

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MN A118081985

Date In: 25/6/18 - 18:37	Job description	Date & Time Completed	Done by
Ref No: NA/MS6180/1552/24	SAS e-filing		
Veh No: 8186734X	E-mail (within 5hrs, AIC 2hrs)		
D.O.A: 21/6/18 - 21:10	i-Motor Claim Form		
OD TP Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: YK 509X	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

NA1804006	Invoice Preparation Checklist		Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:-	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			
Auditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
Ref. 1:	6) TR: Re-inspection \$75			
Ref. 2/3:	7) N1: Idao DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	QJ:			
	*N5: Courtesy Car / Tpl 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	25/06/2018 18:37
Date Of Accident	21/06/2018 21:10
Exact Location Of Accident	AYE (TUAS) AFTER JURONG TOWN HALL RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7034X
Insured/Policyholder	
Name Of Registered Owner	BUDGETCARS PTE LTD
Co Reg No	201618239Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91593833
Alternative Phone No	OFFICE-91593833

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0 DX DIESEL TURBO MT 2WD LGV
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	A29030244MKC
Cover Note Number	

Driver

Name of Driver	MOHAMED NORAZMI BIN MOHAMED KASMANI
NRIC No	S8137535F
Date Of Birth	28/11/1981
Occupation	OUTDOOR
Date Of Driving Pass	27/05/2005
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84448625
Fax Number	
Contact Number	OFFICE-84448625
Email Address	NOEMAIL

Address	BLK 412 PANDAN GARDENS #07-100
Postcode	600412
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	WET

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?	YES
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: : MUHAMMAD DANISH ASHRAFF 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

REFER TO 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	YK509X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VELLAICHAMY KANNAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	MOHAMED NORAZMI BIN MOHAMED KASMANI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG7034X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MUHAMMAD DANISH ASHRAFF
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG7034X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
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:

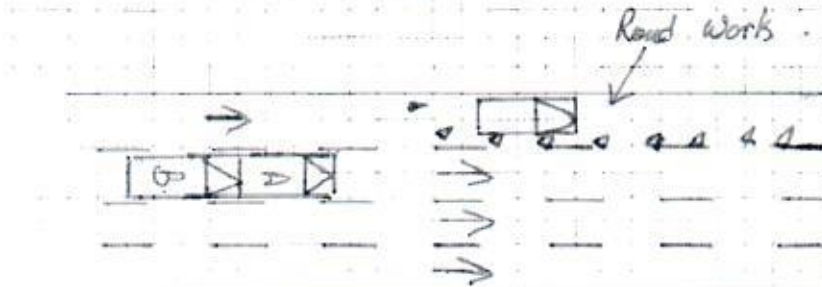
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

(A) 686 7034X

(B) YK 509X



A/B Towards Tuas After Jurong Town Hall Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/06/18 at @ 2110 hrs, I was travelling in my vehicle (686 7034X) along A/B towards Tuas after Jurong Town Hall exit on the second lane from the left. There was a road work on the extreme left lane before Penang exit and there was a slow moving traffic. Suddenly, a lorry (YK 509X) from behind collided onto the rear portion of my vehicle.

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.:

Vehicle No.	GBG 7034X		Model / Make	Toyota Hiace.
Date of Accident	21/06/18.			
Time of Accident	2110 HRS			
Location of Accident	AYE towards Tuas after Jurong Town Hall Exit.			
Exact purpose use during accident	Commercial.			
Name of Owner	Budgetcars Pte Ltd.			
Telephone No.	H/P: 9159 3833	Home:	Office:	
NRIC	2016182391Z.			
Address	65, Ubi Crescent #03-03 Holo Centre (S) 408559.			
Claim type	OD	THIRD PARTY	REPORTING ONLY	
Insurance Company	MSIG.			
Type of Coverage	Comprehensive	Third Party	Third Party / Fire / Theft	
Policy No.	A 29030244 MKC.			
Name of Driver	As Above If No, Mohamed Norazmi Bin Mohamed Kasmani			
NRIC	S 81375351F	Any Passengers:		01 (M).
Date of birth	28/11/1981.			
Occupation	Outdoor	/ Indoor		
Driving License Pass Date	27/05/2005.			
Gender	Male	Female		
Contact No.	H/P: 8444 8625	Home:	Office:	
Address	BLK 412, Pandan Gardens #01-100 (S) 600412.			
Driver have any own vehicle	No.	If yes, Reg No.		
Relationship	Employee,	If no, state		
Weather condition	Clear	Raining	Other	
Road Surface	Dry	Wet	Other	
Any Injuries	No,	If Yes, Who?		
Name And Contact No.	Mohamed Norazmi Bin Mohamed Kasmani (8444 8625)			
Name And Contact No.	Muhammad Danish Ashraff (9864 3625)			
Police Report	No,	If Yes, Where?		
Vehicle B No.	YK 509X.	Any Passengers: N.A.		
Name of Driver	Vellaichamy Kannan.	Contact No.:		
Vehicle C No.		Any Passengers:		
Vehicle D No.		Any Passengers:		
Vehicle E no.		Any Passengers:		
Vehicle F No.		Any Passengers:		
Vehicle G No.		Any Passengers:		
Witness Name	N.A.	Witness Contact:		
Accident Portion	Rear Portion.			
Camera Recorder	Yes	No		
Email Address	norazmi.kasmani.2016@gmail.com.			
PARTICULAR WORKSHOP	Twincar.			
CONTACT NO.	6842 0051 / 6744 0510			
CONTACT PERSON	Huixin.			
FAX NO	6741 0510			
WORKSHOP Email ADDRESS	sales@n5i.com.sg			

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S8137535F



Name

MOHAMED NORAZMI BIN
MOHAMED KASMANI

محمد نورازمي بن محمد كسماني

Race

MALAY

Date of birth

28-11-1981

Country of birth

SINGAPORE

Sex

M

S8137535F

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8137535F

Name

MOHAMED NORAZMI BIN
MOHAMED KASMANI

Birth Date: 28 Nov 1981

Issue Date: 07 Aug 2012



002093693D



4869088

NRIC No. S8137535F



Date of issue

07-08-2012

Address

APT BLK 412 PANDAN GARDENS
#07-100
SINGAPORE 600412

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	07 Aug 2000
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	27 May 2005



Licence No. S8137535F

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.Z.300
Goods Carrying Vehicle - Sch I

COMMERCIAL VEHICLE
Comprehensive

Certificate No. A 29030244 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle

GBG7034X

2. Name of Policyholder

Budgetcars Pte Ltd

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

29/09/2017

4. Date of Expiry of Insurance

28/09/2018

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.

MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurers

for Chief Executive Officer