

NATIONAL Assessment Centre Services. [ver 1 Jan 03] MMA 118156314.

Date In: 3/12/18 16:08	Job description	Date & Time Completed	Done by
Ref No: MA/MSG18021711/164	SAS e-filing		
Veh No: SJG 295 K	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 2/12/18 11:20	I-Motor Claim Form		
OD: <u>TP</u> Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: SLL 2358 A. 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:	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

MA1807857	Invoice / Preparation Checklist	Amnt (\$)	Amnt (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$50)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	6) TR: Re-inspection \$75		
Ref 1:	7) NI: Idao DA + SMRT Survey \$160		
Ref 2/3:	8) NTUC Additional Services:-		
	QI*		
	*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: Idao 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 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 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	03/12/2018 16:08
Date Of Accident	02/12/2018 11:20
Exact Location Of Accident	YISHUN TO MARINA SOUTH PIER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG295K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	S MAGENDREN
NRIC No	S1600269J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91059837
Alternative Phone No	OFFICE-91059837

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G 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	THIRD PARTY
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 29089894 QMX
Cover Note Number	-

### Driver

Name of Driver	VIJAYAKUMAR S/O AHORAM
NRIC No	S8439239A
Date Of Birth	08/12/1984
Occupation	INDOOR
Date Of Driving Pass	23/04/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91059837
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 944 JURONG WEST ST 91 #02-489
Postcode	640944
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO 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	SLL2358A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJK8888Y  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name VIJAYAKUMAR S/O AHORAM  
Approximate Age  
Injuries Sustain NECK, CONTUSION OF LEFT SCAPULA  
Injured person in which vehicle? SJK295K  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## 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.: \_\_\_\_\_



Date of Accident : 2/12/18 Accident Time: 11:20 (24-HR-Format)

Accident Place : from jishun to merina south

Vehicle No. (Car Plate No.) : SJG 295K Make/Model: Honda Fit

Insurance Company : Nisib Policy No: A29089894

Owner or Company Name /IC No. : S Magendren / 516002695

Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_

DRIVER'S Name / IC No. : Vijayakumar s/o Akoram / 58439239A

DRIVER'S Date Of Birth : 8/12/84 DRIVER'S License Pass Date 23/4/2010

Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: relatives

DRIVER'S Address : Blk 944 Jurong west st 91 #02-489

DRIVER'S Contact No./ Alt No. : 1) 91059837 2) 5640944

DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)

Email Address : \_\_\_\_\_

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1 Driver

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

Vehicle No: <u>S LL 2358A</u>	Vehicle No: <u>SJG 8888J</u>
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



**SINGAPORE  
POLICE FORCE**



T/20181203/2091

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No: T/20181203/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/12/2018 14:54	Vide Report No.:	Station Diary No.: 100
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Informant's Particulars			
Name of Informant: VIJAYAKUMAR S/O AHORAM		Address: APT BLK 944 JURONG WEST STREET 91 #02-489 SINGAPORE 640944	
ID Type / ID No.: NRIC NO / S8439239A		Contact No.: Home/Office: Mobile: 91059837	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 08/12/1984	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: SHIPPING AGENT		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2018 11:20	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
The exit of 7D, beside Bendemeer Secondary School				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJG295K	Car				Seriously Damaged	1
SJG8888Y	Car				Slightly Damaged	3
SLL2358A	Car				Slightly Damaged	3



**SINGAPORE  
POLICE FORCE**



T/20181203/2091

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20181203/2091

**CONTINUATION OF REPORT**

**Brief Details.**

I am driving my uncle vehicle bearing registration: SJG295K.

02/12/2018 at about 1120hrs, I was travelling from Yishun to Marina South Pier for work. As I was at the exit of 7D beside Bendemeer Secondary School.

I was driving along lane 1 and it was congested with traffic. A vehicle (V1) bearing registration SJG8888Y suddenly pressed on his brake and I pressed onto my brake too and it did not collide into the front vehicle. However, when a vehicle (V2) bearing registration SLL2358A collided into the back of my vehicle. This is when my vehicle collided into the Mercedes. After the collision, we came down from the vehicle and take a look at the damages. However, my vehicle suffered a bad damaged to the back and the front of the vehicle.

We then exchanged particulars:

(V1) Ho Twee Teng with NRIC: S1304935A

(V2) Yan Phyto with NRIC: S7683595J

I wish to state that no one was injured at the point of the accident. We then left the scene shortly.

On 02/11/2018, I went to Ng Teng Fong Hospital to seek medical attention as I have severe pain behind the neck, contusion of left scapula and was given 3 days of MC from 02/12/2018 to 04/12/2018.

I have already reported the matter to my insurance company and they informed me to make a police report as I was given 3 days of MC.



**SINGAPORE  
POLICE FORCE**



T/20181203/2091

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5, SINGAPORE 129858  
Tel No: 1800-8729999

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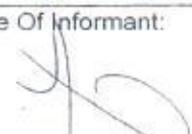
Report No. T/20181203/2091

**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: D / Sgt 1 WONG JUN LI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2018 14:54
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px;">  <span style="font-size: small;">SINGAPORE POLICE FORCE</span> <div style="float: right; margin-top: -20px;">SN 37</div> <hr style="border: 0; border-top: 1px solid black;"/> <div style="text-align: center;">  <p>SIGNATURE</p> </div> </div>

REPUBLIC OF SINGAPORE **DRIVER LICENSING**

Portrait of Vijayakumar S/O Ahoram

License Number: **S8439239A**  
 Name: **VIJAYAKUMAR S/O AHORAM**

Birth Date: **08 Dec 1984**  
 Issue Date: **03 Jun 2008**

Barcode: **001609477F**

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8439239A**

Portrait of Vijayakumar S/O Ahoram

Name: **VIJAYAKUMAR S/O AHORAM**

Race: **INDIAN**  
 Date of birth: **08-12-1984** Sex: **M**  
 Country of birth: **SINGAPORE**

Barcode: **S8439239A**

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

Class ID	Description	PASS DATE
Class 1B	Motorcycles <= 200 CC	16 Nov 2005
Class 2A	Motorcycles between 201 CC and 400 CC	03 Jan 2008
Class 2	Motorcycles > 400 CC	07 Dec 2017
Class 3	Motor cars <= 2000 kg & up to 7 passengers, exclusive of the driver, and motor tractors/trailers <= 2200 kg	23 Apr 2018

S / No. 9000311690

Barcode: **License No: S8439239A**

NP 428A

4872663

Barcode: **S8439239A**

Portrait of Vijayakumar S/O Ahoram

NRIC No: **S8439239A**

Date of issue: **25-01-2011**

APT BLK 644 JURONG WEST STREET 91 #02-489  
 SINGAPORE 640644

NRIC No: **S8439239A** Date: **26/12/2015**

