

NATIONAL Assessment Centre Services

Form 1 (Rev 00)

MNA918070546

Date In: 31/05/2018 12:58
Ref No: N8018861009956/y
Veh No: SK 6869E
DDA: 31/05/2018 10:40
OO: TP Reporting Only

Job Description	Date & Time Completed	Done by
SAS calling		
E-mail (outside 9am, 1107/11)		
Inspector Claim Form		
Inspector W/O (within 90 mins of start)		
Photo Uploaded		
Assessment/Survey Report		
Ass't Report by Fax/Hand to Driver/Where		

TP Insured:

Preferred Wksp / INC Assign Wksp / OWI

TP Participant Yes No

Owner / Driver

Policy No

Confirmed by

Insured/Driver Liability

Year of Registration

Excess

Excess

Excess

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Excess

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Underwritten by

river/Driver

Policy No

Insured Person

Checked by (Eng-In-Charge)

Comments

Signature

Date

Invoice Products Underwritten	Cost
1) AR (Accident Reporting) (0.00)	
2) DA (Driver's Accident) (0.00)	
3) TP (Towing Fee)	
4) FF (Follow Through Survey)	
5) FF (Follow Through Survey (Repair Cost))	
6) TR (Trailer Inspection)	
7) NTUC (NTUC Add'l Fee)	
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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	31/05/2018 12:58
Date Of Accident	31/05/2018 10:40
Exact Location Of Accident	CTE TUNNEL TOWARDS AYE JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGK6869E
Insured/Policyholder	
Name Of Registered Owner	VINOD KUMAR RAMGOPAL DIDWANIA
NRIC No.	S2601458A
Email Address	VEDANT.DIDWANIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97952886
Alternative Phone No	OTHERS-91376354

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C-180
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28809474 QMY
Cover Note Number	

Driver

Name of Driver	VEDANT DIDWANIA
NRIC No	S8910705I
Date Of Birth	24/03/1989
Occupation	INDOOR
Date Of Driving Pass	28/11/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91376354
Fax Number	
Contact Number	OTHERS-97952886
Email Address	VEDANT.DIDWANIA@GMAIL.COM

Address	202A LORNIE ROAD
Postcode	298732
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4661R
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LUAH TIAN HWA
NRIC/Passport Number	S1060482F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.**
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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
Rear View



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING BEHIND A TAXI ALONG CTE HEADING TO AYE JUNCTION. THE SPEED LIMIT IS 80 KMPH AND THE TAXI WAS TRAVELLING AT ABOUT 65 KMPH IN THE RIGHT MOST LANE. AS I SOUGHT TO OVERTAKE, I SIGNALLED 'RIGHT' TO GET HIS ATTENTION, BUT HE DID NOT REACT THEN, I PROCEEDED TO FLASH MY SIGNAL LIGHT TO INDICATE THAT I WANTED TO OVERTAKE - THE ENTIRE TIME, THE GAP BETWEEN THE TAXI AND THE CAR IN FRONT OF IT WAS ABOUT 10-12 CAR LENGTHS. EVENTUALLY, THERE WAS A POCKET OF SPACE FOR ME TO FILTER LEFT (MIDDLE OF 2 LANES), BEFORE OVERTAKING THIS TAXI AND FILTERING BACK INTO THE RIGHT LANE. I DID THIS AS THE TAXI WAS ROAD HOGGING AND SEEMED TO BE INTENTIONALLY NOT WILLING TO MOVE OVER. WHEN I BEGAN TO FILTER BACK INTO THE RIGHT MOST LANE AFTER CHECKING TO ENSURE IT WAS SAFE TO BEGIN THE CHANGE OF LANE, THE TAXI DRIVER SUDDENLY ACCELERATED AGGRESSIVELY TO BLOCK MY PATH INTO THE LANE, WHILE ALSO MAKING A SUDDEN LEFT TOWARDS THE MIDDLE LANE. AFTER THIS MOVE BY THE TAXI DRIVER, THERE WAS NO SPACE FOR BOTH CARS, AND HE RAMMED INTO THE REAR DRIVER SIDE OF MY CAR, CAUSING DENTS IN THE BODY, DEFORMED RIM AND UNSTABLE CHASSIS. I HEADED STRAIGHT TO IDAC, AFTER EXCHANGE OF INFO WITH THE TAXI OPERATOR.

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:
31/05/2018
1100 HRS

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

31/05/2018

ACCIDENT STATEMENT

ACCIDENT DATE: (31/05/2018) (DD/MM/YYYY), TIME: (10:40) (HH:MM)

LOCATION: CTE TUNNEL TOWARDS AYE JURONG

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: S4K 6869 E
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: A28807474 QMY
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: MERCEDES C-180
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: TRAVEL TO WORK
 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: VINOD KUMAR RANAGOPAL DIDWANIA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S2601458A CONTACT: 97952886
 c) ADDRESS: 202A LORNE RD S7298732

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: VEDANT DIDWANIA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8910705I CONTACT: 91376354
 c) ADDRESS: 202A LORNE RD S7298732

*d) DATE OF BIRTH: (24/03/1989) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

f) DATE OF DRIVING PASS: 28/11/2019

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

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: SNA4661R MODEL: HYUNDAI TAXI
 b) DRIVER'S NAME: LUAH TIAN HWA
 c) NRIC/FIN/PASSPORT: S1060482F CONTACT: NOT GIVEN

9. THIRD PARTY VEHICLE

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

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

(1)
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER
 ()
 NUMBER OF
 PASSENGER
 INCLUDING DRIVER

1) EMAIL : VEDANT.DIDWANIA@GMAIL.COM

2) VIDEO :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S89107051



Name

VEDANT DJDWANIA

Race

INDIAN

Date of birth

24-03-1989

Sex

M

S89107051

Country of birth

SINGAPORE

4281857



NRIC No. S8910705I

Date of issue
19-09-2008

202A LORNIE ROAD
SINGAPORE 298732

NRIC No: S8910705I

Date: 28/06/2012

No: 7038620

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man with glasses and a dark shirt.

Licence Number: **S89107051**

Name: **VEDANT DIDWANIA**

Birth Date: **24 Mar 1989**

Issue Date: **28 Nov 2017**

Barcode: 002748283C

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

	EFFECTIVE DATE
Class 3A Motor cars without clutch pedals (Auto) with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight $\leq 2500\text{kg}$	28 Nov 2017

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.I.X.1
 Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 28809474 QMY

Excess: SGD500
 Windscreen Excess: SGD100

1. Index Mark and Registration Number of Vehicle
 SGK6869E

2. Name of Policyholder
 Vinod Kumar Ramgopal Didwania

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 16/08/2017

4. Date of Expiry of Insurance
 15/08/2018

5. Persons or Classes of Persons entitled to drive*

Vinod Kumar Ramgopal Didwania

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