

NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

19020034988

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 15/03/2019 18:08 | Job description | Date & Time Completed | Done by |
| Ref No: 19020034988 | SAS e-filing | | |
| Veh No: 99033 | E-mail (Update Status, AIC 2hrs) | | |
| D.O.A: 14/03/2019 18:30 | I-Motor Claim Form | | |
| OID: 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: SM-5747K | 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: ()

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury: _____

Date/Time: _____

| | | |
|---------------------------------|---|-------------|
| NA1902003 | 1) AR: Accident Reporting (\$30) | INC (\$30) |
| Driver/Owner: | 2) DA: Damage Assessment (\$100) | \$100/\$45 |
| Contact No: | 3) TP: Towing Fee | \$120 |
| Damaged Portion: | 4) FT: Follow-Through Survey | \$30 |
| QC Checked by (Engr-In-Charge): | 5) FT: Follow-Through Survey (Resurvey) | \$30 |
| | 6) TR: Re-inspection | \$75 |
| | 7) NI: Idea DA + SMRT Survey | \$160 |
| | 8) NTUC Additional Services: | |
| | ON: | \$1 |
| | • NG: Courtesy Car / TP Allowance | \$10 |
| | • NG: Repair Co-ordination | \$25 |
| | • NG: Post Repair Inspection | \$5 |
| | • NG: DV / Collect Excess Coordination | \$20 |
| | • TP (NI): TP (Non-INC) - \$100 | \$10 |
| | 9) NI: Idea Mobile | |
| | 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 | 15/03/2019 18:05 |
| Date Of Accident | 14/03/2019 18:30 |
| Exact Location Of Accident | ALONG PASIR PANJANG ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|--|--------------------------------------|
| Vehicle Registration Number | YL9903B |
| Insured/Policyholder | |
| Name Of Registered Owner | TIGER TRANS INTERNATIONAL PTE LTD |
| Co Reg No | - |
| Email Address | NASSER@TIGERTRANS.COM.SG |
| Mobile Phone No | (LOCAL) +65-86468167 |
| Alternative Phone No | OFFICE-62755518 |
| Vehicle Particulars | |
| Manufacturer | UD TRUCKS |
| Model | BLUE |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | B 27873571 TMV |
| Cover Note Number | |
| Driver | |
| Name of Driver | THATTAYATH CHANDRAN |
| NRIC No | G5278631U |
| Date Of Birth | 11/09/1985 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 19/05/2015 |
| Driving Experience | 3 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-86468167 |
| Fax Number | |
| Contact Number | OFFICE-62755518 |
| EMail Address | NASSER@TIGERTRANS.COM.SG |

| | |
|---|-----------------------------------|
| Address | 100E PASIR PANJANG ROAD #05-05 |
| Postcode | 118521 |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| 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) | 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 | SLM5747K |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| 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
Name: *15/03/2019*
NRIC/FIN No.: *15/03/2019*

SKETCH PLAN

Along PASIR PANJANG ROAD

A= YL9903B
B= SLM5747K

BUS STOP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| | |
|--|---|
| LICENSE PLATE: YL9903B | ACCIDENT DATE & TIME: 14/03/2019 @ 1830hrs |
| CONTACT NUMBER: 86468167 | E-MAIL ADDRESS: nasser@tigertrans.com.sg |
| LOCATION: Along Pasir Panjang Road | |
| <p>Vehicles ahead started to move off slowly in front of me, along Pasir Panjang Road before Alexandra Road. When suddenly, Veh B (SLM5747K) came from my left, cut into my lane and hit onto the front left portion of my vehicle. Nobody was reported with injuries at the accident scene. That's all.</p> | |
| <p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION</p> | |
| Please state: | |
| <input type="checkbox"/> Claim Own Policy | <input checked="" type="checkbox"/> Claim Third Party |
| <input type="checkbox"/> Claim OD/TP at other workshop | <input type="checkbox"/> Reporting Only |

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: 15/3/19

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

ACCIDENT STATEMENT

Date of Accident: 14/03/2019 Time of Accident: 1830hrs

Exact Location of Accident: Along Pasir Panjang Road

DETAILS OF OWN VEHICLE

Vehicle Registration Number: YL9903B

Insured/Policyholder

Name of Registered Owner:

NRIC No:

Email Address:

Mobile Phone No: (LOCAL) +65 -

Alternative Phone No: ~~HOME~~ office 62755518

Vehicle Particulars

Manufacturer:

Model:

Type of Claims / Report: Own Damaged / Third Party / Reporting Only

Vehicle Category: Private / Commercial / Motorcycle / Bus / Others:

Insurance Company

Name of Insurance Company: MSIG

Type of Coverage: Comprehensive / Third Party / Third Party, Fire & Theft

Policy Number:

Driver

Name of Driver: Thattayath Chandram Prakashan

NRIC No: G52786314

Date of Birth: 11/09/1985

Occupation: Indoor / Outdoor

Date of Driving Pass Date: 19/05/2015

Gender: Male / Female

Mobile Phone No: (LOCAL) +65 - 86468167

Email Address:

Address: 100E Pasir Panjang Road #05-05 S(118521)

Was driver an employee of the Insured's Company : Yes / No

If No, Relationship of the Driver with the Insured :

General Information of the Accident

Type of Accident : *change / cross lane -*

Weather Conditions : *Clear* / Raining / Others :

Road Surface : *Dry* / Wet / Others :

Other Information

Was any foreign Vehicle involved in this accident? : Yes / *No*

Was any other material or property damaged? : Yes / *No*

Was there any video captured by Car Camera? : Yes / *No*

Number of Passengers (Including Driver) : *01 (driver only)*

Details of Police Action

Was the accident reported to the police? : Yes / *No*

If yes, Please state which Police Station :

Was notice of intended Prosecution given? : Yes / *No*

If Yes, against whom? :

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration No : *SLM5747K*

Vehicle Make/Model/Colour :

Name of Driver :

NRIC/Passport No :

Contact No :

Address :

Insurance Company Name : *NTUC Income*

Details of Witness

Name :

Phone No :

Email Address :



EMPLOYMENT OF FOREIGN MANPOWER ACT (Chapter 91A)
Republic of Singapore

THAT TAYATH CHANDRAN PRAKASAN



THAT TAYATH CHANDRAN PRAKASAN

020090155 SERVICE



X0551253



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **G5278631U**

Name: **THATTAYATH CHANDRAN PRAKASAN**

Birth Date: **11 Sep 1985**
Issue Date: **31 Oct 2017**
Valid Till: **30/10/2022**

0027388828

VISIT PASS
Immigration Regulations

Name: **THATTAYATH CHANDRAN PRAKASAN**



File: **G5278631U**
Date of Birth: **11 Sep 1985** Sex: **M**
Nationality: **INDIAN**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SUBMIT THIS CARD WHEN IT IS REQUESTED FOR INSPECTION. ON WORK & WORK CARD IS ISSUED TO YOU.

Download iScanPass App to check status



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

| | | |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 18 Oct 2012 |
| Class 3 | Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg | 18 Oct 2012 |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg | 19 May 2013 |
| | Motor vehicles which are not constructed to carry load or passengers and the unladen weight >= 2250kg | |



Licence No: G5278631U

NP 4254

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 4 Shenton Way, # 21-01, SGA Centre 2, Singapore 058007
 Tel: +65 (6577 7888), Fax: +65 (6527 7800)
 Co. Reg No: 200412212C, UST Reg No: 200412212C

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. 180 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.Y. 301

COMMERCIAL VEHICLE - TP

Goods Carrying Vehicle - BCR 11

Third Party

Certificate No. B 27873571 TKV

1. Index Mark and Registration Number of Vehicle

YL9903B

2. Name of Policyholder

Tiger Trans International Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act

13/04/2018

4. Date of Expiry of Insurance

17/04/2019

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 racing pace-making reliability trial or speed-testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

* 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