

NATIONAL Assessment Centre Services [wef 1 Jan 2005] MAA 48117525			
Date In: 10/09/2008 20:00	Job description	Date & Time Completed	Done by
Ref No: NBA/MSG/28016506/Y	SAS e-filing		
Veh No: GBH 8607	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/09/2008 06:05	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: XD 3393R	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%; P: 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

MAA 1805284	Invoice Preparation Checklist		Am't (\$)	Am't (\$)
	Claimant's Particulars :-	1) AR: Accident Reporting (\$30);	1st Bill	Add Bill
	Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
	Contact No:	3) TP: 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)		
	Cat 1:	6) TR: Re-inspection \$75		
	Cat 2/3:	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 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	10/09/2018 20:00
Date Of Accident	10/09/2018 06:05
Exact Location Of Accident	AT 45 KIAN TECK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH860T
Insured/Policyholder	
Name Of Registered Owner	TECHELM TECHNOLOGIES PTE LTD
Co Reg No	200501147N
Email Address	EDDY@TECHELM.COM
Mobile Phone No	(LOCAL) +65-96149749
Alternative Phone No	OFFICE-62708852

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	A 29068331 MKC
Cover Note Number	

Driver

Name of Driver	MANI MARIMUTHU
Passport No/FIN	G7816945T
Date Of Birth	31/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	05/04/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96149749
Fax Number	
Contact Number	OFFICE-62708852
EMail Address	EDDY@TECHELM.COM

Address	BLK 1003 BUKIT MERAH CENTRAL #01-05
Postcode	159836
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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 AND POLICE REPORT T/20180910/2146

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD3393R
Vehicle Make/Model/Colour	TRAILER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 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:

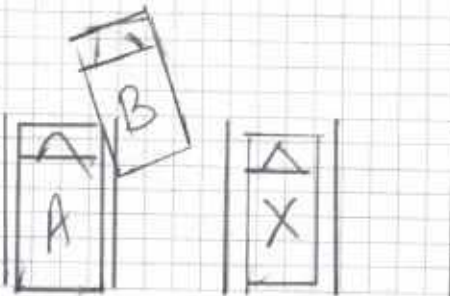
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

45 KIAN TECK DRIVE

A) GBH 860 T

B) XD 3393 R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09/09/2018 22:00HRS I PARKED my lorry GBH 860 T AT 45 KIAN TECK DRIVE PARKING LOT 11 AND AT 07:20HRS I WENT BACK TO TAKE my lorry & SAW THE FRONT RIGHT SIDE OF my lorry WAS DAMAGED WHEN I TOOK A VIDEO FOOTAGE FROM THE MANAGEMENT & SAW A TRAILER XD 3393 R DAMAGE my lorry. THEN ALL THE TIME THAT RECORDED ON THE VIDEO FOOTAGE IS ON 10/09/2018 AT 06:02HRS.

POLICE REPORT 7/20180910/2146

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.:



**SINGAPORE
POLICE FORCE**



T/20180910/2145

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

1 of 3

Report No. T/20180910/2145

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2018 18:53	Vide Report No.:	Station Diary No.: 70
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Informant's Particulars

Name of Informant: MANI MARIMUTHU		Address: APT BLK 3 KIAN TECK LANE #06-07 BLUE STARS DORMITORY SINGAPORE 627844	
ID Type / ID No.: FIN NO / G7816945T		Contact No.: Home/Office: 96149748 Mobile:	
Nationality: INDIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 31/05/1984	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: CONSTRUCTION WORKER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 10/09/2018 06:05	Type of Location: Car Park
Location: Along Road 1 KIAN TECK DRIVE			
Parking lot number 11 of 45 Kian Teck Drive			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH860T	Lorry				Seriously Damaged	0
XD3393R	Lorry					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



**SINGAPORE
POLICE FORCE**



T/20180910/2146

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

2 of 3

Report No: T/20180910/2146

CONTINUATION OF REPORT

Driver				
Name	MANI MARIMUTHU		ID No.	G7816945T
Related Vehicle	GBH860T (Lorry)		Contact No.	96149748
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Name	unknown driver		ID No.	NIL
Related Vehicle	XD3393R (Lorry)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 09/09/2018 at about 2200hrs, I parked my company's lorry GBH860T at the car park of 45 Kian Teck Drive. I parked the lorry at lot number 11.

On 10/9/2018 at about 0730hrs, I went to retrieve the lorry and noticed that there were damages on the right front side of the lorry. There were dents to the right front side area that was semi detached and also scratches on the right driver's door.

I spoke to the building management and they assisted me to view CCTV footage and discovered that at on 10/09/2018 at about 0602hrs, the driver of XD3393R that was parked beside my lorry, drove off. However it had collided with my lorry. The lorry then drove off without leaving any details behind. The lorry belongs to SBS Logistics.
The footage captured the entire incident.

My company management then advised me to lodge a police report about this matter.



**SINGAPORE
POLICE FORCE**



T/20180910/2146

Police Station Of Origin:
Tiong Bahru NPP
128 Kim Tian Road #01-123 SINGAPORE
160128
Tel No: 1800-2739999

3 of 3

Report No: T/20180910/2146

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
A/
Sgt 2 GOH WEI XIANG

Signature Of Informant

Mr. Goh

Signature Of Interpreter:
Not applicable

Date/Time:
10/09/2018 18:53

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No: 65476151

Classification Of Case:

Authentication Stamp
NP158

Signature

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 09 / 2018) (DD/MM/YYYY), TIME: (06 : 02) (HH:MM)

LOCATION: 45 Kian Tok driver

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GIBH 860T
 b) INSURANCE COMPANY: NAIIG Insurance (Singapore) Pte Ltd.
 c) POLICY NUMBER: A 29068331 MUC
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Toyota Proace
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Lorry was parked.
 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: Techelm Technologies Pte Ltd. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 200501147N CONTACT: 62308852
 c) ADDRESS: #01-05, 1003, Bukit Merah Central, Singapore - 159836

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Mani Marimuthu (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G7811A45T CONTACT: 96149749
 c) ADDRESS: #01-05, 1003, Bukit Merah Central, Singapore - 159836

*d) DATE OF BIRTH: (31 / 05 / 1984) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04-04-2020

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: XD 3393R MODEL: Exallor
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

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

EMAIL = eddy @ techelm . com

VIDEO = sent by what's app

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
TECHELM TECHNOLOGIES PTE. LTD.

Photo of Mani Marimuthu

Name
MANI MARIMUTHU

Work Permit No.
0 33455836

Sector
CONSTRUCTION

Barcode

K0653097

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G7816945T**

Name
MANI MARIMUTHU

Birth Date **31 May 1984**

Issue Date **23 Mar 2015**

Valid Till **04 Apr 2020**

Barcode

SG 50

VISIT PASS
Immigration Regulations

Name
MANI MARIMUTHU

FIN
G7816945T

Date of Birth
31-05-1984

Sex
M

Nationality
INDIAN

Download SGWorkPass App to check status

QR Code

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.

Barcode

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

Class	Vehicle Description	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	05 Apr 2010
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	05 Apr 2010

NP 420A

Barcode

Licence No: G7816945T



MSIG

MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 06600
Tel +65 6827 7888, Fax +65 6827 7600
Cn. Reg. No. 390413212G, GST Reg. No. 20 0412212C

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.2.100

Goods Carrying Vehicle Sec 1

COMMERCIAL VEHICLE Comprehensive

Certificate No. A 29068331 MKC

Excess: SGD750

1. Index Mark and Registration Number of Vehicle
QBH660T

2. Name of Policyholder
Techelm Technologies Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
09/01/2018

4. Date of Expiry of Insurance
08/01/2019

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