

NATIONAL Assessment Centre Services (wef 1 Jan 05)

Date In: 12/07/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18012675/13	SAS e-filing		
Veh No: SLB8062R	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 11/07/18 0945	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: SCF3118H 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)

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

NA1804382 Invoice Preparation Checklist

Claimant's Particulars :-		Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) FT: Follow-Through Survey (Resurvey) \$30		
Cat. 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat. 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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 \$0		
	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	12/07/2018 09:48
Date Of Accident	11/07/2018 09:45
Exact Location Of Accident	JUNC OF UPP EAST COAST RD & KEW DR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB8062R
Insured/Policyholder	
Name Of Registered Owner	SHARMA SANJEEV
NRIC No	S7461800F
Email Address	KHANSAMACATERING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90495025
Alternative Phone No	OTHERS-90495025
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AERAS
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	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 28943059 QMX
Cover Note Number	
Driver	
Name of Driver	MITTER ADEEP
Passport No/FIN	L6863105
Date Of Birth	21/08/1965
Occupation	INDOOR
Date Of Driving Pass	07/01/1998
Driving Experience	20 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88333595
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	104 BEDOK ROAD
Postcode	469381
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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	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: : SHARMA ANIL KUMAR GENDER: : FEMALE

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	SCF3118H
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIAM HENG THOON RAYMOND
NRIC/Passport Number	S1239546I
Contact Number	98170138
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

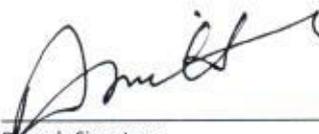
IMPORTANT NOTICE

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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:

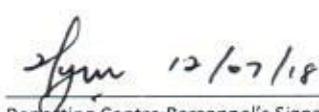
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



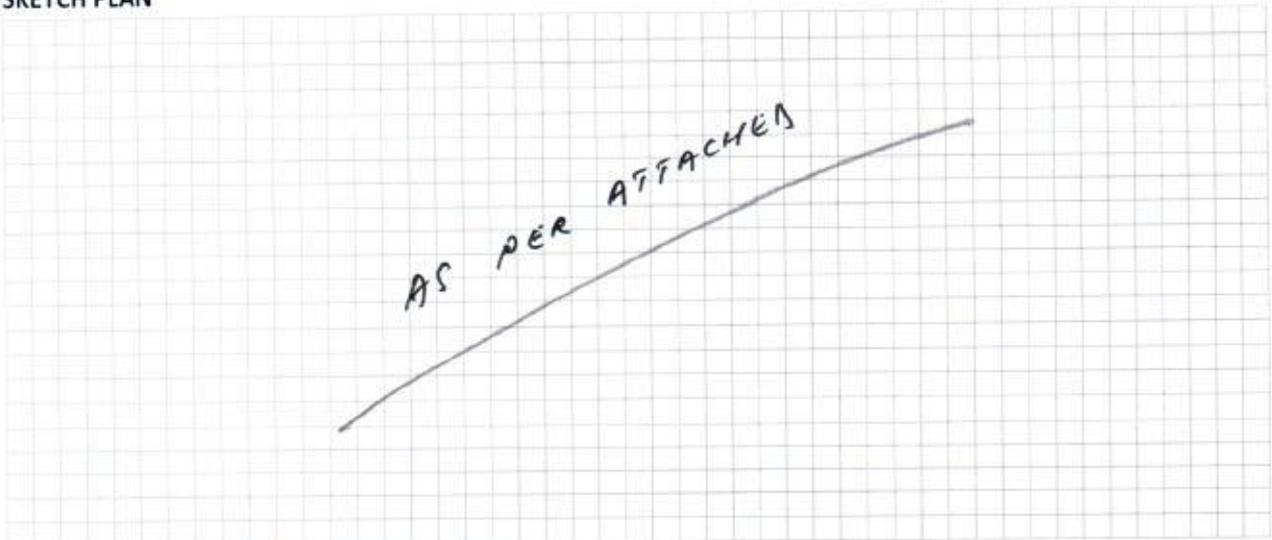
Driver's Signature
(If driver is not the policyholder)
Date & Time:

11/7/2018



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the statement.

[The remaining lines of the form are empty.]

DECLARATION

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

Policyholder's Signature
Date & Time:

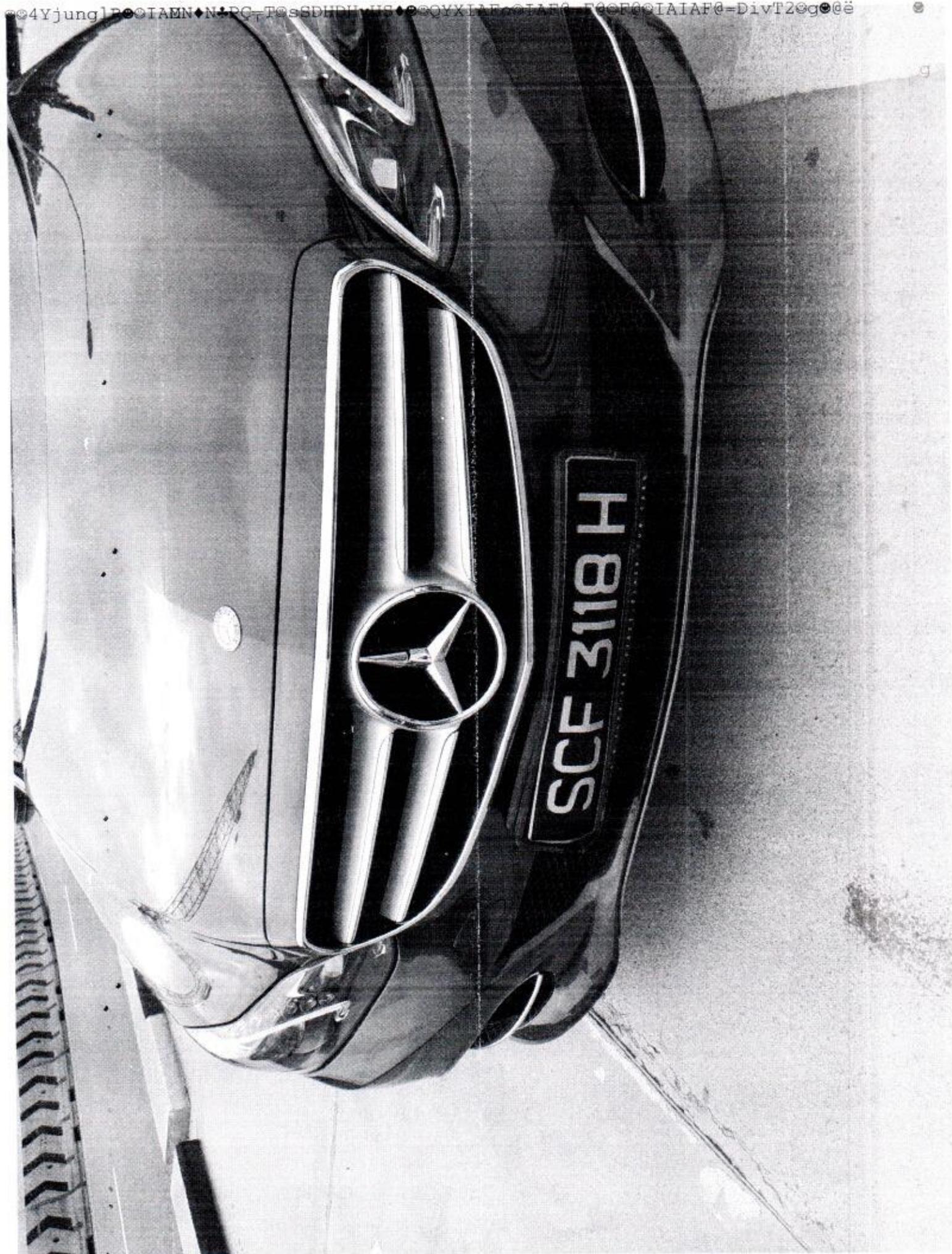
[Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

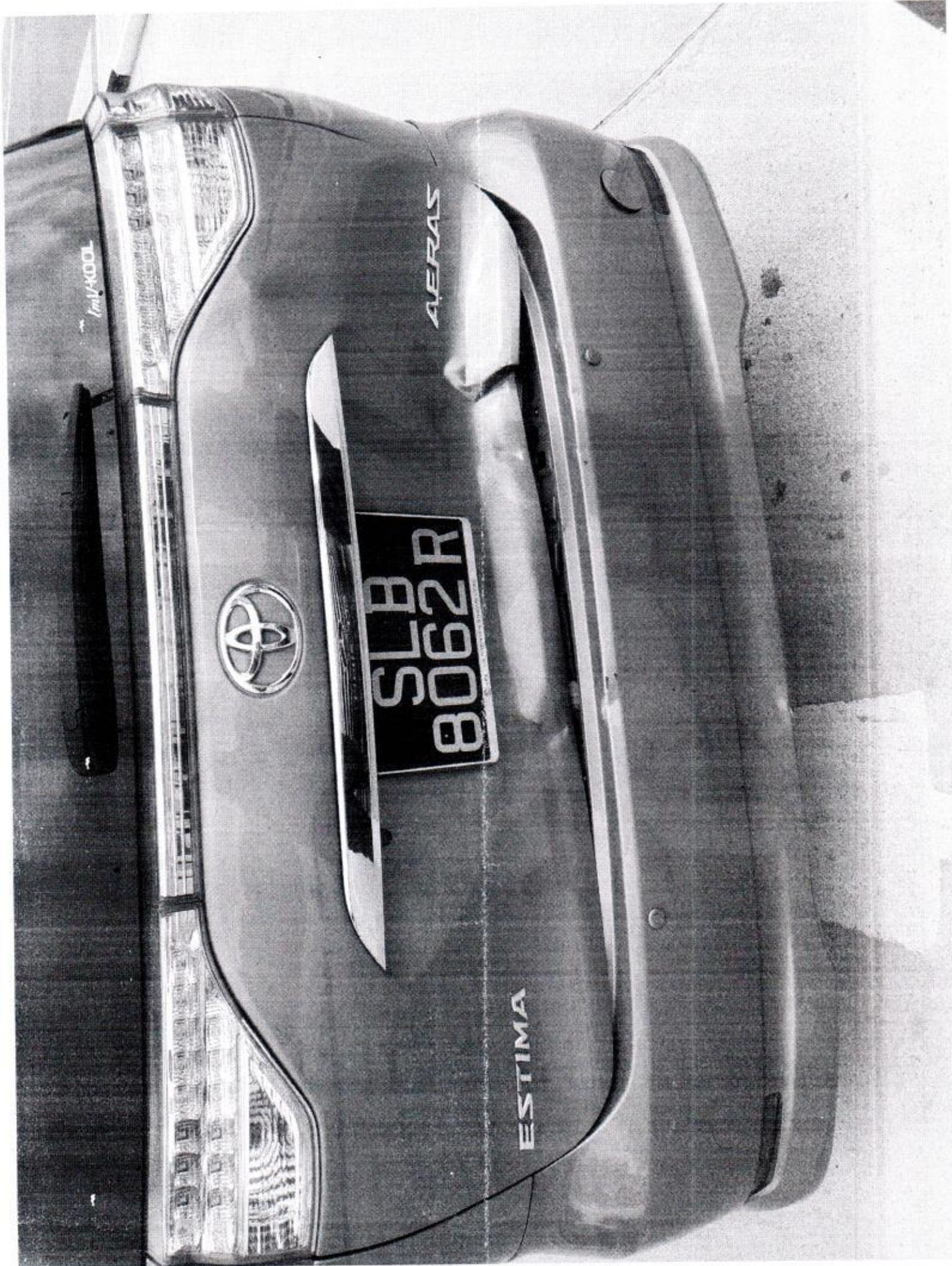
11/7/2018

[Signature] *12/07/18*
Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

MY VEH WAS STATIONARY AT UPPER EAST COAST RD JUNCTION OF KEW DRIVE ON THE 2ND LANE OF A3-LANES RD DUE TO THE RED TRAFFIC LIGHT AHEAD.SUDDENLY VEH(B)BEARING REG NO SCF3118H CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.





ESTIMA

AERAS



8062R
SLB

ESTIMA

ACCIDENT STATEMENT

ACCIDENT DATE: (11 / 07 / 2018) (DD/MM/YYYY), TIME: (09 : 46) (HH:MM)

LOCATION: ^{Junc of} UPP EAST COAST RD & KEW DRIVE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLB 8062 R.
b) INSURANCE COMPANY: MSIG.
c) POLICY NUMBER: A 28943059 QMX
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: TOYOTA AERAS.
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PASSENGER 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: SHARMA SANJEEV (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S 7461800 F CONTACT: _____
C) ADDRESS: 104 Bedok Road Singapore 469381

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MITTER ADEEP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: R 5005116 CONTACT: 88333595.
c) ADDRESS: 104 Bedok Road Singapore 469381

d) DATE OF BIRTH: (21 / 08 / 1965) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 07-01-1998

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Relative (cousin)
5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Good)
b) ROAD SURFACE: (DRY / WET / OTHERS Good.)
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: SCF 3118 H MODEL: MERCEDES
b) DRIVER'S NAME: CHIAM HENG THION RAYMOND
c) NRIC/FIN/PASSPORT: S D395461. CONTACT: 98170138

9. THIRD PARTY VEHICLE

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

* No of passenger
(including driver)

SHARMA (2)
ANIL KUMAR (M)

* No of passenger
(including driver)

(1)

* No of passenger
(including driver)

(0)

email = rakeshkhansawa@gmail.com

fax = 90495025 (Rakesh)

Blank lines for text entry.

निर्णय / OBSERVATION

Blank lines for text entry.

निर्णय सेवा / MISCELLANEOUS SERVICE

पिता / कानूनी अधिकारी का नाम / Name of Father / Legal Guardian

SUKHDEV MITTER



L6863105

माता का नाम / Name of Mother

SUDHA

पति या पत्नी का नाम / Name of Spouse

MEENA

पता / Address

H NO 3344

SECTOR 32-D, CHANDIGARH

PIN: 160047, CHANDIGARH, INDIA

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

E9483377

28/06/2004

CHANDIGARH

फाइल नं. / File No.

CH2077525530614

(E) Combination of the vehicles of which the driving licence is in a category or categories for which the driver is licenced (B and / or C and / or D) but which are not themselves in the category or categories.

Restrictive conditions of use such as

- Must wear corrective lenses
- Valid only for driving vehicle No.
- Vehicle must be equipped to a legged person

Seal or Stamp of the Authority below in the appropriate Column

A	3	L	A	N	✓
B	✓	✓	✓	✓	✓
C	✓				
D	✓				
E	✓				



Seal or Stamp of the Authority

Signature or Thumb print of the holder

CH NT

UNION OF INDIA Driving Licence

CH01 - 19980303905



मारी मारी मारी
Date of Issue

07/01/1998

मारी मारी
Validity

20/08/2020

मारी मारी
Date of Birth

21/08/1965

मारी मारी
Blood Group

B+



मारी / Name

ADEEP MITTER

मारी मारी मारी / Son/Daughter/Wife of

S/o : S D MITTER

Lesotho (Formerly Basutoland)
Liechtenstein
Luxembourg
Madagascar
Malawi
Malaysia
(Malys, Sabah and Sarawak)
Mali
Malta
Martinique (French Overseas
Department)
Mauritania
Mauritius
Monaco
Montserrat (Leeward Is)
Mozambique
Nepal (For 15 days)
Netherlands
New Caledonia (French
Overseas Territory)
New Zealand
Nicaragua (For 30 days)
Niger
Norway
Panama
Papua New Guinea
Paraguay
Peru
Philippines (for 90 days)
Poland

Portugal (Including Madeira)
Azores Cape Verde Islands
Porruguse, Guinea Sao Tome
& Principe Macae & Portuge
(Timor) Qatar
Reunion (French Overseas
Department)
Romania
Rwanda
St. Christopher, Nevis and
Anguilla (Leeward)
St. Lucia (Windward Is)
St. Pierre and Miquelon
(French Overseas Territory)
St Vincent (Windward Is)
Sag Mario
Saudi Arabia
Senegal (For Private Vehicles)
Senegal (For Private Vehicles)
Seychelles
Sierra Leone
Singapore
South Africa
South West Africa (Namibia)
Spain
Sri Lanka (Former Ceylon)
Sudan
Surinam (Dutch Guiana)
Swaziland
Sweden
Switzerland
Syria

Tanzania
Thailand
Togo
Trinidad and Tobago
(For private vehicles)
Tunisia
Uganda
U.S.S.R.
United Arab Emirates
United Kingdom
Including the Isle of Man
United States of America
Vatican City
Venezuela
Vietnam Kinshasa
Western Somalia
Yamen Arab Republic
Yamen (People Dem
Republic former)
Yugoslavia
Zaire
Zambia
Zimbabwe

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S12395461



Name

CHIAM HENG THOON,
RAYMOND

詹行鏞



Race

CHINESE

Date of Birth

18-01-1957

Sex

M

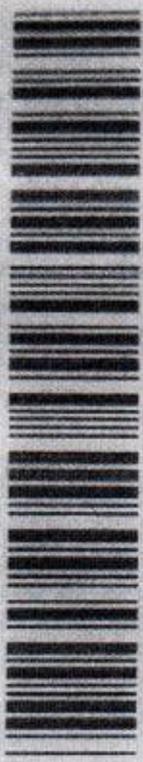
Country of Birth

SINGAPORE

Contact No: 98170138 (Chiam Heng Thoon) RAYMOND

TP

1409704



NRIC No. **S1239546I**



Blood Group **B+** Date of issue **06-11-1993**

Address
**79 JALAN GREJA
SINGAPORE 1648**

9P

MSIG

Insurance (Singapore) Pte. Ltd.
1101, # 21-01, SCA Centre 2, Singapore 060007
Tel: 77888, Fax: +65 6827 7800
UEN: S700412712G - GST Reg. No. 20-0412712G

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, 1986 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

Form M X 1
MSLV12(01/01) Overwrite

MOTOR MAX
Comprehensive

Certificate No. A 28943059 QMX

Excess : SGD600
Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SLB8062R

2. Name of Policyholder
Sharma Sanjeev

3. Effective Date of the Commencement of Insurance for the purposes of the Act
22/04/2018

4. Date of Expiry of Insurance
21/04/2019

5. Persons or Classes of Persons entitled to drive*

Sharma Sanjeev
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.

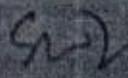
* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORIZED 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).

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