovered that the below mentioned items is missing.

Property Information

Signature Of Officer Recording The Report:

J / Sgt 2 TAN GUAN POH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp WEN JIANQUAN, NICHOLAS
Contact No.: 67910000

Authentication Stamp

Signature Of Informant:

Date/Time:
06/11/2017 12:46

Classification Of Case:

FUPO hotline number: 68429645



Signature:

Singapore Police Force

SN 140



SINGAPORE
POLICE FORCE



J/20171106/2069

2 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. J/20171106/2069

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Permit / Pass	Lost	S Pass		F798736 1Q	1		ONE S PASS BELONGING TO THIRUNTHAIY AN VENGAINATH AN
2	Credit Card / Debit Card/ ATM Card	Lost	OCBC LTD			1		ONE OCBC ATM CARD
3	Credit Card / Debit Card/ ATM Card	Lost	POSB			1		ONE POSB ATM CARD
4	Licence	Lost	Qualified Driving Licence			1		ONE DRIVING LICENSE
5	Licence	Lost	Provision al Driving Licence			1		ONE PROVISIONAL DRIVING LICENSE

Signature Of Officer Recording The Report:

J / Sgt 2 TAN GUAN POH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp WEN JIANQUAN, NICHOLAS
Contact No.: 67910000

Signature Of Informant:

Date/Time:
06/11/2017 12:46

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



Signature:

Singapore Police Force

SN 120



SINGAPORE
POLICE FORCE



J/20171106/2069

3 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. J/20171106/2069

6	Cash	Lost				1	Singapore Dollars 100.00	CASH AMOUNTING TO SGD\$100/-
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Signature Of Officer Recording The Report:

J / Sgt 2 TAN GUAN POH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Insp WEN JIANQUAN, NICHOLAS
Contact No.: 67910000

Signature Of Informant:

Date/Time:
06/11/2017 12:46

Classification Of Case:

Authentication Stamp

FUPO hotline number: 68429645



SN 120

Signature:

Singapore Police Force

CERTIFICATE OF INSURANCE

ORIGINAL

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)

Type of Policy: : HIRED CARS - HIRER DRIVING - FLEET
 Type of Cover: : Third Party
 Certificate No.: : D-18090245MFZH/7
 Vehicle No / Chassis No.: : SGG1275Y / MR053ZEC107118389
 Name of Insured: : SIANG HOCK CAR RENTAL PTE LTD
 Period Of Insurance: : 01.04.2018 To 31.03.2019
 Insured Estimated Value: : 0.00

EXCESS : AS INDICATED BELOW

Authorised Driver*
 ANY AUTHORISED DRIVERS

Persons or classes of persons entitled to drive*
 Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on All Claims (for Long Term Lease - 1 year or more)
 S\$2,500.00 on All Claims (for Short Term Lease - less than 1 year)
 S\$1,000.00 on All Claims (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on All Claims (for Long Term Lease - 1 year or more)
 S\$4,500.00 on All Claims (for Short Term Lease - less than 1 year)
 S\$2,000.00 on All Claims (for Staff)

* 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.

Limitations as to use*
 Use only for the carriage of passengers or goods in connection with the Insured's business.
 Use for social, domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired.

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.
 (3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

* 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 and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

MS First Capital Insurance Limited
 (Approved Insurers)

SUSAN/A0151/MZ406U

Issued at Singapore on 31.03.2018

Authorised Signature