

NATIONAL Assessment Centre Services 19 JAN 2005 MNA-918103349

Date In: 10/28/2008 15:53	Job description	Date & Time Completed	Done by
Ref No: XBA/MS/20145157	SAS e-filing		
Veh No: SKV 5262G	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 28/10/2008 14:10	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: SJE 69H 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

<p><u>NA204985</u></p> <p>Claimant's Particulars:-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engn-In-Charge):</p> <p><b>Auditors' Comments :-</b></p> <p><u> </u></p> <p><u> </u></p>	<p><b>Invoice Preparation Checklist</b></p> <table style="width: 100%;"> <tr> <td>1) AR: Accident Reporting (\$30);</td> <td></td> <td>Ant (\$)</td> <td>Ant (\$)</td> </tr> <tr> <td>2) DA: Damage Assessment (\$100);</td> <td>INC (\$80)</td> <td>1st Bill</td> <td>Add Bill</td> </tr> <tr> <td>3) TP: Towing Fee</td> <td>\$40/\$45</td> <td></td> <td></td> </tr> <tr> <td>4) FT: Follow-Through Survey</td> <td>\$120</td> <td></td> <td></td> </tr> <tr> <td>5) FT: Follow-Through Survey (Resurvey)</td> <td>\$30</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">For claiming against INC Only (wef 10 Jan 2005)</td> </tr> <tr> <td>6) TR: Re-inspection</td> <td>\$75</td> <td></td> <td></td> </tr> <tr> <td>7) N1: Idnc DA + SMRT Survey</td> <td>\$160</td> <td></td> <td></td> </tr> <tr> <td>8) NTUC Additional Services:-</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4"><b>OD*</b></td> </tr> <tr> <td>*N5: Courtesy Car / Tpl Allowance</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>*N6: Repair Co-ordination</td> <td>\$10</td> <td></td> <td></td> </tr> <tr> <td>*N7: Post Repair Inspection</td> <td>\$25</td> <td></td> <td></td> </tr> <tr> <td>*N8: DV / Collect Excess Coordination</td> <td>\$5</td> <td></td> <td></td> </tr> <tr> <td>TP (N11): TP (Non INC) against INC</td> <td>\$20</td> <td></td> <td></td> </tr> <tr> <td>9) N12: Idnc Mobile</td> <td>\$0</td> <td></td> <td></td> </tr> </table> <p>Invoice dated _____ Fee Charged _____</p> <p>Invoice dated _____ Fee Charged _____</p>	1) AR: Accident Reporting (\$30);		Ant (\$)	Ant (\$)	2) DA: Damage Assessment (\$100);	INC (\$80)	1st Bill	Add Bill	3) TP: Towing Fee	\$40/\$45			4) FT: Follow-Through Survey	\$120			5) FT: Follow-Through Survey (Resurvey)	\$30			For claiming against INC Only (wef 10 Jan 2005)				6) TR: Re-inspection	\$75			7) N1: Idnc DA + SMRT Survey	\$160			8) NTUC Additional Services:-				<b>OD*</b>				*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: Idnc Mobile	\$0		
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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	10/08/2018 15:53
Date Of Accident	08/08/2018 14:10
Exact Location Of Accident	ALONG SAM LEONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV5262G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRANAV S JOSHI
NRIC No	S2612553G
Email Address	HETAL92@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98167504
Alternative Phone No	OTHERS-98260200

### Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
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	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	A 29015597 QMY
Cover Note Number	

### Driver

Name of Driver	HETAL P JOSHI
NRIC No	S7371418D
Date Of Birth	31/07/1973
Occupation	INDOOR
Date Of Driving Pass	13/08/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98260200
Fax Number	
Contact Number	OTHERS-98167504
Email Address	HETAL92@HOTMAIL.COM

Address	BLK 56 STRATHMORE AVENUE #02-113
Postcode	140056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	4
Passenger 1	NAME: : COLLEGUE GENDER: : FEMALE
Passenger 2	NAME: : COLLEGUE GENDER: : FEMALE
Passenger 3	NAME: : COLLEGUE 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

PLEASE REFER TO SKETCH PLAN

#### 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	SJE69H
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IVAN
NRIC/Passport Number	
Contact Number	.97637388

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 0

## SKETCH PLAN

### IMPORTANT NOTICE

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

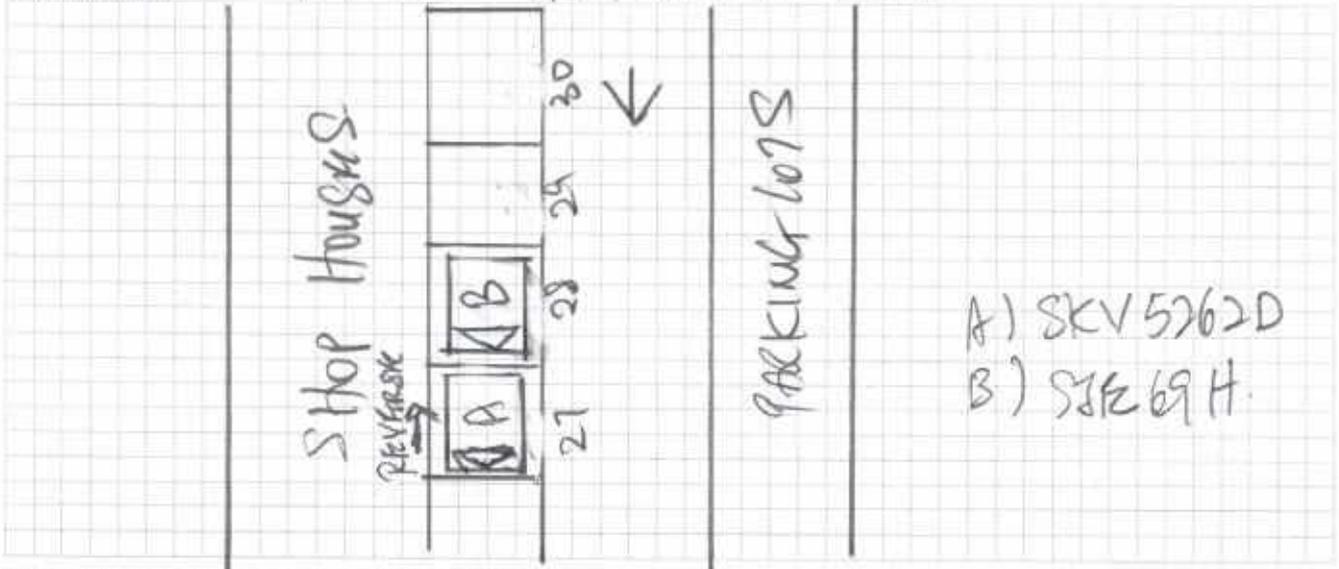
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

*Bhatt*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: *10/08/18*  
*2.40pm*

*[Signature]* *10/08/2018*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No: *[Signature]*

SKETCH PLAN

ALONG SAM LEONG ROAD



A) SKV 5262D  
 B) SJK 69H.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was parking my car on Sam Leong Road at about 2.10pm. Reversed the car and it touched the car behind. I came out to see the damage done on the behind car. There was no damage done to the car (not even a scratch). The number plate was already having some scratches before-hand.

DECLARATION

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

\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

*Bhatt*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 10/08/18  
 2.55pm

*[Signature]* 10/08/2018  
 Reporting Centre Personnel's Signature  
 Name: *Kash' Wadhwa*  
 NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 08/08/18 (DD/MM/YYYY), TIME: (2:10) (HH:MM) pm

LOCATION: Sam Leong Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKV 5262G  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A28817508 AMY  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Nissan Sylphy 1.6 CVT  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (~~THIRD PARTY CLAIM~~ / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Pranav S Joshi (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S2612553G CONTACT: 98167504  
c) ADDRESS: Blk 56 Strathmore Avenue, #02-115  
Singapore 140056

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Hetal P Joshi (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S7371418D CONTACT: 98260200  
c) ADDRESS: Same as above

\*d) DATE OF BIRTH: (31/07/1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13/08/2001

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

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: SJE69H MODEL: Mercedes

b) DRIVER'S NAME: Ivan

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97637388

## 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

COCKROACH 3(F)

\*No of passengers  
(Including driver)  
(4)

\*No of passenger  
(Including driver)  
( )

\*No of passengers  
(Including driver)  
( )

email = hetal92 @ hotmail .com

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7371418D



Name  
**HETAL P JOSHI**



Race  
**INDIAN**

Date of Birth  
**31-07-1973**

Sex  
**F**

Country of Birth  
**INDIA**

S7371418D

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S7371418D**

Name  
**HETAL P JOSHI**



Birth Date **31 Jul 1973**

Issue Date **07 Jun 2003**

000570665J

A0039680



NRIC No. **S7371418D**



Group **A+** Date of issue **10-07-2001**

APT BLK 56 STRATHMORE AVENUE #02-113  
SINGAPORE 110056

NRIC No: **S7371418D** Date: **02/03/2008** No: **5898837**

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

PASS DATE **13 Aug 2001**

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms

NT 428A

License No: S7371418D



# FREDLINK CAR RENTAL PTE LTD

31 West Coast Highway #01-02 West Coast Used Cars Centre S(117864)  
Business Registration No: B529385/15-E  
Tel: 6778 8997 Fax: 6778 8906 E-mail: fredlinkauto@hotmail.com  
GST Registration No: M90369735J

2 August 2018

This is to confirm that, We Fredlink Car Rental Pte Ltd and Karz-Ta Leasing have agreed to settle amicably with regard to a minor accident involving vehicle no SLJ5168Y and SLQ5145B on 1<sup>st</sup> August 2018 at 6.45pm.

Karz-Ta Leasing have agreed to accept the amount of S\$1,100/- as settlement and will not make any further claim. Both parties also agreed not to make police report and not to claim from the insurance company.



KARZ-TA LEASING  
Vehicle No: SLQ5145B



FREDLINK CAR RENTAL PTE LTD  
Vehicle No: SLJ5168Y



**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.X.1  
Individual Ownership

**MOTOR MAX PLUS**  
**Comprehensive**

Certificate No. A 29015597 QMY

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SKV5262G

2. Name of Policyholder  
Pranav S Joshi

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
22/09/2017

4. Date of Expiry of Insurance  
21/09/2018

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

Pranav S Joshi

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