

NATIONAL Assessment Centre Services

Form 1 (Jan 2005)

Date In: 05/09/2018 16:01	Job description	Date & Time Completed	Done by
Ref No. NA/MSG18016214/K4	SAS e-filing		
Veh No. GBB2777U	E-mail (within 8hrs, AIC 2hrs)		
D.O.A. 05/09/2018 11:05	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/Wksn		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKP1929A	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

NA1805662	Invoice Preparation Checklist	Am't (\$) 1st 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		
	5) PT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	ON*		
	*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	

Pat. 1:

Pat. 2 / 3:

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	05/09/2018 16:01
Date Of Accident	05/09/2018 11:05
Exact Location Of Accident	CBD TWDS SHEARES AVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBB2777U
Insured/Policyholder	
Name Of Registered Owner	KST LEASING & SERVICING
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83547782
Alternative Phone No	OFFICE-83547782
Vehicle Particulars	
Manufacturer	TOYOTA
Model	-
Exact Purpose for which vehicle was being used at time of accident	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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	TVCR1749660
Cover Note Number	
Driver	
Name of Driver	RAMALINGAM ASHOK KUMAR
Passport No/FIN	G7770113W
Date Of Birth	15/07/1979
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82670428
Fax Number	
Contact Number	OTHERS-82670428
E-Mail Address	NOEMAIL

Address	UNITED LAUNDRY PTE LTD
Postcode	
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	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	
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

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	SKP1929A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN LING HORNG
NRIC/Passport Number	S1404553H
Contact Number	91721960
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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:

R. Amy Lim

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

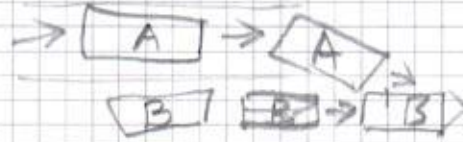
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

5/9/2018

SKETCH PLAN

CBD Towards Sheares Ave

A - GBB 2777U
B - SKP 1929A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A was driving along CBD towards Sheares Ave. Vehicle A while turning to the right suddenly vehicle B cross my lane and hit the right side of vehicle A.

DECLARATION

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



Policyholder's Signature
Date & Time:

R. [Signature]

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

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

5/9/2018

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

17 Nov 2008

Our ref 1711080401N004013931

KST LEASING & SERVICING
3021A UBI ROAD 1
#01-42
SINGAPORE 408715



Dear MS LEE SOO LUAN

NOTIFICATION OF SUCCESSFUL VEHICLE CONVERSION FOR VEHICLE NO. GBB2777U

We are pleased to inform you that your vehicle, GBB2777U, has been successfully converted from B31 - Goods (Open) Lorry (Metal Body)/Pickup/Normal to A50 - Goods (Closed) Van/Van Panel (Delivery)/Normal with effect from 17 Nov 2008.

2. The owner particulars are as follows:

1.	Name	: KST LEASING & SERVICING
2.	Identification No. Type	: Business
3.	Identification No.	: 49392700W
4.	Place Of Passport Issue	: -

3. The updated vehicle information is as follows:

1.	Vehicle No.	: GBB2777U
2.	Previous Vehicle No.	: -
3.	Effective Date of Ownership	: 11 Nov 2008
4.	Original Registration Date	: 11 Nov 2008
5.	First Registration Date	: 11 Nov 2008
6.	Vehicle Type	: A50 - Goods (Closed) Van/Van Panel (Delivery)
7.	Vehicle Scheme	: Normal
8.	Attachment 1	: No Attachment
9.	Attachment 2	: -
10.	Attachment 3	: -
11.	Vehicle Make Description	: TOYOTA
12.	Vehicle Model	: DYNA 150 MANUAL 3SEATER
13.	Year of Manufacture	: 2008
14.	Primary Colour	: White
15.	Secondary Colour	: -
16.	Passenger Capacity	: 2
17.	Chassis/Trailer Chassis No.	: JTFAT35Y40K200189 / -
18.	Propellant	: Diesel
19.	Engine No./Motor No.	: 1KD1880924 / -
20.	Engine Capacity(cc)/Power Rating(kw)	: 2982 / -
21.	Unladen Weight(kg)	: 1680
22.	Maximum Laden Weight(kg)	: 3500
23.	Open Market Value	: \$24,243.00

24.	PARF Eligibility	: No
25.	PARF Eligibility Expiry Date	: -
26.	Minimum PARF Benefit	: -
27.	No. of Transfers	: 0
28.	IU Label No.	: 1041251173
29.	COE No.	: 2008100105000649H
30.	COE Expiry Date	: 10 Nov 2018
31.	COE Category	: C - Goods Vehicle & Bus
32.	Quota Premium/Prevailing Quota Premium	: \$14,890.00
33.	Actual Quota Premium/PQP Paid	: \$14,890.00
34.	Actual ARF Paid	: \$1,213.00
35.	Vehicle Lifespan Expiry Date	: 10 Nov 2028
36.	Nett Road Tax Amount	: -
37.	Road Tax Start Date	: -
38.	Road Tax End Date	: -
39.	Remarks	: To renew the COE, the Prevailing Quota Premium payable is that of Category C.

4. Other information pertaining to the conversion is as follows:

- Please display the validated road tax disc on the windscreen of your vehicle. You may request for a validated road tax disc at LTA.

5. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

6. Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE & TRANSIT LICENSING GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

Reported on 5/9/2018
@ 1542 HRS.

ACCIDENT STATEMENT

ACCIDENT DATE: (5/9/2018) (DD/MM/YYYY), TIME: (11:05 AM) (HH:MM)

LOCATION: CBD toward Sheares Ave

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GBB27774
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
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)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8354 7782
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8267 0428
c) ADDRESS: _____

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

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: ()

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

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: SKP1929A MODEL: _____
b) DRIVER'S NAME: GAN LING HONG
c) NRIC/FIN/PASSPORT: S1404553H CONTACT: 91721960

9. THIRD PARTY VEHICLE

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

Email =

Fax =


S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
UNITED LAUNDRY PTE. LTD.

Name
RAMALINGAM ASHOK KUMAR

S Pass No.
0 33370245

Sector
SERVICE

 **K0306798**

VISIT PASS
Immigration Regulations

Name
RAMALINGAM ASHOK KUMAR

FIN
G7770113W

Date of Birth
15-07-1979

Sex
M

Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

G7770113W

RAMALINGAM ASHOK KUMAR

Birth Date: **15 Jul 1979**
Issue Date: **22 Nov 2017**
Valid Till **05/12/2022**

 **002746175D**

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

Class	Vehicle	EFFECTIVE DATE
Class 1B	Motorcycles <= 300 CC	2
Class 3	Motor cars <= 3600 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	7 16 Dec 2017

G7770113W

S / No. 9000304309

Licence No: G7770113W

NP 426A

**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 6827 7800
 www.msig.com.sg

CERTIFICATE OF INSURANCE

Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189)
 Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

12-Oct-2017
 Third Party

A0633 - 001

Certificate No : 7VCR1749660

1. Index Mark and Registration Number of Vehicle : GBB2777U

2. Chassis Number of Vehicle : JTFAT35Y40K200189

3. Name of Policyholder : KST Leasing & Servicing

4. Effective date of the Commencement of Insurance for the purposes of the Act : 11 NOV 2017 00:00 AM

5. Date of Expiry of Insurance : 10 NOV 2018

6. Person or Classes of Persons entitled to drive*

Any person provided he is in the Policyholder's or their named Lessee's employ and is driving on their order or with their permission.

Named Lessee: AS PER LIST PROVIDED TO MSIG

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

7. Limitations as to Use*

Use in connection with the Policyholder's or the specified Lessees' business

Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's or the specified Lessees' business.

Use for social domestic and pleasure purposes.

The Policy does not cover

(i) Use for hire or reward, leasing other than to specified Lessees or for racing pace-making reliability trial or speed testing

(ii) 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.

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 & Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).



For MSIG Insurance (Singapore) Pte. Ltd.

Not valid unless countersigned by Authorised Person

Approved Insurer

IMPORTANT NOTICE

This Certificate is not transferable to a new owner of the vehicle

If for any reason the Insurance is terminated during its currency, the Certificate must be returned to the Insurer, 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 compulsory Insurance Legislation.

This Certificate must be returned if the insurance is suspended during its currency.

If you are involved in an accident, full details must be forwarded immediately to the Company

FORM MZ 400 (Commercial Vehicle)

(For the Issuance of Motor Certificate of Insurance only)