

NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

MAA419114217

Date In: 29/08/2019 15:59	Job description	Date & Time Completed	Done by
Ref No: N/A/M/89901529817	SAS e-filing		
Veh No: 8BC 539	E-mail (to John, AIC 2hrs)		
D.O.A: 28/08/2019 17:45	I-Motor Claim Form		
OID: 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/Whizz		

Preferred Wksp / INC Assign Wksp / QW: ()	Tel: ()	Fax: ()
TP Particulars: ()	Veh No: SHD 9927B	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 of Incident: ()	Location: ()

N/A/906580

Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (over 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TE (NIU): TP (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	29/08/2019 15:59
Date Of Accident	28/08/2019 17:45
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC539Z
Insured/Policyholder	
Name Of Registered Owner	GOLDWIND SERVICES PTE LTD
Co Reg No	201326729N
Email Address	RAJESH SACHIN21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83144593
Alternative Phone No	OFFICE-65708180
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 5MT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29120310 MKC
Cover Note Number	
Driver	
Name of Driver	BASKARAN RAJESH
NRIC No	G8129018R
Date Of Birth	26/05/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/02/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83144593
Fax Number	
Contact Number	OFFICE-65708180
Email Address	RAJESH SACHIN21@GMAIL.COM

Address	BLK 130 LORONG AH SOO #13-390
Postcode	530130
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?	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	SHD9927B
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

Veh A: GBC 539 Z
Veh B: SHD 9927 B

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/08/2019
1401 HRS

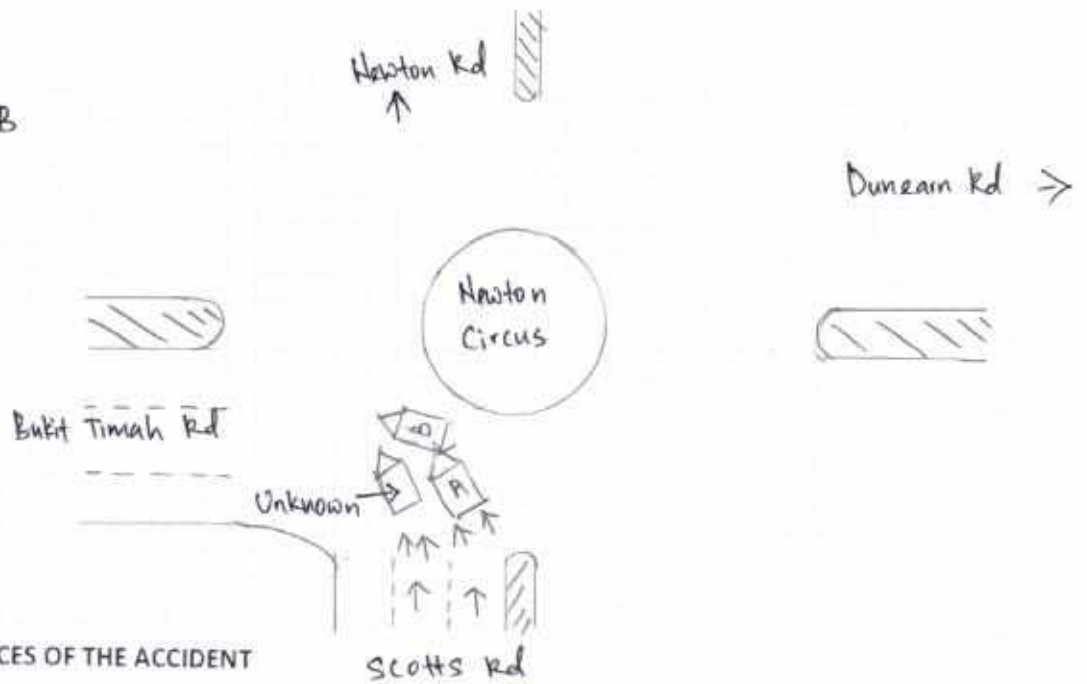
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

29/08/2019
29/08/2019

SKETCH PLAN

Veh A: GBC 5392

Veh B: SHD 9927B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along Scotts Rd toward Dunearn Rd. Traffic was heavy and slow. I move my vehicle and vehicle on my left moving too. However vehicle B saw the vehicle on my left, He make the e-brake to complete stop. I could not stop in time and collided to rear of the vehicle B.

DECLARATION

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



Policyholder's Signature
Date & Time:

Prish B

Driver's Signature
(If driver is not the policyholder)
Date & Time: 29/08/2019
1401 HRS

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

29/08/2019
Rene Hutter

Accord Auto Services Pte Ltd

Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com

Particular Of Insured/Driver & Details Of The Accident Motor Accident Report

*Date of Accident: 28/08/2019
*Accident Location: Newton Circus

*Time of Accident: 1745

Vehicle Details

*Vehicle Number: GBC 539Z

*Make & Model: Nissan Urvan 3.0 SMT

Insured / Policyholder

*Owner Name: Goldwind Services Pte Ltd *NRIC: 201326729 N
*Address: 21 Bt Batok Crescent #03-82 WCEGH Tower S 658065
*Email: _____ *HP: 65708180
*Occupation: _____ (Indoor / Outdoor) *Tel / H / Other: _____

Driver () same as above

*Driver Name: Baskaran Rajesh *NRIC: _____
*Address: Block - 130 Lorong Ah Soo #13-390, Singapore - 530130
*Date of Birth: 26/05/1987 *Driving Pass Date: 03/02/2009 *HP: 83144593
*Email: Rajeshsachin21@gmail.com *Gender: Male Female
*Occupation: Senior Aircon Technician (Indoor / Outdoor) *Tel / H / Other: _____
*Driver an employee: Yes / No (*If no, what is relationship with the policyholder: _____)

Passengers Details

*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)
*P/Name: _____ (Male/Female) *P/Name: _____ (Male/Female)

Insurance Company

*Insurer: WASIG *Coverage: C / TPFT / TPO *Policy No: _____

Detail of other vehicle / Property 1

Vehicle No.: SHD 9927 B
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

Detail of other vehicle / Property 2

Vehicle No.: _____
Make & Model: _____
Vehicle Category: _____
Name of Driver: _____
NRIC : _____
HP : _____
No. of Passengers (Including Driver): _____

For Official Use Only

*Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims)

General Information of the accident

*Type of accident: Head-Rear / Side swipe / others: _____
*Weather conditions: Clear / Raining / others: _____ *Any video cam: Yes / No
*Road Surface: Dry / Wet / others: _____
*Witness: Yes / No (Name: _____ NRIC: _____ HP: _____)
*Accident reported to police: Yes / No *Summon against whom: _____
*Injured party: Yes / No *No. of passengers (include driver): _____
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No
-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G8129018R**

Name: **BASKARAN RAJESH**

For LKK/NAC Use Only

Birth Date: 26 May 1987
Issue Date: 22 Feb 2019
Valid Till: 26/02/2024

002904953J

S PASS
Employment of Foreign Manpower Act (Chapter 97A)
Republic of Singapore

For LKK/NAC Use Only

BASKARAN RAJESH

C 3402104 CONSTRUCTION

K06T0051

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

Class	Motorcycles: <= 200 cc	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	EFFECTIVE DATE
Class 2B			03 Feb 2009
Class 3			03 Feb 2009

For LKK/NAC Use Only



NF 428A

VISIT PASS
Immigration Regulations

For LKK/NAC Use Only

BASKARAN RAJESH

G8129018R

26-05-1987 M

INDIAN

MULTIPLE JOURNEY VISA ISSUED

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

Download SGWorkPass App to check status

**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. 200412212G

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.2.300
 Goods Carrying Vehicle - Section 1

COMMERCIAL VEHICLE
Comprehensive

Certificate No. A 29120310 MKC

Excess: SGD600

1. Index Mark and Registration Number of Vehicle
 QRC5397

2. Name of Policyholder
 Goldwind Services Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
 04/04/2019

4. Date of Expiry of Insurance
 03/04/2020

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 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