

# NATIONAL Assessment Centre Services

part 1 Jan 2019

MMA119171572

Date In	31/12/19 09:12	Job description	Date & Time Completed	Done by
Ref No	MA/ECZ19022908164	SAS e-filing		
Major No	GGG 6815 R	E-mail (within 3hrs, AIC 2hrs)		
Time	22/12/19 05:00	I-Motor Claim Form		
IP / Reporting Only		I-Motor W/O (within: OD 2hrs, TP 4hrs)		
		I-Photo Uploaded		
		Assessment/Survey Report		
		Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: XB 9950 D	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 Roll-in: 6/88/6616)	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

MA2000051	Invoice Preparation Checklist	Am't (\$)	Am't (\$)
1) Alt: Accident Reporting (\$30);		30.00	
2) DA: Damage Assessment (\$100); INC (\$30)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) IPT: Follow-Through Survey (Resurvey) \$30			
For claimant against INC Only (wof 10 Jan 2025)			
6) TR: Re-inspection \$75			
7) NI: Idan DA + EMRT Survey \$160			
8) NTUC Additional Services:			
Q1:			
*N5: Courtesy Car / Tpt Allowance \$3			
*N6: Repair Co-ordination \$10			
*N7: Post Repair Inspection \$25			
*N8: DV / Collect Excess Coordination \$3			
TP (N11): TP (Non INC) against INC \$20			
9) N12: Idan Mobile 30			
Invoice dated	Fee Charged		
Invoice dated	Fee Charged		

QC Checked by (Engr-In-Charge): \_\_\_\_\_

Auditors' Comments: \_\_\_\_\_



## 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	31/12/2019 09:12
Date Of Accident	22/12/2019 05:00
Exact Location Of Accident	PIE TWDS SIMEI B4 EXIT 4B
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6815R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROBINSON CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68482002

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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?	YES
If No, Please state action to be taken	

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-19093213MFCV/34
Cover Note Number	

### Driver

Name of Driver	RAJENDIRAN KALAIVANAN
Passport No/FIN	GXXXX386X
Date Of Birth	30/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83118374
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	6 TUAS SOUTH ST 15
Postcode	636906
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	<b>ROAD:</b> 20 CHAI CHEE DRIVE , <b>POSTCODE:</b> 469045 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2448999 - <b>FAX NO:</b> 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191223/2058

#### 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	XB9950D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	RAJENDIRAN KALAIVANAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	GBG6815R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## 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:

*Driver's Signature*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/12/19

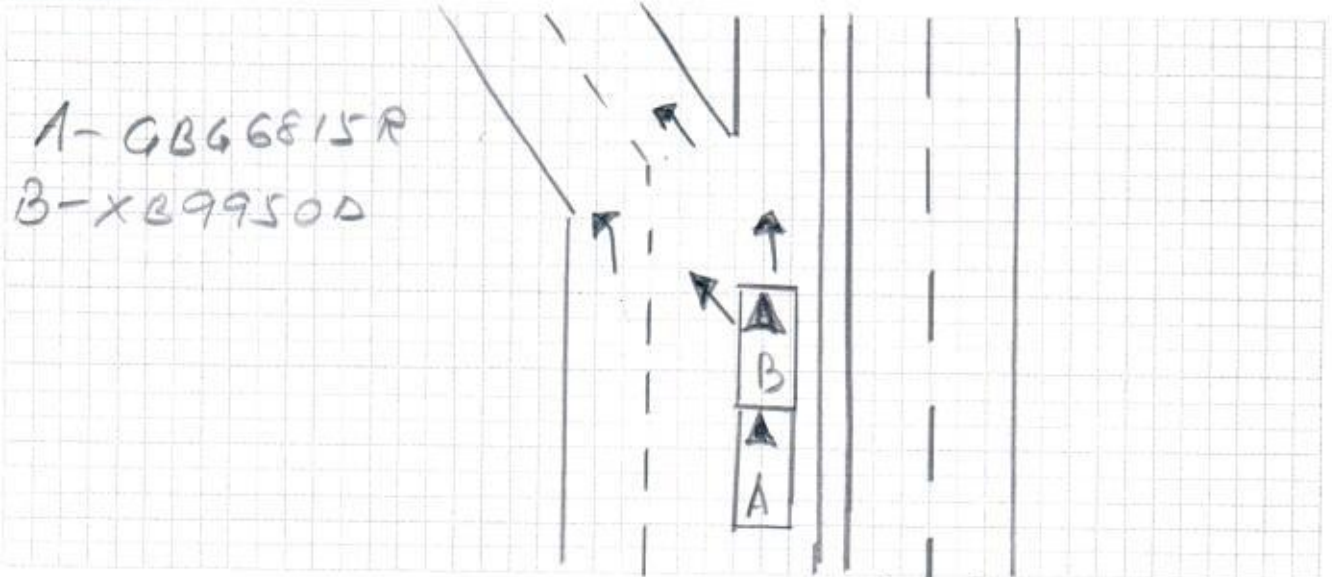
*Reporting Centre Personnel's Signature*

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

EXIT 4B

P1E TWOS SIMEI

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20191223/2058

DECLARATION

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



Policyholder's Signature  
Date & Time:

*Driver's Signature*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 24/12/19

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



## ACCIDENT STATEMENT

ACCIDENT DATE: (20 / 12 / 19) (DD/MM/YYYY), TIME: (05 : 00) (HH:MM)

LOCATION: ~~JURONG PIER RD 134 EXIT SIMEI AVE~~ <sup>PIE TUBE SIMG</sup> 4B

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: GB46815R  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: 1  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: TOYOTA DYNA  
 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) (NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM (REPORTING ONLY))

### 2. INSURED / POLICY HOLDER

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

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### 3. DRIVER

- a) NAME: RAJENDIRAN KALAIYANAN (MALE) FEMALE)  
 b) NRIC/FIN/PASSPORT: G2366386X CONTACT: 83118374  
 c) ADDRESS: 6 TUAS SOUTH ST 15  
636909

\*d) DATE OF BIRTH: (30 / 05 / 1994) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 06

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: COMPANY HIRER

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO) CONVEYED

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: XB9950D MODEL: \_\_\_\_\_

b) DRIVER'S NAME: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

( )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

( )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

( )  
 NUMBER OF  
 PASSENGER  
 INCLUDING DRIVER

Siang Hock.

1) EMAIL :

2) VIDEO :

24/12/19  
 waiting for  
 veh & CI



# SINGAPORE POLICE FORCE



T/20191223/2058

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

1 of 3

Report No, T/20191223/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/12/2019 13:12	Vide Report No.:	Station Diary No.: 34
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**Informant's Particulars**

Name of Informant: RAJENDIPAN KALAIVANAN			Address: 6 tuas south st 15 SINGAPORE 636906		
ID Type / ID No.: FIN NO / G2366386X			Contact No.: Home/Office: Mobile: 83118374		
Nationality: INDIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 30/05/1994	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: CONSTRUCTION WORKER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/12/2019 05:00	Type of Location: Straight Road
Location: Along Road 1 JURONG PIER ROAD  BEFORE EXIT SIMEI AVE				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
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
GBG6815R	Lorry				Totally Damaged	0
XB9950D	TRAILER TRUCK				Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20191223/2058

2 of 3

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Report No. T/20191223/2058

**CONTINUATION OF REPORT**

**Brief Details.**

On 22/12/2019 at 0500hrs, I(GBG6815R) was driving along PIE when I was about to exit simei ave ,  
There was a stationary vehicle (XB9950D) at along PIE at lane 3 however I was unable to stop on time  
and hit against the vehicle . I wish to state that I could not recall what happened next as I had been  
conveyed to CGH. I was given a total of 7 days medical certificate by CGH

IC  
T/20191223/2058  
NOVA 1894  
1/10/1  
In Charge



**SINGAPORE  
POLICE FORCE**



T/20191223/2058

Police Station Of Origin:  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

3 of 3

Report No. T/20191223/2058

**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 TAN XIN XUE

Signature Of Interpreter:  
Not applicable

Officer in Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No : 65476151

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
23/12/2019 13:12

Classification Of Case:



# **CERTIFICATE OF INSURANCE**

**ORIGINAL**

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Type of Policy:	: COMMERCIAL VEHICLE - FLEET
Type of Cover:	: Comprehensive
Certificate No.	: D-19093213MFCV/34
Vehicle No / Chassis No	: GBG6815R / KDY2318028366
Name of Insured	: ROBINSON CAR RENTAL PTE LTD
Period Of Insurance	: 01.04.2019 To 31.03.2020
Insured Estimated Value	: Market Value At Time Of Loss
Financial Institution	: THINK ONE CREDIT PTE LTD

**EXCESS : AS INDICATED BELOW**

**Authorised Driver\***  
**ANY AUTHORISED DRIVERS**

**Persons or classes of persons entitled to drive\***

- (1) Whilst the vehicle is being used in connection with the Insured's business:-
  - (a) Any person provided he is in the Insured's employ and is driving on their order or with their permission.
- (2) Whilst the vehicle is being used for social, domestic or pleasure purposes:-
  - (a) Any person who is driving on the Insured's order or with their permission.

For drivers with more than 1 year driving experience and/or not less than 21 years of age

Excess : S\$1,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
S\$2,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
S\$1,000.00 on Section I & II separately (for Staff)

For drivers with less than 1 year driving experience and/or less than 21 years of age

Excess : S\$3,000.00 on Section I & II separately (for Long Term Lease - 1 year or more)  
S\$4,500.00 on Section I & II separately (for Short Term Lease - less than 1 year)  
S\$2,000.00 on Section I & II separately (for Staff)

\* Provided that the person driving is permitted in accordance with the licensing or other 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.

**Limitations as to use\***

Use in connection with the Insured's business.  
Use for the carriage of passengers (other than for hire or reward) in connection with the Insured's business.  
Use for social, domestic and pleasure purposes.

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 of any one disabled mechanically propelled vehicle.
- (3) Use for the carriage of passengers for hire or reward.

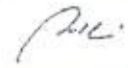
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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)

MS First Capital Insurance Limited  
(Approved Insurers)

SUSAN/A0151/MZ301A9

Issued at Singapore on 01.04.2019

  
Authorised Signature