

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

Date In: 02/10/18	Job description	Date & Time Completed	Done by
Ref No: N/A/MS41807795/13	SAS e-filing		
Veh No: SKV 41410	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 21/09/18 1205	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: SKX6844	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

NA 1806205	Invoice Preparation Checklist		Am't (\$) Int 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			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	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: Idao Mobile 30			
Lat. 1:	Invoice dated	Fee Charged		
Lat. 2 / 3:	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	02/10/2018 09:07
Date Of Accident	21/09/2018 12:05
Exact Location Of Accident	JUNC OF AMBER RD & MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV4141D
Insured/Policyholder	
Name Of Registered Owner	LATA W/O ASHOK KHEMLANI
NRIC No	S2580837A
Email Address	LATA_AK@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-81394959
Alternative Phone No	OTHERS-81394959

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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 80440109 QMX
Cover Note Number	

Driver

Name of Driver	LATA W/O ASHOK KHEMLANI
NRIC No	S2580837A
Date Of Birth	10/06/1961
Occupation	INDOOR
Date Of Driving Pass	28/11/1995
Driving Experience	22 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81394959
Fax Number	
Contact Number	OTHERS-81394959
E-Mail Address	LATA_AK@HOTMAIL.SG

Address	30 BAYSHORE ROAD
Postcode	469974
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE N.P.C
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180921/2209

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	SKX684U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NADARAJAN S/O RAMAN
NRIC/Passport Number	S7520960F
Contact Number	91299926
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:

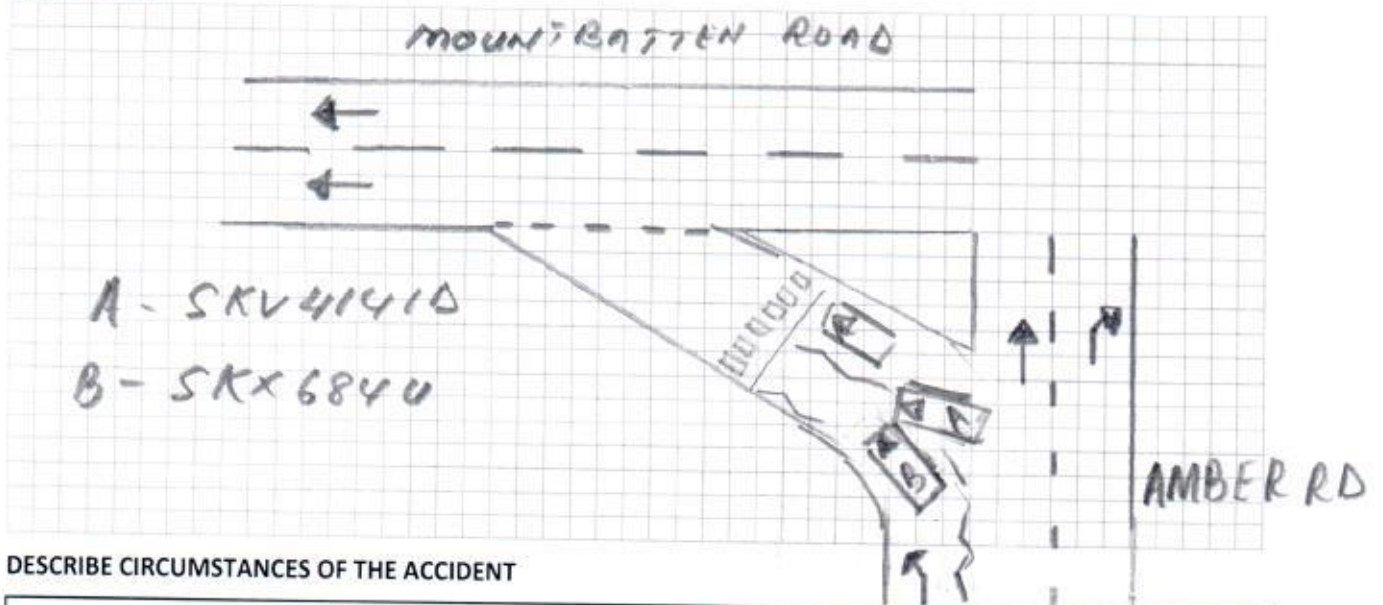
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180921/2209

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature] 02/10/18

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



SINGAPORE POLICE FORCE



T/20180921/2209

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

1 of 3

Report No. T/20180921/2209

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/09/2018 21:17	Vide Report No.:	Station Diary No.: 41
--	------------------	--------------------------

Informant's Particulars

Name of Informant: LATA W/O ASHOK KHEMLANI			Address: 30 BAYSHORE ROAD #16-07 SINGAPORE 469974		
ID Type / ID No.: NRIC NO / S2580837A			Contact No.: Home/Office: Mobile: 81394959		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 57	Date of Birth: 10/06/1961	Type of Informant: Driver		
Race: Sindhi			Language:		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/09/2018 12:05	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 AMBER ROAD MOUNTBATTEN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKV4141D	Car				Slightly Damaged	0
SKX684U	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180921/2209

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

2 of 3

Report No. T/20180921/2209

CONTINUATION OF REPORT

Driver				
Name	LATA W/O ASHOK KHEMLANI		ID No.	S2580837A
Related Vehicle	SKV4141D (Car)		Contact No.	81394959
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	NADARAJAN S/O RAMAN		ID No.	S7520960F
Related Vehicle	SKX684U (Car)		Contact No.	91299926
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 21/09/2018 at about 1205hrs I was driving along Amber Road. The traffic volume was high and the cars were driving slowly at the point of time. There was two lane, I keeping to the left side of the road as I was intending to filter into Mountbatten road.

I check my blind spot and signaled and proceeded I was about to move on to the filter lane, a car suddenly came from the rear left and hit onto the side front portion of my car. I then came out to make a check and found that a Champagne coloured Toyota had collided onto my vehicle. At that point of time, no one sustained any injuries both myself and the other party.

My car sustained dents and scratches at the front passenger left side portion of my vehicle. The other party sustained scratches on the right front portion of his vehicle. Both of us the exchange particulars and parted ways.

I am lodging the report as for insurance purposes.



SINGAPORE
POLICE FORCE



T/20180921/2209

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

3 of 3

Report No. T/20180921/2209

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:
G /
Sgt 2 AMSYAR HAKIM BIN AHMAD JAMAL

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Latiff

Date/Time:
21/09/2018 21:17

Classification Of Case:



SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2580837A



Name

LATA W/O ASHOK KHEMLANI

Race

SINDHI

Date of birth

10-06-1961

Sex

F

Country of birth

SRI LANKA

S2580837A

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S2580837A

Name

LATA W/O ASHOK KHEMLANI

Birth Date 10 Jun 1961

Issue Date 17 Feb 2012



002034834G



4834625



NRIC No. S2580837A

Date of issue

17-02-2012

Address

30 BAYSHORE ROAD
#16-07
SINGAPORE 469974

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 28 Nov 1995



Licence No. S2580837A

NP 388A

**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

MOTOR MAX**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 80440109 QMX	16/09/2018 to 15/09/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Lata w/o Ashok Khemlani 30 Bayshore Road #16-07 Tower 2A Singapore 469974		30/08/2018
		Account Number
		156107
Premium	GST	Total Due
SGD592.72	SGD41.49	SGD634.21

RISK NUMBER 1**MOTORMAX****OCCUPATION**

Indoor Occupation

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SKV4141D
MAKE/MODEL Mazda 3 1.5 Deluxe SEDAN
ENGINE NUMBER P520314125
CHASSIS NUMBER JM6BM42A8G0318110
YEAR OF MFG 2015
CAPACITY 1496 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED MARKET VALUE
INCL. COE/PARF YES
OFF-PEAK CAR NO
NO CLAIM DISCOUNT 50.00% (or F/D)
GOOD DRIVER'S DISCOUNT SGD31.20
NCD PROTECTOR NOT COVERED
EXCESS SGD300
ANNUAL PREMIUM SGD592.72

ACCESSORIES Aircon, radio/cassette/compact disc player, in-vehicle unit, rust-proofing and other accessories that are factory fitted.

AUTHORISED DRIVERS

Lata w/o Ashok Khemlani
 Ashok Khemlani
 Any other person provided he is driving on the Insured's order or with the Insured's permission.