

NATIONAL Assessment Centre Services.

[ver 1 Jan'05]

19 MAY 18 165797

Date In: 26/12/2008 15:59	Job description	Date & Time Completed	Done by
Ref No: NBA/M89/8023102/Y	SAS e-filing		
Veh No: 817 7114	E-mail (Within 2hrs, A/C 2hrs)		
D.O.A: 19/12/2008 21:05	I-Motor Claim Form		
OD (T) : 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: JGK 9163	INC () / Non-INC ()
Owner / Driver: (Tel: ()
Policy No: (Period: (Cover Type: (
Confirmed by: (Dates: (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 () / Non-INC ()	Complete 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

NA 1808505	Invoice for Insurance Claim
Claimant's Particulars:	1) AR: Accident Reporting (\$30)
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 (ver 10 Jan 2005)
Cal 1:	6) TR: Re-inspection \$75
2/3:	7) NI: Idao DA + EMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*NS: 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 \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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	26/12/2018 15:59
Date Of Accident	19/12/2018 21:05
Exact Location Of Accident	OLD WOODLANDS RD TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT7111U
Insured/Policyholder	
Name Of Registered Owner	SULAIMAN BIN ALI
NRIC No	S7400243I
Email Address	SULAIMAN@MYPENTA.NET
Mobile Phone No	(LOCAL) +65-91448746
Alternative Phone No	OTHERS-91448746

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
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	S 29046534 SMF
Cover Note Number	

Driver

Name of Driver	SULAIMAN BIN ALI
NRIC No	S7400243I
Date Of Birth	04/01/1974
Occupation	INDOOR
Date Of Driving Pass	21/01/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91448746
Fax Number	
Contact Number	OTHERS-91448746
Email Address	SULAIMAN@MYPENTA.NET

Address	BLK 12A MARSILING LANE #04-55
Postcode	731012
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQK9163 (PRIVATE CAR)
Number of vehicles (including own vehicle) 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)	2
Passenger 1	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181220/2011

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	JQK9163
Vehicle Make/Model/Colour	PERUDUA AVANZA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SHANMUGAM ELANCHELIAN
NRIC/Passport Number	A34377609

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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: 26/12/2018 @ 1430hrs

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Rosli Lim
NRIC/FIN No.:

SKETCH PLAN

HEAVY VEHICLE
CARPARK

L/P 329

BOTH LANES
CONGESTED

TOWARDS WOLFS
CHECKPOINT

JRK
9162 X SLT
7114

CENTRE DIVIDER

OLD WOODLANDS ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REFER TO POLICE REPORT
7/2081270/2011

DECLARATION

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

Policyholder's Signature

Date & Time: 26/12/2018 @
1430hrs.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

26/12/2018

Kolli Vithan



SINGAPORE POLICE FORCE



T/20181220/2011

1 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20181220/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2018 02:40		Vide Report No.: L/20181219/0128		Station Diary No.: 40	
Informant's Particulars					
Name of Informant: SULAIMAN BIN ALI			Address: APT BLK 12A MARSILING LANE #04-55 SINGAPORE 731012		
ID Type / ID No.: NRIC NO / S74002431			Contact No.: Home/Office: Mobile: 91448746		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 44	Date of Birth: 04/01/1974	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: CONSTRUCTION MANAGER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 19/12/2018 21:05	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS ROAD				
Old Woodlands Road towards Checkpoint before Esso Petrol kiosk near to L/P329 Lamp Post Number: 329				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
JQK9163	Car					1
SLT7111U	Car	HYUNDAI	Elantra	Grey	Slightly Damaged	1



**SINGAPORE
POLICE FORCE**



T/20181220/2011

2 of 3

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

Report No. T/20181220/2011

CONTINUATION OF REPORT

Brief Details.

On 19/12/2018 at about 2105hrs, I was driving my car V1) SLT7111U along Woodlands Road towards Woodlands Checkpoint on the left lane of 2 lane road. The traffic was heavy and moving slowly. At one point, there was one Singapore registered van from the right lane intended to change to the left lane. Hence, I gave way to the said van and when the van was already in front of me, I felt an impact from my rear. I then alighted and discovered the front portion of V2) JQK9163 had hit the rear of my vehicle. I then approached the driver namely, Shanmugam Elanchelian, PP: A34377609 who was not compliant. Subsequently, I called for TP assistant.

There were scratches and cracked on my rear bumper. There was no injury at scene. I was advised by the TP officer at scene to lodge accident report vide incident L/20181219/0128.



**SINGAPORE
POLICE FORCE**



T/20181220/2011

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20181220/2011

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:

L /

Staff Sgt NURDILLA BINTE MURSANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt MOHAMAD ZULFAZDLI BIN
ABDULLAH

Contact No.: 65476204

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

20/12/2018 02:40

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 19/12/2018 (DD/MM/YYYY), TIME: 21:05 (HH:MM)

LOCATION: Old Woodland's Road towards Checkpoint before Esso near to
Lampost 329.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLT 71114
b) INSURANCE COMPANY: MSIA
c) POLICY NUMBER: S29046534 SMF
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HYUNDAI ELANTRA (S)
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: SULAIMAN BIN ALI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7400243I CONTACT: 91448746
c) ADDRESS: BLK 12A MARSILING LANE, STRAITS VISTA,
#04-55, S731012

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 04/11/1974 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS JAN 1994

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

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: WDLs WEST NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: J&K 9163 MODEL: PERODUA AVANZA
b) DRIVER'S NAME: SHANMUGAM ELANCHELIAN
c) NRIC/FIN/PASSPORT: A34377609 CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = Sulaiman@mypenta.net

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S74002431



Name

SULAIMAN BIN ALI

سوليمان بن الي

Race
MALAY

Date of birth
04-01-1974

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S74002431

SULAIMAN BIN ALI

Birth Date 04 Jan 1974

Issue Date 22 Aug 2003



3403169

NRIC No. S74002431



Date of issue
28-01-2004

APT BLK 12A MARSILING LANE #04-55
SINGAPORE 731012

NRIC No: S8774370E

Date: 24/04/2015

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

PASS DATE

Class 3B	Motorcycles not exceeding 200 cc	12 Sep 1992
Class 2A	Motorcycles between 201 cc and 400 cc	07 Jan 1991
Class 2	Motorcycles exceeding 400 cc	16 Nov 1990
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jan 1994

Licence No: S74002431

NP 439A



**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

DUPLICATE COPY
 FOR FINANCE COMPANY

ULTIMATE CAR PROTECTOR-PREMIER**RENEWAL CERTIFICATE**

Policy Number	Period of Insurance	Place of Issue
S 29046534 SMF	09/11/2018 to 08/11/2019	SINGAPORE
Name and Address of Insured	Date of Issue	Account Number
Sulaiman bin Ali 12A Marsiling Lane #04-55 Straits Vista @ Marsiling Singapore 731013	12/11/2018	599055
Premium	GST	Total Due
SGD753.47	SGD52.74	SGD806.21

RISK NUMBER 1**ULTIMATE CAR-PROTECTOR-PREMIER****OCCUPATION**

Construction Manager

FINANCIAL INTEREST

Malayan Banking Berhad
 as Hire Purchase Owners

SCOPE OF COVER Comprehensive**INTEREST INSURED**

REGISTRATION NO. SLT7111U
MAKE/MODEL Hyundai Elantra AD 1.6 GLS AT
ENGINE NUMBER G4FGHU671851
CHASSIS NUMBER KMHD841CMJU571161
YEAR OF MFG 2017
CAPACITY 1591 C.C.
SEATING CAPACITY 5 (INCL. DRIVER)
WINDSCREEN UNLIMITED

SUM INSURED
INCL. COE/PARF YES
OFF-PEAK CAR NO
NO CLAIM DISCOUNT 50.00% (or F/D)
GOOD DRIVER'S DISCOUNT SGD39.66
NCD PROTECTOR COVERED
EXCESS SGD500
ANNUAL PREMIUM SGD753.47

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

AUTHORISED DRIVERS

Sulaiman bin Ali