

NATIONAL Assessment Centre Services. [part 1 Jan'09] : MMA 119104734.

Date In: 10/8/19 15:24	Job description	Date & Time Completed	Done by
Ref No: MA1MSG190139551h4	SAS e-filing		
Veh No: PA 8693C	E-mail (within 3hrs, A/C 2hrs)		
TPA: 10/8/19 12:50	I-Motor Claim Form		
QD: TP / 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/Wksp		

Preferred Wksp / INC Assgn Wksp / GW: (Tel:	Fax:
TP Particulars:	Veh No: VCG 1670	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: ()

Comments: (INC No: 11905878)	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

MA1905878	Invoice/Repairation Charge	Amount (\$)	Payable (\$)
Claimant's Particulars:	1) AR: Accident Reporting (\$30);	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	4) PT: Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30		
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2009)		
	6) TR: Re-Inspection \$75		
	7) NI: Idao DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD:		
	*N5: Courtesy Car / Tpt 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	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	10/08/2019 15:24
Date Of Accident	10/08/2019 12:50
Exact Location Of Accident	JUNC OF UBI AVE 2 & UBI AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8693C
Insured/Policyholder	
Name Of Registered Owner	MARITEAM TRANSPORT SERVICES PTE LTD
Co Reg No	200402055D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62222144

Vehicle Particulars

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

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	B 29120398 TMV
Cover Note Number	-

Driver

Name of Driver	KRISHNASAMY KUMARASAMY
NRIC No	S1443299Z
Date Of Birth	29/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2000
Driving Experience	19 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92301271
Fax Number	
Contact Number	OTHERS-82229747
Email Address	NOEMAIL

Address	BLK 120 BT MERAH VIEW #05-14
Postcode	152120
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	VCG1670 (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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190810/2059

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	VCG1670
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

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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:



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

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

SKETCH PLAN

Ubi Rd 1				
	↑	↑	↑	↓
Ubi Ave 2	△ B			
	△ A			
				<p>A: PA66936</p> <p>B: VC61670</p>

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Ubi Ave 2 x Ubi Rd 1. Traffic light was red, I slowed down and come to a stop.

After about 1 min later, driver of VC61670 alighted and approached me saying that I had hit onto the rear portion of his vehicle.

I mm to state that I did not feel any impact and both vehicle does not have any damage.

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:



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

VEHICLE NO:	PA8693C	MAKE & MODEL:	Toyota Hiace.
DATE OF ACCIDENT	10 / 08 / 2019		
TIME OF ACCIDENT	12:50	AM/PM	
LOCATION OF ACCIDENT	Ubi Ave 2 x Ubi Rd 1		
EXACT PURPOSE USE DURING ACCIDENT			
NAME OF OWNER	Main Team Transport Services Pte Ltd		
TEL NO	62222144		
NRIC	2004020550		
CLAIM TYPE	OD /	THIRD PARTY /	REPORTING ONLY
INSURANCE CO	MIA		
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft		
POLICY NO.	B2910399 TMV		
NAME OF DRIVER	As Above /	I/ANo3 kishnasamy kumarasamy	
NRIC	914432997	Any Passengers: NIL	
DATE OF BIRTH	29 / 01 / 1960		
OCCUPATION	Outdoor /	Indoor	
DATE OF DRIVING PASS	21 / 02 / 2005		
GENDER	Male /	Female	
CONTACT NO.	91301271	Office:	Home:
ADDRESS	Blk 120 Bukit Merah New #05-14 (S132120)		
DRIVER HAVE ANY OWN VEHICLE	NO/ If yes: Reg No:		
RELATIONSHIP	Employee/ If No:		
WEATHER CONDITION	Clear / Raining / Other:		
ROAD SURFACE	Dry / Wet / Other:		
ANY INJURIES	No / If yes: Who?		
CONTACT NO.			
POLICE REPORT	No / If yes: Where?		
VEHICLE B NO.	VC61670	Any Passenger: Not sure.	
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.			
OWNER/DRIVER EMAIL			
PARTICULAR WORKSHOP	NEW HOCK TECK MOTOR PTE. LTD.		
	1 Kaki Bukit Ave 5, Blk C #01-43		
	Autobay@Kaki Bukit Singapore 417883		
TEL NO	TEL: 6747 9241		
CONTACT PERSON	Reena / Sukyl		
FAX NO.	FAX: 6741 7276		
EMAIL	reena@nhtmotor.com		
	admin@nhtmotor.com		



**SINGAPORE
POLICE FORCE**



T/20190810/2059

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20190810/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 14:37	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: KRISHNASAMY KUMARASAMY		Address: APT BLK 120 BUKIT MERAH VIEW #05-14 SINGAPORE 152120	
ID Type / ID No.: NRIC NO / S1443299Z		Contact No.: Home/Office: Mobile: 82229747	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 29/01/1960	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 10/08/2019 12:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 UBI AVENUE 2 UBI AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
PA8693C	Van	TOYOTA	HIACE	White	No Damage	0
VCG1670	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PA8693C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	B29120398TMV	14/04/2019	13/04/2020



**SINGAPORE
POLICE FORCE**



T/20190810/2059

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190810/2059

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KRISHNASAMY KUMARASAMY	ID No.	S1443299Z
Related Vehicle	PA8693C (Van)	Contact No.	82229747
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ARASHIMA SATOSHI	ID No.	TZ1011903
Related Vehicle	VCG1670 (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was travelling along Ubi Avenue 2 and came to a complete stop at the junction of the said road, with Ubi avenue 1. I was on the most left lane. After about 1 minute later, the driver of the vehicle in front of me alighted and approached me saying that I had hit onto the rear portion of his vehicle. I wish to state that I did not feel any impact and both vehicles does not have any damages. I saw that my van did not touch the rear of his car.



**SINGAPORE
POLICE FORCE**



T/20190810/2059

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20190810/2059

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 /
Staff Sgt MUHAMMAD HAFIZAN BIN ASRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Signature Of Informant:

Date/Time:
10/08/2019 14:37

Classification Of Case:

Authentication Stamp
NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1443299Z



Name

KRISHNASAMY KUMARASAMY

கிருஷ்ணசாமி குமாரசாமி

Race

INDIAN

Date of birth

29-01-1960

Sex

M

Country/Place of birth

SINGAPORE

S1443299Z

For LKK/NAC Use Only



5619484



NRIC No. S1443299Z

For LKK/NAC Use Only



Date of issue

07-07-2016

Address

APT BLK 120 BUKIT MERAH VIEW
#05-14
SINGAPORE 152120

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1443299Z**
Name:

KRISHNASAMY KUMARASAMY



Birth Date: **29 Jan 1960**

Issue Date: **05 Mar 2003**

For LKK/NAC Use Only



000258593K

I AM LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms

21 Feb 2000


For LKK/NAC Use Only



Licence No: S1443299Z

2 428A

Land Transport Authority



VOCATIONAL LICENCE
Licence No : **S1443299Z**
Name : **KRISHNASAMY KUMARASAMY**
Issue Date : **2/4/2012**
Please visit www.lta.gov.sg to check
the status of this vocational licence

For LKK/NAC Use Only

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	23/02/2006
02	TAXI VL	07/04/2006
04	BUS ATTENDANT	23/02/2006

For LKK/NAC Use Only





MSIG

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way, #21-01, 55/ Centre 2, Singapore 068807

Tel: +65 6527 7308, Fax: +65 6527 7993

In Reg. No. 260412, 130 GST Reg. No. 2001123125

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.2.601
 Private Omnibuses

COMMERCIAL VEHICLE - TP
 Third Party

Certificate No. B 29120398 TMV

1. Index Mark and Registration Number of Vehicle

PA8693C

2. Name of Policyholder

Maritime Transport Services Pte. Ltd.

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

14/04/2019

4. Date of Expiry of Insurance

13/04/2020

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 only for the carriage of passengers or goods in connection with the Policyholder's business.

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 (other than for reward) 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