

NATIONAL Assessment Centre Services.

(wrt 1 Jan 2018)

MINA 9052853

Date In: 24/06/2018 10:05	Job description	Date & Time Completed	Done by
Ref No: NBT/M89/9007183/4	SAS e-filing		
Veh No: 9FF 446E	E-mail (Agenda Item, AIC Item)		
D.O.A: 22/04/2018 14:40	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: SHD 9826J	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 ()	

() 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: _____

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)	
Damaged Portion:	3) TP: Towing Fee \$10/\$45	
	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	Forfeiting against INC Only (wrt 10 Jan 2018)	
	6) TR: Re-inspection \$75	
	7) NI: Idax DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	• NI: Courtesy Car / TP Allowance \$5	
	• NI: Repair Coordination \$10	
	• NI: Post Repair Inspection \$25	
	• NI: DV / Collect Excess Coordination \$5	
	• NI: TP (Non-INC) \$20	
	• NI: Idax 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	24/04/2019 10:05
Date Of Accident	23/04/2019 14:40
Exact Location Of Accident	ALONG SINARAN DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF4468E
Insured/Policyholder	
Name Of Registered Owner	MAHESH ARJANDAS CHOO LANI
NRIC No	S1590208F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97927534
Alternative Phone No	OTHERS-97927534

Vehicle Particulars

Manufacturer	BMW
Model	523I-2.5 AT ABS D/AB 2WD 4DR GAS/D NAV (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	
Cover Note Number	10119789

Driver

Name of Driver	ABDULLAH BIN HASSAN
NRIC No	S0066770F
Date Of Birth	30/04/1950
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1978
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97927534
Fax Number	
Contact Number	OTHERS-97927534
EEmail Address	NOEMAIL

Address	BLK 348 TAMPINES STREET 33 #10-412
Postcode	520348
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : MAHESH ARJANDAS CHOOLANI (BOSS) GENDER: : MALE

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 AND ATTACHMENT

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	SHD9826J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.:

I was driving vehicle no SFF 4468^E along Sinaran Drive from the direction of Moulmein Road to Irrawady Road. Sinaran Drive has 2 lanes.

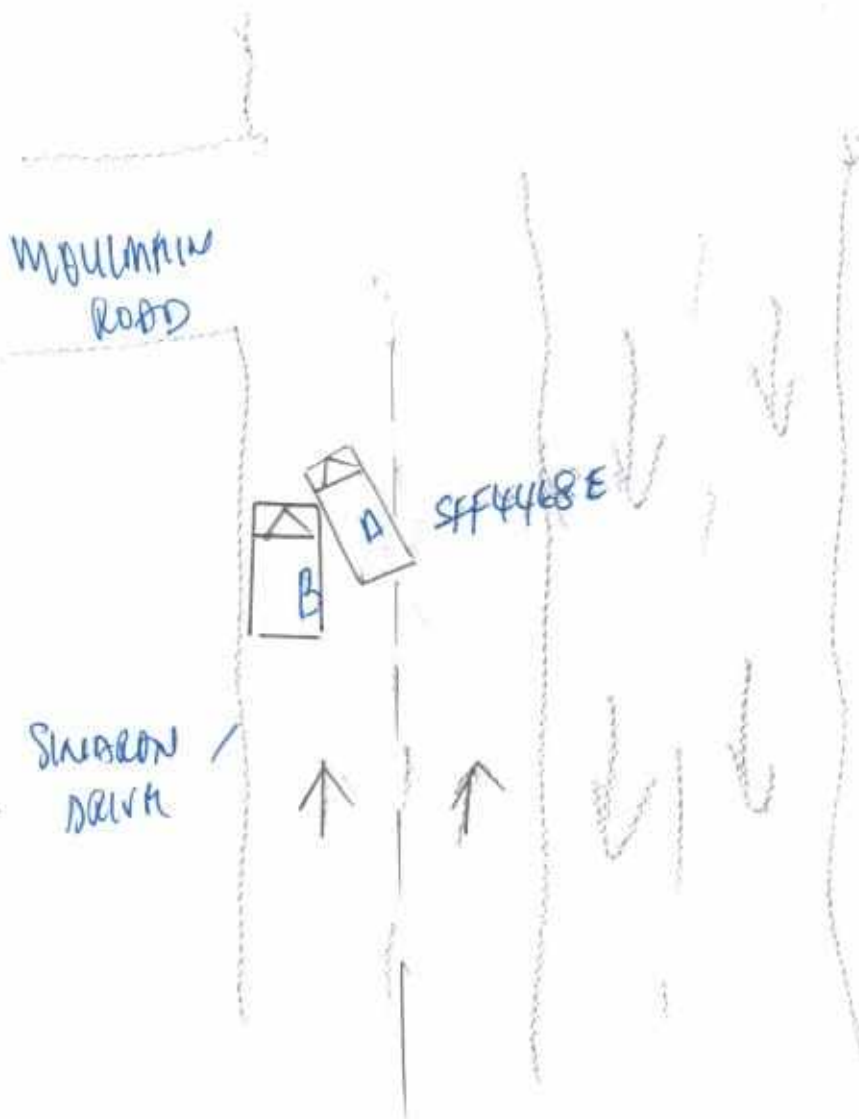
I was in the right lane and put on my indicator to turn left.

After ensuring it was safe to do so, I slowly moved to the left lane.

After I had entered the left lane a taxi (reg no SHD 9826J) which was outside my vision came at a very fast speed. This can be seen from the scratches to the entire length of the taxi.

The taxi had a passenger who alighted after the collision and left the scene.

Sinaran Drive is a bend. The speed limit is 40km/h.

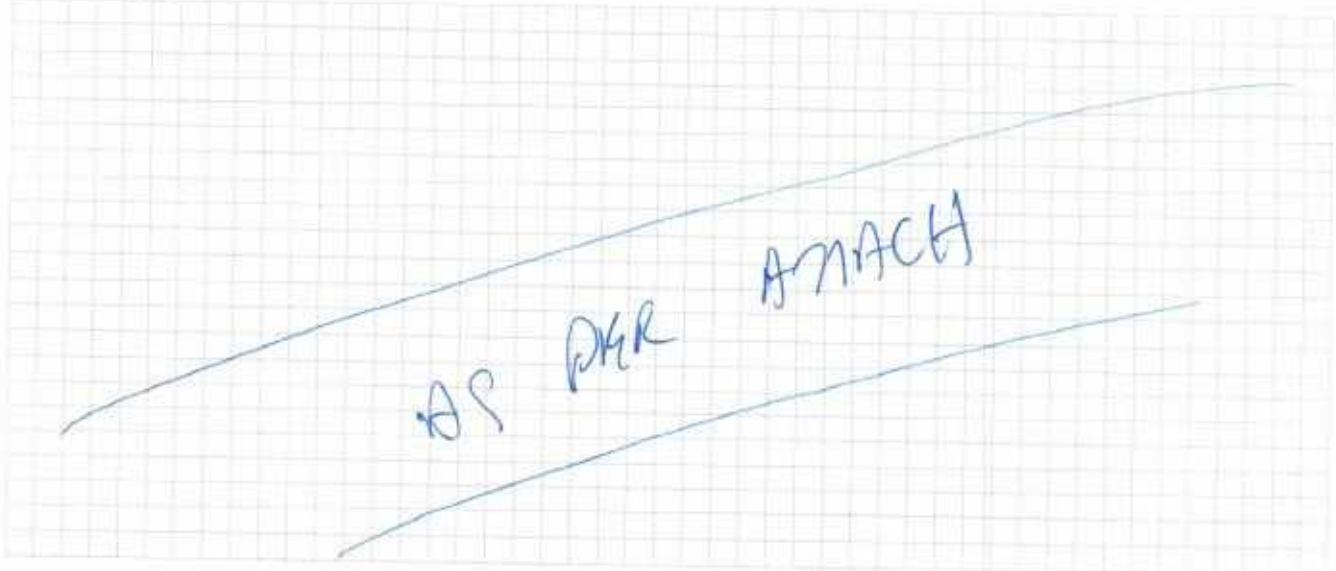


A) SFF 4468 E
B) SHD 9826 J

Signature
23/04/2019

Signature
24/04/2019
Rof L. H. H. H.

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ramp to station

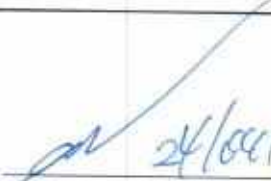
DECLARATION

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:

23/04/2019


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

24/04/2019
Roshni Lathia

ACCIDENT STATEMENT

ACCIDENT DATE: (23/04/2019) (DD/MM/YYYY). TIME: (14:40) (HH:MM)

LOCATION: Along Siquiao DE Towards Moulmain Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SFF 8468 E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BMW 528i
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: WORKING
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: MAHESH ARJUNDAS CHOLANI (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S1590204F CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 97927534
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (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: DRIVER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____
b) ROAD SURFACE: (DRY / WET / OTHERS) _____

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: SHD 9826J MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0066770F



ABDULLAH BIN HASSAN

عبدالله بن حسن

BOYANESE

Date of Birth Sex

30-04-1950 M

Country of Birth

SINGAPORE



MOTOR INSURANCE COVER NOTE

Cover Note No. 10119789

The insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Agent No. : 212165
Name of Insured : MAHESH ARJANDAS CHOOLANI
Make and Description of Vehicle : BMW 523i 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV
Vehicle Registration No. : SFF4468E
Year of Manufacture : 2011
Engine No. : 10557848N52B25AF
Chassis No. : WBAFP32030C867683
Capacity : 2,497 Cubic Capacity
Cover Type : Comprehensive
Sum Insured (SGD) : Market Value
Period of Insurance : 29/09/2018 to 28/09/2019
Excess (SGD) : 750
Finance Company : UNITED OVERSEAS BANK LIMITED

I/We hereby certify that this Cover Note is issued in accordance with the Provisions of the Motor Vehicles (Third Party Risks & Compensation) Act (Cap. 189) and Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless countersigned by the
Company's Authorised Representative



Sime Darby Insurance Brokers (Singapore) Pte. Ltd.

MSIG Insurance (Singapore) Pte. Ltd.
Authorised Insurers



Katherine Yeo
Senior Vice President, Brokers

Date of Issue : 20/09/2018

This Cover Note is valid for 30 days from the date of issue.