

NATIONAL Assessment Centre Services

Date In: 25/05/2018 18:24

Ref No: NBA/MG/18009518/Y

Veh No: SDX 3236D

DOB: 12/04/2018 15:35

OD: TPI Reporting Only

TP Insure:

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (within 24hrs, A/C 24hrs)

1-Motor Claim Form

1-Motor V/O (within 10 days, V/O 14 days)

1-Photo Uploaded

Assessment/Survey Report

Ass't Report by FAX/Hand to Owner/VKSP

Preferred Wksp / INC Assign Wksp / OWI

Tel:

Fax:

TP Particulars: Yell No: SFW 2111 H

INC () / Non-INC ()

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability: () % (Note: Bil. Status (WO): NI 0-20%; PI 21-79%; PI 80-100%)

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Work-in-Garage: Customers Information strictly Confidential & strictly NO release of repair.

() Total Loss Case: To e-mail Insurer URGENTLY.

Drive-In () / Towed-In () / Invoice: YES () / NO () / Towing Co: ()

Remarks: (INC Hotline: 6788 80016)

ONLY TIME ON ROAD

Done by

1) Apply for Transition Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury:

Date Time:

Action:

NAB03314

Driver/Owner:

Vehicle No:

Assigned Portion:

C. Checked by (Engin-In-Charge)

Comments:

Invoice Preparation Checklist

1) AR (Accident Reporting) (330)

2) DA (Damage Assessment) (3100) INC (H)

3) TP (Towing Fee)

4) PT (Follow Through Survey)

5) PT (Follow Through Survey (Recovery))

6) TR (Towing Allowance) INC Only (Wet 10)

7) TR (Towing Allowance)

8) NI (No DA + SMRT Survey)

9) NTUC (Additional Survey)

10) Q11

11) NI (Courtesy Car / Tel Allowance)

12) NI (Repair Coordination)

13) NI (Post Repair Inspection)

14) NI (DY / Collision / Coordination)

15) NI (NI) / TP (Run INC) / Contact INC

16) NI (NI) / NI (NI)

Invoice dated

File Closed

File Closed

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	25/05/2018 18:24
Date Of Accident	12/04/2018 15:55
Exact Location Of Accident	CAPITAL GREEN BASEMENT CARPARK 138 MARKET STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV3236D
Insured/Policyholder	
Name Of Registered Owner	SHARAT SINHA
NRIC No	S6983912F
Email Address	SHARATSINHA2000@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98230359
Alternative Phone No	OTHERS-98230359

Vehicle Particulars

Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	VISITING TWITTER OFFICE
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	
Cover Note Number	10117633

Driver

Name of Driver	SHARAT SINHA
NRIC No	S6983912F
Date Of Birth	17/11/1969
Occupation	INDOOR
Date Of Driving Pass	21/08/2002
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98230359
Fax Number	
Contact Number	OTHERS-98230359
Email Address	SHARATSINHA2000@YAHOO.COM

Address	216 DEPOT ROAD #22-70
Postcode	109720
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO 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	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180515/7018

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	SFW2111H
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	

SKETCH PLAN

IMPORTANT NOTICE

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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: 15:20 hours
25/5/2018

Driver's Signature

(If driver is not the policyholder)

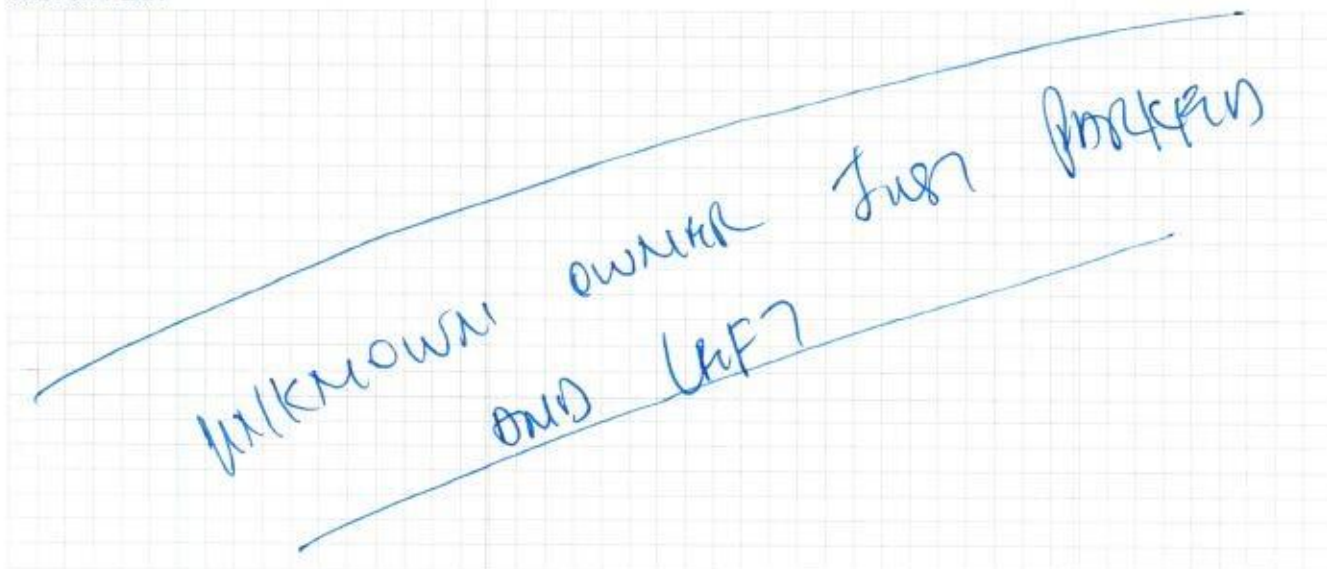
Date & Time:


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 9011 401103

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Q/S Refrnc to Police Report
1/200515/2018

DECLARATION

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

Sharon L
Policyholder's Signature
Date & Time: 15:20 hours
25/5/2018

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

25/05/2018
Reporting Centre Personnel's Signature
Name: Rosli Waffar
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180515/7018

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20180515/7018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2018 17:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SHARAT SINHA			Address: 216 DEPOT ROAD #22-70 The Interlace SINGAPORE 109702		
ID Type / ID No.: NRIC NO / S6983912F			Contact No.: Home/Office: Mobile: 98230359		
Nationality: INDIAN			Email: sharatsinha2000@yahoo.com		
Sex: Male	Age: 48	Date of Birth: 17/11/1969	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: VICE PRESIDENT			Driving Licence Information: Class: 2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/04/2018 15:53	Type of Location: Car Park
Location: MARKET STREET Basement Carpark, Capita Green, 138 Market Street Singapore 048946				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDV3236D	Car	BMW	520i	Grey	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDV3236D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	B 80213473 SMP	27/02/2018	26/02/2019



**SINGAPORE
POLICE FORCE**



T/20180515/7018

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180515/7018

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHARAT SINHA	ID No.	S6983912F
Related Vehicle	SDV3236D (Car)	Contact No.	98230359
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

Ref:TP/IP/24933/2018

Dear Sir,

I had visited the Twitter office at Capita Green, 138 Market Street Singapore 048946 on 12th April and parked at the basement Car Park. I have received a letter from Singapore Police Force, Reference No: TP/IP/24933/2018 about an alleged Hit and Run accident.

I am a careful driver and I do not remember of any hit and run at this time. However, I did park in the basement of CapitaGreen building at around the stated time and would have left the building around the stated time of 1553 hours. If I had known that I have touched any car while driving I would have reported immediately. If anything happened inadvertently, I would like to know and address the concerns of the complainant.

Kindly advise.

Regards,
SHARAT SINHA
S6983912F
Mobile: +65-98230359

PS: Please note that I am travelling out of Singapore from 15th May, 2018 evening till 18th May, 2018. I will again be travelling from 20th May to 25th May, when I will be back in Singapore.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180515/7018

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Report No. T/20180515/7018

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180515/7018

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180515/7018

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
15/05/2018 17:54

Classification Of Case:

**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 6225 7402
www.msig.com.sg

Your Ref : SDV3236D
Our Ref : 556595 (Please quote our reference when replying)

25 Apr 2018

URGENT

SHARAT SINHA
216 DEPOT ROAD
#22-70
SINGAPORE 109702

Dear Sir

Accident involving SDV3236D and SFW2111H along CAPITAL GREEN CARPARK 138 MARKET STREET

Policy No : 80213473SMP

Date of Accident : 12 Apr 2018

We have received a property damage claim from workshop acting on behalf of the owner of SFW2111H. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely

Catherine Thia
Senior Executive
Claims Services (Motor)

Tel : 6594 2545
Fax : 6225 7402
Email : catherine_thia@sg.msig-asia.com

cc: Sime Darby Insurance Brokers (Singapore) Pte Ltd

A Member of

INSURANCE GROUP



ACCIDENT STATEMENT

ACCIDENT DATE: (12/09/2018) (DD/MM/YYYY), TIME: (15:53) (HH:MM)

LOCATION: Basement Car Park, Capita Green, 138 Market Street / Singapore 048946

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SDV 3236 D
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: 10117633
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 520I
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: VISITING TWITTER OFFICE
 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: SHARAT SINHA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6983912F CONTACT: 98230359
 c) ADDRESS: 216 DEPOT ROAD, #22-70 SINGAPORE - 109702

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: SHARAT SINHA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S6983912F CONTACT: 98230359
 c) ADDRESS: 216 DEPOT ROAD, #22-70 SINGAPORE - 109702

*d) DATE OF BIRTH: (17/11/1969) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 21-08-2002

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE DIVISION HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SFW 2111H MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

1) EMAIL: SHARAT SINHA 2000@YAHOO.COM

2) VIDEO:

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER
 ()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6983912F



Name
SHARAT SINHA



Race
INDIAN

Date of Birth
17-11-1969

Sex
M

Country of Birth
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6983912F

Name
SHARAT SINHA

Birth Date: 17 Nov 1969

Issue Date: 21 Aug 2003




8398477



NRIC No: S6983912F



Nationality
INDIAN

Blood Group
O+

Date of issue
09-05-2001

216 DEPOT ROAD #22-70
SINGAPORE 109702

S6983912F


22/04/2014

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	21 Oct 2002
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Oct 2002

NP 428A

Licence No: S6983912F





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

MOTOR INSURANCE COVER NOTE

Cover Note No. 10117633

The Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 212165
Name of Insured : SHARAT SINHA
Make and Description of Vehicle : B.M.W. 520I
Vehicle Registration No. : SDV3236D
Year of Manufacture : 2008
Engine No. : A829I244N46B20BE
Chassis No. : WBANT12070CX29558
Capacity : 1,995 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 27/02/2018 to 26/02/2019
Excess (SGD) : 750

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative



Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers

Katherine Yeo
Senior Vice President, Brokers

Date of Issue : 12/02/2018

This Cover Note is valid for 30 days from the date of issue.