

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: 04/06/19	Job description	Date & Time Completed	Done by
Ref No NA/MSG 19009825/13	SAS e-filing		
Veh No GBE3815X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/06/19 0900	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: ( RYDER Tel: Fax: )

TP Particulars: Veh No: SLA1273X 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:- (INC hotline: 6788 6616) 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

NA1904231 Invoice Preparation Checklist Amt (\$) Amt (\$) 1st Bill Add Bill

Claimant's Particulars:- 1) AR: Accident Reporting (\$30);

Driver/Owner: 2) DA: Damage Assessment (\$100); INC (\$80)

Contact No: 3) TF: Towing Fee \$40/\$45

Damaged Portion: 4) FT: Follow-Through Survey \$120

5) FT: Follow-Through Survey (Resurvey) \$30

QC Checked by (Engr-In-Charge): For claiming against INC Only (wef 10 Jan 2005)

Auditors' Comments:- 6) TR: Re-inspection \$75

Cat. 1: 7) N1: Idac DA + SMRT Survey \$160

Cat. 2 / 3: 8) NTUC Additional Services:-

9) N12: Idac Mobile \$30

TP (N11): TP (Non INC) against INC \$20

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	04/06/2019 10:52
Date Of Accident	03/06/2019 09:00
Exact Location Of Accident	JURONG TOWN HALL RD TWDS TEBAN GARDEN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3815X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SML ENGINEERING & HARDWARE TRADING
Co Reg No	B53064696W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92425851

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28835130 MKC
Cover Note Number	

### Driver

Name of Driver	KANTHASAMY MANIKANDAN
Passport No/FIN	G7578071R
Date Of Birth	10/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2018
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92425851
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	5 SUNGEI KADUT WAY
Postcode	728781
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	SIDE SWIPE
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: : ONG SHEN HUI GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NPP
Police Station Address	ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190603/2089

#### 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	SLP1273X
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)



## 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:

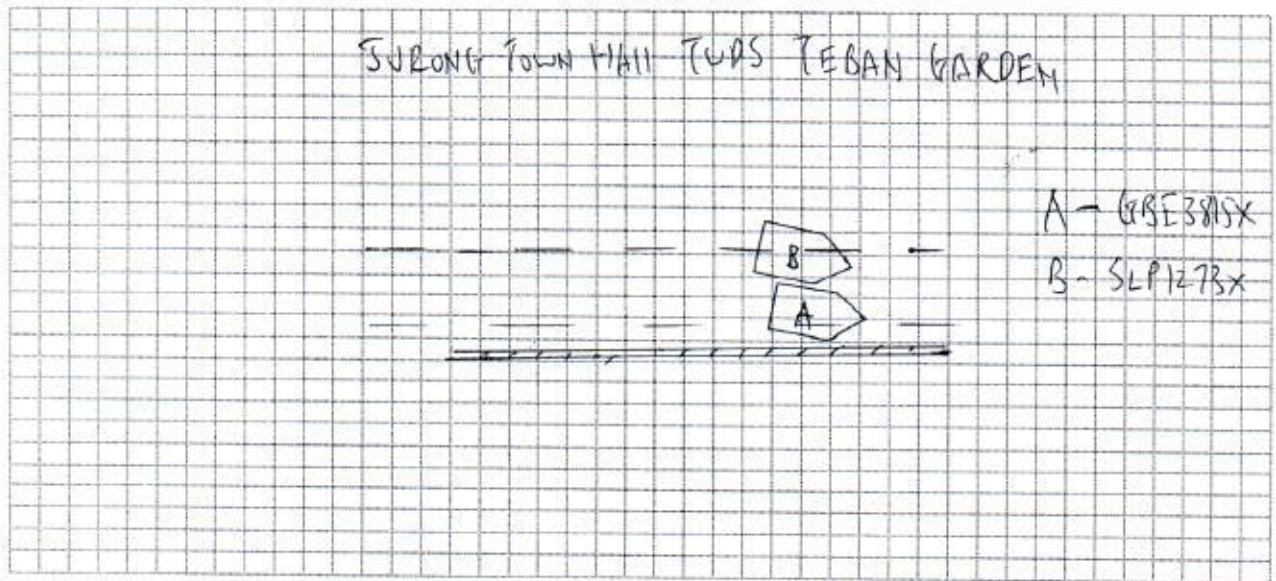
*[Signature]*

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

*[Signature]* 04/02/19

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

### SKETCH PLAN:



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING STRAIGHT ALONG JURONG TOWN HALL TOWARDS TEBAN GARDEN. VEHICLE B OUT OF THE BLUE HIT ONTO MY LEFT PORTION, THE IMPACT WAS TOO HUGE THAT IT FORCE MY CAR GO UP THE KERB AND HIT ON TO THE DIVIDER.

### 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:

04/06/19

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





**SINGAPORE  
POLICE FORCE**



T/20190603/2089

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

1 of 3

Report No. T/20190603/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/06/2019 13:47	Vide Report No.:	Station Diary No.: 20
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<b>Informant's Particulars</b>			
Name of Informant: KANTHASAMY MANIKANDAN		Address: 31K CAMBRIDGE ROAD JOOL SUITES SINGAPORE 219721	
ID Type / ID No.: FIN NO / G7578071R		Contact No.: Home/Office: Mobile: 92425851	
Nationality: INDIAN		Email:	
Sex: Male	Age: 41	Date of Birth: 10/06/1977	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: SITE SUPERVISOR		Driving Licence Information: Class: 2B,3	Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Government Property	Drink Drive: No	Date/Time of Accident: 03/06/2019 09:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 JURONG TOWN HALL ROAD TEBAN GARDENS ROAD ALONG JURONG TOWN HALL ROAD TOWARDS TEBAN GARDENS ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE3815X	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR EURO V	Silver	Seriously Damaged	1
SLP1273X	Car	MAZDA	MAZDA3 SEDAN 1.5 AT EU6	Silver	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20190603/2089

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

2 of 3

Report No. T/20190603/2089

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KANTHASAMY MANIKANDAN	ID No.	G7578071R
Related Vehicle	GBE3815X (Van)	Contact No.	92425851
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 03/06/2019 at about 0900hrs, I was driving my vehicle GBE3815X with one passenger along Jurong Town Hall Road towards Tebah Gardens Road on the right most lane on a three lane road. All of a sudden, vehicle SLP1273X side swiped my vehicle from my left side and the impact caused my vehicle to hit onto the road divider, damaging the road barrier. No one was injured at that time. We decided to go for insurance settlement and I will lodge a police report as it involved government property.





**SINGAPORE  
POLICE FORCE**



T/20190603/2089

Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

3 of 3

Report No. T/20190603/2089

**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:

G /

Sgt 2 KOH WEN RUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65472076

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:


03/06/2019 13:47

Classification Of Case:

## Accident Reporting Draft

VEHICLE NO: GBE3815X

MODEL: NISSAN NV350 PANEL VAN

DATE OF ACCIDENT	3/6/2019		
TIME OF ACCIDENT	0900HRS	HRS	AM/PM
LOCATION OF ACCIDENT	JURONG TOWN HALL TOWARDS TEBAN GARDEN		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	SML ENGINEERING & HARDWARE TRADING		
CONTACT NO.	92425851		
NRIC	B53064696W		
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY THIRD PARTY		
INSURANCE CO.	MSIG		
TYPE OF COVERAGE	COMPREHENSIVE/ THIRD PARTY/ THIRD PARTY FIRE & THEFT		
POLICY NO.			
NAME OF DRIVER	KANTHASAMY MANIKANDAN AS ABOVE / IF NO:		
NRIC	G7578071R	ANY PASSENGER: 1	
DATE OF BIRTH		M - ONG SHEN HUI	
OCCUPATION	OUTDOOR / INDOOR		
DATE OF DRIVING PASS			
GENDER	MALE / FEMALE		
CONTACT NO.	92425851	OFFICE:	HOME:
ADDRESS	5 SUNGEI KADUT WAY S(728781)		
DRIVER HAVE ANY OWN VEHICLE	NO/ IF YES: REG NO.		
RELATIONSHIP	EMPLOYEE/ IF NO:		
WEATHER CONDITION	CLEAR / RAINY/ OTHER: CLEAR		
ROAD SURFACE	DRY / WET/ OTHER: DRY		
ANY INJURIES	NO / IF YES:		
CONTACT NO.			
POLICE REPORT	NO / IF YES:		
VIDEO RECORDING	NO / YES		
VEHICLE B NO.	SLP1273X	ANY PASSENGER:	
NAME			
CONTACT NO.			
VEHICLE C NO.	ANY PASSENGER:		
VEHICLE D NO.	ANY PASSENGER:		
VEHICLE E NO.	ANY PASSENGER:		
VEHICLE F NO.	ANY PASSENGER:		
ANY WITNESS			
WITNESS CONTACT NO.			
PARTICULAR WORKSHOP	<div style="text-align: center;">  <p><b>Ryder</b> Auto Pte Ltd</p> <p>2 Kaki Bukit Ave 2, #02-19 @ Kaki Bukit Auto Hub, Singapore 417921</p> <p>Email: ryderautoworkshop@gmail.com Tel: 67418277 Fax: 67468277</p> </div>		
MOBILE NO.			
CONTACT PERSON			
FAX NO.			



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**SML ENGINEERING & HARDWARE TRADING**



Name  
**KANTHASAMY MANIKANDAN**

S-Pass No.  
**D 32854524**


Sector  
**SERVICE**






**K0766150**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**




Licence Number  
**G7578071R**

Name  
**KANTHASAMY MANIKANDAN**

Birth Date: **10 Jun 1977**

Issue Date: **11 Nov 2016**

Valid Till **10/11/2021**



**002628524H**

**VISIT PASS**  
Immigration Regulations

Name  
**KANTHASAMY MANIKANDAN**

FIN  
**G7578071R**

Date of Birth  
**10-06-1977**

Sex  
**M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass App to check status




YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU



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

Class	Vehicle Class	Effective Date
Class 1B	Motorcycles <= 200 CC	11 Nov 2016
Class 2	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3500 kg	03 Jan 2018

**S / No. 9000304609**

**G7578071R**

**NP 428A**

Licence No: **G7578071R**



03/01/18

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6927 7888, Fax +65 6927 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.Z.300  
 Goods Carrying Vehicle - Sch I

**COMMERCIAL VEHICLE**  
**Comprehensive**

Certificate No. A 28835130 MKC

Excess : SGD700

**1. Index Mark and Registration Number of Vehicle**

GBE3815X

**2. Name of Policyholder**

SML Engineering & Hardware Trading

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

16/11/2018

**4. Date of Expiry of Insurance**

15/11/2019

**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 hire or reward or 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.

\* 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