

NATIONAL Assessment Centre Services.

[ref + Jan/05]

MAH9065635

Date In: 21/05/2019 16:52	Job description	Date & Time Completed	Done by
Ref No: N/A/m84/9008958/Y	SAS e-filing		
Veh No: QKH 9692X	E-mail (within 2hrs, AIC 2hrs)		
D.O.A 21/05/2019 07:30	I-Motor Claim Form		
OD: TIK Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whar		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: SF2 8882	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 repolier.

() 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	Activity	By

<p>NAH903755</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Architect's Comments:</p> <p>2nd 1:</p> <p>2/2</p>	<p>Invoice</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100) INC (\$10)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) PT: Follow-Through Survey \$120</p> <p>5) PT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (ref 10 Jan 2009)</p> <p>6) TR: Re-inspection \$75</p> <p>7) NI: Idas DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>ON:</p> <p>*NS: Courtesy Car / Tpl Allowance \$5</p> <p>*NG: Repairs Co-ordination \$10</p> <p>*NT: Post Repair Inspection \$25</p> <p>*ND: DV / Collect Excess Coordination \$5</p> <p>TP (Nil): TP (Non INC) against INC \$30</p> <p>9) NI: Idas Mobile</p> <p>Invoice dated</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>
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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	21/05/2019 16:52
Date Of Accident	21/05/2019 07:30
Exact Location Of Accident	QUEENS CONDOMINIUM PARKING LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH9692X
Insured/Policyholder	
Name Of Registered Owner	RATADIA AMIT BHUPATRAJ
NRIC No	S7986138C
Email Address	JAINAMITB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90232120
Alternative Phone No	OTHERS-90232120

Vehicle Particulars

Manufacturer	AUDI
Model	A6
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	REPORTING ONLY
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 28666165 SMA
Cover Note Number	

Driver

Name of Driver	RATADIA AMIT BHUPATRAJ
NRIC No	S7986138C
Date Of Birth	19/03/1979
Occupation	INDOOR
Date Of Driving Pass	19/02/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90232120
Fax Number	
Contact Number	OTHERS-90232120
Email Address	JAINAMITB@GMAIL.COM

Address	16 STIRLING ROAD #11-19
Postcode	148957
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : SON 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 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	SFZ388Z
Vehicle Make/Model/Colour	BMW 520i
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NICHOLAS CHONG
NRIC/Passport Number	S2634741F
Contact Number	90301318
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

Gain
21/05/19 4:43PM
Policyholder's Signature
Date & Time:

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

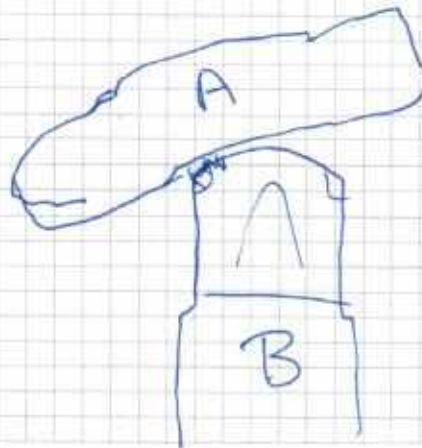
20/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Queens Condominium (PARKING LOT)

A - SKH9692X

B - SFZ 388Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While turning right scratched the stationery car in the parking lot. There was no one in the other car.

DECLARATION

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

A Jain
21/05/19 4:43 PM

Policyholder's Signature
Date & Time:

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

22/05/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: (21/05/2019) (DD/MM/YYYY), TIME: (07:30) (HH:MM)

LOCATION: QUEENS CONDO (PARKING LOT)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKH 9692X
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: S 28666165 SMA
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: AUDI A6
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: RATADIA AMIT BHUPATRAJ (MALE / FEMALE)
B) NRIC/FIN/PASSPORT: S7986138C CONTACT: 90232120
C) ADDRESS: 16 STIRLING ROAD, UNIT 11-19
SINGAPORE 148957

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (19/03/1979) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 19/01/2013

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)
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: SF2 3882 MODEL: BMW 523i
b) DRIVER'S NAME: NICHOLAS CHONG
c) NRIC/FIN/PASSPORT: S 2634741F CONTACT: 90301318

9. THIRD PARTY VEHICLE

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

email = jainamitb@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7986138C



Name

RATADIA AMIT BHUPATRAJ

Race

INDIAN

Date of birth

19-03-1979

Sex

M

Country of birth

INDIA



9173159

NRIC No. S7986138C



Nationality

INDIAN

Date of issue

30-07-2012

Address

16 STIRLING ROAD
#11-19
SINGAPORE 148957

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S7986138C

Name

RATADIA AMIT BHUPATRAJ

Birth Date: 19 Mar 1979

Issue Date: 19 Feb 2013



002152424D

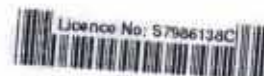
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles <= 200 cc
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

19 Feb 2013
19 Feb 2013

NP 428A



Licence No: S7986138C

**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

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. 189 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.X.1
 Individual Ownership

ULTIMATE CAR PROTECTOR-CLASSIC Comprehensive

Certificate No. S 28666165 SMA

Excess : SGD1,500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
 SKH9692X

2. Name of Policyholder
 Ratadia Amit Bhupatraj

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 31/01/2019

4. Date of Expiry of Insurance
 30/01/2020

5. Persons or Classes of Persons entitled to drive*

Ratadia Amit Bhupatraj

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 only for social domestic and pleasure purposes and for the Policyholder's business.
 The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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.

**PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG
 AUTHORISED WORKSHOP LISTED IN THE ATTACHED.**

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