

**NATIONAL Assessment Centre Services**

Date In: <b>14/05/18</b>	Job description	Date & Time Completed:	Done by:
Ref No: <b>NA/MCG/18008754/13</b>	SAS e-filing		
Veh No: <b>GB64991C</b>	E-mail (w/In: 8hrs, APC 2hrs)		
D.O.A: <b>11/05/18</b> <b>1415</b>	i-Motor Claim Form		
OD: <b>IP</b> 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: ( **NEW FLOCK TUCK** Tel:      Fax: )

TP Particulars:      Veh No: **YM6721Z**      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:- (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

NA1803040	Invoice Preparation Checklist	Ant (\$)	Ant (\$)
		1st Bill	Add Bill
<b>Claimant's Particulars :-</b>	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		
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 1:	6) TR: Re-inspection \$75		
Cat. 2 / 3:	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OH*		
	*N5: 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: Idac 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 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	14/05/2018 11:21
Date Of Accident	11/05/2018 14:15
Exact Location Of Accident	BKE TWDS WOODLANDS B4 MANDAI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4991C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACP BUILDING SERVICES PTE LTD
Co Reg No	199507073W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67695190

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29060614 MKC
Cover Note Number	

### Driver

Name of Driver	RAJENDIRAN SURESH
Passport No/FIN	G2761735U
Date Of Birth	06/06/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84595757
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 63 HILLVIEW AVE  
 #07-03 LAM SOON INDUSTRIAL BUILDING  
 Postcode 669569  
 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 - CHANGE/CROSS LANE  
 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? NO  
 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: : NALLU JAYABALU  
 GENDER: : MALE

**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**

PLS REFER TO THE 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 YM6721Z  
 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)

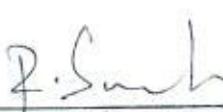
## SKETCH PLAN

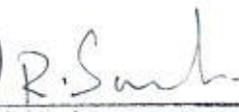
### IMPORTANT NOTICE

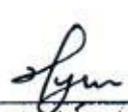
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

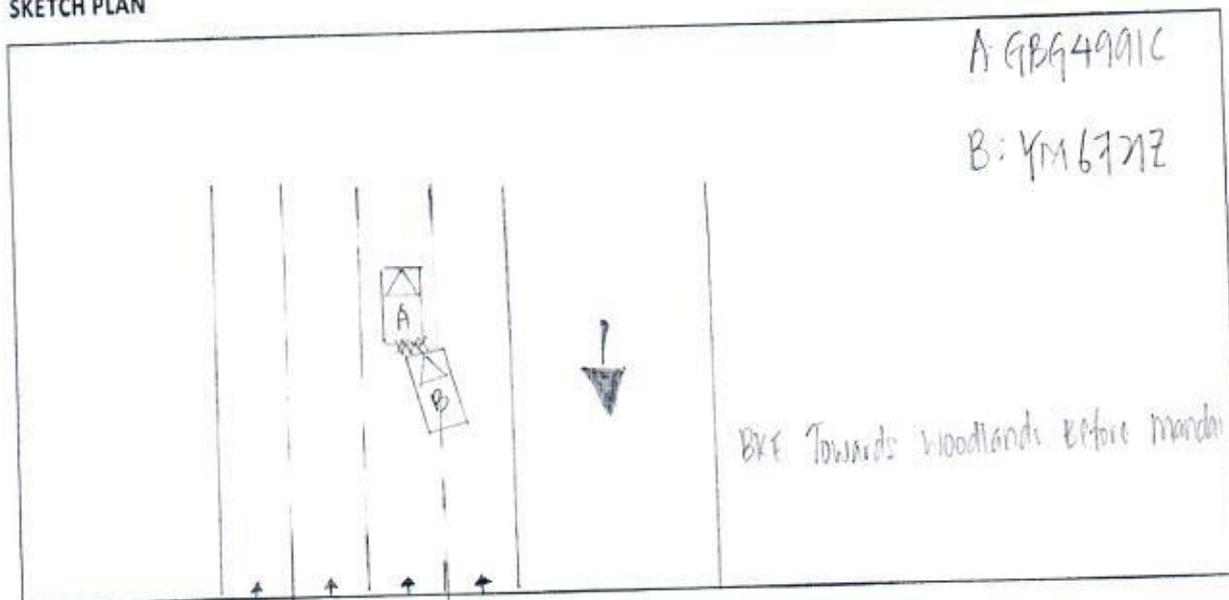
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

 14/05/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

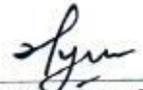
I was driving straight along BKE Towards Woodlands before Mandai at 2nd lane of 4 lanes.  
Heavy traffic, veh in front slowed down, I followed suite.  
Suddenly, I felt an impact. veh "B" collided onto rear portion of my vehicle and caused damaged.  
I wish lodge the report for claim against veh "B".

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:

 14/05/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

<b>VEHICLE NO:</b>	G864991C		<b>MAKE &amp; MODEL:</b>	Toyota Dyna	
DATE OF ACCIDENT	11 / 05 / 18				
TIME OF ACCIDENT	1415			AM/PM	
LOCATION OF ACCIDENT	BKE Towards woodlands before mandai				
EXACT PURPOSE USE DURING ACCIDENT					
<b>NAME OF OWNER</b>	ACP Building Services Pte Ltd				
TEL NO	6769.5190 / Pan KM 67565548				
NRIC	199507073W				
CLAIM TYPE	OD	/	THIRD PARTY	/	REPORTING ONLY
INSURANCE CO	MSIA				
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft				
POLICY NO.	A2906064 MKC				
<b>NAME OF DRIVER</b>	As Above		/ If No: Rajendiran Suresh		
NRIC	G2761735U		Any Passengers: 01		
DATE OF BIRTH	06 / 06 / 1994		Nallu Jayabalu (M)		
OCCUPATION	Outdoor		/ Indoor		
DATE OF DRIVING PASS	19 / 01 / 2017				
GENDER	Male		/ Female		
CONTACT NO.	8259-5957		Office:		Home:
ADDRESS	63 Hillview Avenue #07-03 Lam Soon Industrial Building Singapore 669569				
DRIVER HAVE ANY OWN VEHICLE	NO / If yes: Reg No:				
RELATIONSHIP	Employee? / If No:				
WEATHER CONDITION	Clear / Raining / Other:				
ROAD SURFACE	Dry / Wet / Other:				
ANY INJURIEES	No / If yes: Who?				
CONTACT NO.					
POLICE REPORT	No / if yes: Where?				
VEHICLE B NO.	YM677E		Any Passenger: NIL		
NAME					
CONTACT NO.					
VEHICLE C NO.	Any Passenger:				
VEHICLE D NO.	Any Passenger:				
VEHICLE E NO.	Any Passenger:				
VEHICLE F NO.	Any Passenger:				
ANY WITNESS					
WITNESS CONTACT NO.					
OWNER/DRIVER EMAIL					
<b>PARTICULAR WORKSHOP</b>	<b>NEW HOCK TECK MOTOR WORKSHOP</b>				
	1 Kaki Bukit Ave 5, Blk C #01-43				
	Autobay@Kaki Bukit Singapore 417883				
TEL NO	TEL: 6747 9241				
CONTACT PERSON	Reena / Sukyi				
FAX NO.	FAX: 6741 7276				
EMAIL	reena@nhtmotor.com				
	admin@nhtmotor.com				

REPUBLIC OF SRI LANKA DRIVING LICENCE



Licence Number: **G 2 7 6 1 7 3 5 U**

Name:

**RAJENDIRAN SURESH**

Birth Date: **06 Jun 1994**

Issue Date: **11 Jul 2016**

Valid Till **10/07/2021**



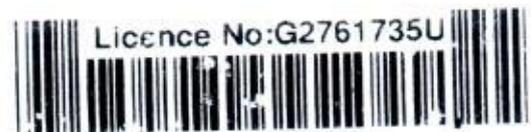
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

( Class 2B	Motorcycles =< 200 CC	11 Jul 2016
( Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	19 Jan 2017

S / No. 9000255914

G2761735U



NP 428A



**WORK PERMIT**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employer  
**ACP BUILDING SERVICES PTE LTD**



Name  
**RAJENDIRAN SURESH**

Work Permit No.      Sector:  
**0 37045411            CONSTRUCTION**



**K0063024**

**VISIT PASS**  
 Immigration Regulations

05-12-2017

Name  
**RAJENDIRAN SURESH**

FIN  
**G2761735U**

Date of Birth      Sex  
**06-06-1994      M**

Nationality  
**INDIAN**

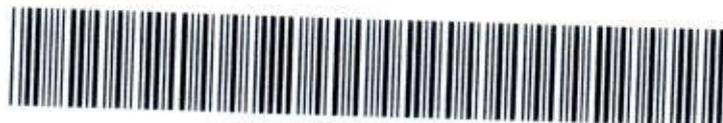
**MULTIPLE JOURNEY VISA ISSUED**



Download SGWorkPass  
 App to check status



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





**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.S.300  
Goods Carrying Vehicle - Sch I

**COMMERCIAL VEHICLE**  
**Comprehensive**

Certificate No. A 29050614 MKC

**Excess : SGD600**

**1. Index Mark and Registration Number of Vehicle**

GBG4991C

**2. Name of Policyholder**

ACP Building Services Pte Ltd

**3. Effective Date of the Commencement of Insurance for the purposes of the Act**

11/12/2017

**4. Date of Expiry of Insurance**

10/12/2018

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

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 in connection with the Policyholder's business.

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

Use for social domestic and pleasure purposes.

The Policy does not cover

(1) Use for hire or reward or for racing pace-making reliability trial or speed-testing.

(2) 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.

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.

**HUI HUA ENTERPRISE**

Reg. No. 53139918D

#01-1 Eukit Batok Crescent

#02-23 WCEGA Plaza

Singapore 658064

24596611 Fax: 64698358

**MSIG Insurance (Singapore) Pte. Ltd.**

Approved Insurers

for Chief Executive Officer