

# NATIONAL Assessment Centre Services

(Unit 1 20000)

NAAC/18136725

Date In: 22/10/2018 12:57

Ref No: NB08891801910014

Veh No: GBE 3870E

D.O.A: 20/10/2018 20:10

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (within 2hrs, A/C 2hrs)		
1-Motor Claim Form		
1-Motor V/O (within 100 hrs, TP 10hrs)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/ Hand to Owner/VKsp		

OD TP/ Reporting Only

TP Insured:

Preferred Wksp / INC Assign Wksp / OW: (

Tel:

Fax:

TP Particulars: Yeh No: SLX 49667

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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In (

)/ Towed-In (

); Invoice: YES (

)/ NO (

); Towing Co: (

Remarks:

INC/ Sol. In: 678810016

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:

Action:

NA1806856

Customer's Particulars:

Driver/Owner:

Contact No:

Damage Portion:

C. Checked by (Engr-In-Charge):

Engineer's Comments:

U/L:

L 2/1:

Invoice Preparation Charge (US\$)

Amount

Method Bill

1) AR: Accident Reporting (\$50)

2) DA: Damage Assessment (\$100)

3) TP: Towing Fee (\$40/14)

4) FT: Follow-Through Survey (\$120)

5) RT: Follow-Through Survey (Resurvey) (\$20)

For all bills against INC Only (w/ 10 Jan 2019)

6) TR: Re-inspection (\$15)

7) NI: 1st DA + SMRT Survey (\$160)

8) NTUC Additional Services:

011

1) NI: Courtesy Car / Tpl Allowance \$5

2) NI: Repair Coordination \$10

3) NI: Post Repair Inspection \$15

4) NI: DY / Collect Excess Coordination \$5

5) NI: 1st DA + SMRT Survey \$160

6) NI: 1st DA + SMRT Survey \$160

7) NI: 1st DA + SMRT Survey \$160

8) NI: 1st DA + SMRT Survey \$160

9) NI: 1st DA + SMRT Survey \$160

Invoice dated

Rate charged

Rate charged

Rate charged

Rate 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 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. This report will be forwarded by the insurers of the GIAs 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	22/10/2018 12:57
Date Of Accident	20/10/2018 20:10
Exact Location Of Accident	ALONG STANFORD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF3870E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHAMPION SPORTS PTE LTD
Co Reg No	198905634C
Email Address	CHAMP3@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96780807
Alternative Phone No	OFFICE-96780807

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	H-1 STAREX-2.5 D CRDI (A)
Exact Purpose for which vehicle was being used at time of accident	DOING DELIVERY
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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 29001333 MKC
Cover Note Number	

### Driver

Name of Driver	ANIL KUMAR SACHDEVA
NRIC No	S0194897J
Date Of Birth	29/05/1954
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1975
Driving Experience	43 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96780807
Fax Number	
Contact Number	OTHERS-96780807
EMail Address	CHAMP3@SINGNET.COM.SG

Address	22 SIGLAP ROAD
Postcode	1545
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	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	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)	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

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	SLX4966T
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHOONG
NRIC/Passport Number	S2573438F
Contact Number	96511529
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.

CHAMPION SPORTS PTE LTD

Warehouse:

1/No. 8, Jalan Kilang

#03-01

Policyholder's Signature

Date & Time:

11/10/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

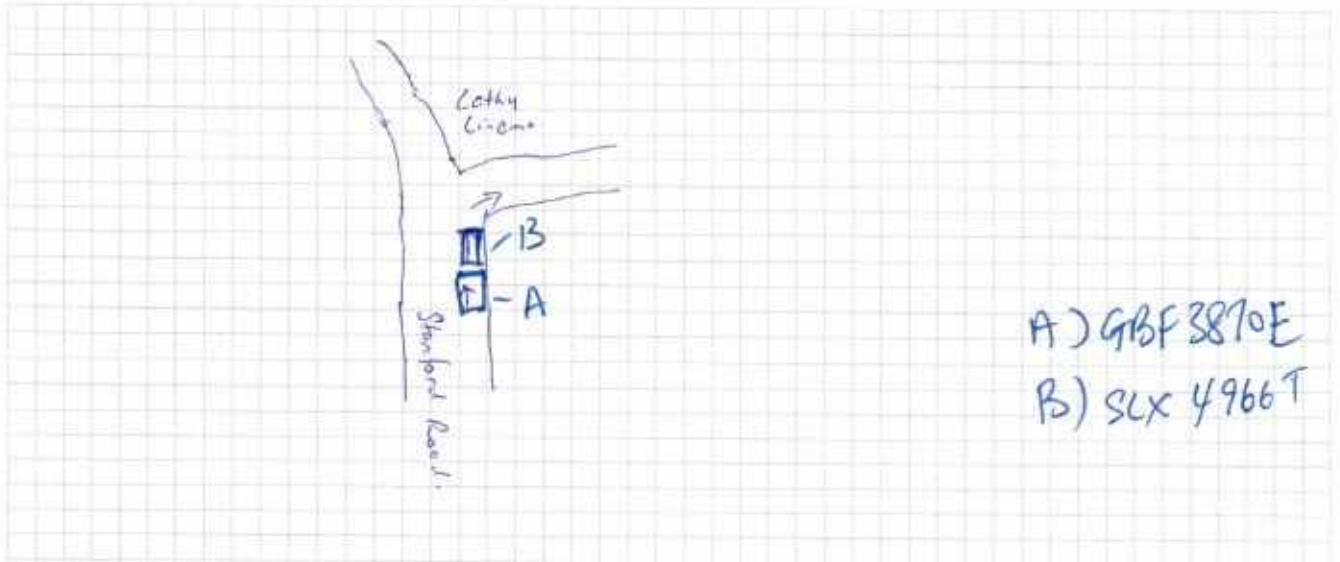
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 22 Oct around 8-10 pm, was driving along Stamford Road. At the traffic light, was waiting for it turn green. When it turn green, I drove, the vehicle in front suddenly stop. A President ran across the road. I hit into the vehicle in front.

## DECLARATION

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

CHAMPION SPORTS PTE LTD

Warehouse:  
No. 5, Jalan Kilang  
Singapore 159409  
Tel: 22011010, 30740005

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

22/10/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 10 / 2018) (DD/MM/YYYY), TIME: (20 : 10) (HH:MM)

LOCATION: Stanford Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GRF 3870 E  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 29001333 MKC  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Hyundai Hi Starex 2.5 Crdi MT  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: Delivery of Goods  
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: CHAMPION SPORTS PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 198905634C CONTACT: \_\_\_\_\_  
c) ADDRESS: 3 Coleman Street  
# 04-38 Peninsula Shopping Centre

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

### DRIVER

- a) NAME: ANIL KUMAR SACHDEVA (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 0194 897 / J CONTACT: 96980507  
c) ADDRESS: 22 SIGLAP ROAD

\* d) DATE OF BIRTH: (29 / 05 / 1954) (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) CLEAR

b) ROAD SURFACE: (DRY / WET / OTHERS) DRY

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: SLX 4966 T MODEL: KIA  
b) DRIVER'S NAME: WONG HOON G  
c) NRIC/FIN/PASSPORT: S 1373438 F CONTACT: 96511529

### 9. THIRD PARTY VEHICLE

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

EMAIL = champ3 @ Singnet - Com - Sg

VIDEO =

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0194897J



ANIL KUMAR SACHDEVA

Race  
INDIAN  
Date of Birth  
29-05-1954  
Country of Birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No. S0194897J

ANIL KUMAR SACHDEVA

Birth Date: 29 May 1954  
Issue Date: 05 Oct 2018

002855141D

1016638



NRIC No. S0194897J



Blood Group  
AB+

Date of issue  
09-00-1993

Address  
22 SIGLAP ROAD  
SINGAPORE 1545

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	04 Apr 1975

NP 426A





**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

**COMMERCIAL VEHICLE****RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
A 29001333 MKC	28/09/2018 to 27/09/2019	SINGAPORE
Name and Address of Insured		Date of Issue
Champion Sports Pte Ltd 3 Coleman Street #04-38 Peninsula Shopping Centre Singapore 179804		06/08/2018
		Account Number
		156107
Premium	GST	Total Due
SGD1,094.42	SGD76.61	SGD1,171.03

**RISK NUMBER 1****COMMERCIAL VEHICLE****BUSINESS**

Sports Goods

**SCOPE OF COVER** Comprehensive**INTEREST INSURED**

ITEM	0001	SUM INSURED	MARKET VALUE
REGISTRATION NO.	GBF3870E	NO CLAIM DISCOUNT	20.00% (or F/D)
MAKE/MODEL	Hyundai H1 STAREX 2.5 CRDI MT	EXCESS	SGD500
ENGINE NUMBER	D4CBG053244	WINDSCREEN	UNLIMITED
CHASSIS NUMBER	KMFWBX7KLHU847702	ANNUAL PREMIUM	SGD1,094.42
YEAR OF MFG	2016		
CAPACITY	1.36 TONS		
SEATING CAPACITY	2 (INCL. DRIVER)		

**AUTHORISED DRIVERS**

Any other person provided he is driving on the Insured's order or with the Insured's permission.

**LIMITATION AS TO USE**

Use in connection with the Insured's business.  
 Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.  
 Use for social domestic and pleasure purposes.