

# NATIONAL Assessment Centre Services.

[ver 1 Jan 2005]

101773

Date In: 27/01/2000 18:00	Job description	Date & Time Completed	Done by
Ref No: NBA/M8520001371/4	SAS e-illing		
Veh No: GBB 5371X	E-mail (Within 2hrs, AIC 2hrs)		
D.O.A: 21/01/2000 09:40	I-Motor Claims Form		
OD 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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 57 692Z	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 repair.

( ) 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: \_\_\_\_\_

101773

Driver/Owner:	1) All: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/145	
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection \$75	
	7) NI: Idas DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$3	
	*N6: Repairs Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (Non INC) against INC \$30	
	2) NI2: Idas Mobile \$30	
	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	22/01/2020 18:08
Date Of Accident	21/01/2020 09:40
Exact Location Of Accident	CROSS-JUNCTION OF BOON LAY WAY/BUSINESS PARK DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB5377X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANSCONTROL TECHNICAL SERVICES (S) PTE LTD
Co Reg No	AXXXXX598M
Email Address	TRANCTL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-86157463
Alternative Phone No	OFFICE-86157463

### Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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?	YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29081214 MKC
Cover Note Number	

### Driver

Name of Driver	RAJENDRAN ANBU THAMBI
NRIC No	GXXXX335K
Date Of Birth	05/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86157463
Fax Number	
Contact Number	OTHERS-86157463
Email Address	TRANCTL@SINGNET.COM.SG

Address BLK 248 JURONG EAST STREET 24  
 #11-50 BOON LAY CREST  
 Postcode 600248  
 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 - CROSS JUNCTION  
 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) 5  
 Passenger 1  
 NAME: : MANI MUDHALIAR NALLATHAMBI  
 GENDER: : MALE  
 Passenger 2  
 NAME: : PAZHANISAMY ESHARAN  
 GENDER: : MALE  
 Passenger 3  
 NAME: : HOWLADER MD AL AMIN  
 GENDER: : MALE  
 Passenger 4  
 NAME: : GANESAN MAHESWARAN  
 GENDER: : MALE

### Details of Police Action

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name JURONG WEST NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2689999 - FAX NO: 62672438  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200122/2009

### 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	SFT6922Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NGIAM HUI XIN
NRIC/Passport Number	SXXXX640E
Contact Number	90117163
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	MANI MUDHALIAR NALLATHAMBI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	PAZHANISAMY ESHARAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	HOWLADER MD AL AMIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 4

Name	GANESAN MAHESWARAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	GBB5377X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

**DETAILS OF INJURED PERSON 5**

Name

RAJENDRAN ANBUTHAMBI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

GBB5377X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

↓ Business Park Drive

Boon Lay Way

Clementi



A) GBB 5377X

B) SF7 6922Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 7/2020 C/22/2009

DECLARATION

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



Policyholder's Signature  
Date & Time:

PA 22/01/2020  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

22/01/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

22/01/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



PHOTO

MANI MUHAMMAD HALLATHOMBI  
1 DAY

PAZHANUSAMY ESHAN  
1 DAY  
HOWARD MD AL AMIN  
1 DAY

RAJENDRAN - 5 DAY

4 - working  
GRIFFIN MAYOR  
WORK

No of passengers  
(including driver)  
(5)

No of passengers  
(including driver)  
(2)

No of passengers  
(including driver)  
( )

# ACCIDENT STATEMENT

ACCIDENT DATE: 21.01.2020 (DD/MM/YYYY), TIME: 09:40PM (HH:MM)

LOCATION: Junction of Boon Lay Way

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: GIBB5377X  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: A 29081214 MKC  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: NISSAN  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK  
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: RAJENDRAN ANBUTHAMBI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: A9910598H CONTACT: 86157463  
c) ADDRESS: BLOCK-248, #11-50, JURONG EAST STREET-2A, SINGAPORE

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

## DRIVER

a) NAME: RAJENDRAN ANBUTHAMBI (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: G 333833SK CONTACT: 86157463  
c) ADDRESS: BLOCK-248, #11-50, JURONG EAST STREET-2A, SINGAPORE

\* d) DATE OF BIRTH: 05/02/1987 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:

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: SK16922Z MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

## 9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: MODEL:  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

email: transct1@singnet.com.sg

VIDEO





# SINGAPORE POLICE FORCE



T/20200122/2009

1 of 3

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20200122/2009

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2020 01:50		Vide Report No.: D/20200121/0106		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: RAJENDRAN ANBU THAMBI			Address: APT BLK 248 JURONG EAST STREET 24 #11-50 BOON LAY CREST SINGAPORE 600248		
ID Type / ID No.: FIN NO / G3338335K			Contact No.: Home/Office: Mobile: 86157463		
Nationality: INDIAN			Email:		
Sex: Male	Age: 32	Date of Birth: 05/02/1987	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: ELECTRICIAL ENGINEER			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/01/2020 21:40	Type of Location: X-Junction
Location: Along Road 1 BOON LAY WAY				
CROSS JUNCTION OF BOON LAY WAY BY BUSINESS PARK DR (TRADEHUB 21)				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBB5377X	Van					4
SFT6922Z	Car					1

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20200122/2009

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

2 of 3

Report No: T/20200122/2009

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	RAJENDRAN ANBU THAMBI	ID No.	G3338335K
Related Vehicle	GBB5377X (Van)	Contact No.	86157463
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	Slight
<b>Driver</b>			
Name	NGIAM HUI XIN	ID No.	S9648640E
Related Vehicle	SFT6922Z (Car)	Contact No.	90117163
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.**

On 21.1.2020 @ about 2145hrs, I am driving the van (GBB5377X) along Boon Lay Way towards Clementi Ave 6 and the traffic light at the cross junction in front of Tradehub 21 was in my favour as my van was approaching. I saw a car (SFT6922Z) on the opposite direction moving along the lane for right turn into tradehub, however, the said car did not stop behind the stop line and moved on. As a result, the car collided into the right side (sliding door) of my van and the impact caused it to overturned and landed on the left side of the van. My passengers and I managed to come out from the damaged van and all of us suffered pains from the accident. However, only the front passenger was conveyed to hospital. The van was badly damaged in the accident. Traffic Police came to the scene and advice me to lodge an accident report. There is no in car camera recording in my van. I am feeling pains on my left leg and will seek treatment from hospital after the report was lodged.





**SINGAPORE  
POLICE FORCE**



T/20200122/2009

3 of 3

Report No. T/20200122/2009

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

**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:

J/  
SI LIM YEN FANG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt LIM ENG KUAN, CLARENCE  
Contact No.: 65476195

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
22/01/2020 01:50

Classification Of Case:

**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.2.300

Goods Carrying Vehicle - Sch I

**COMMERCIAL VEHICLE**  
**Comprehensive**

Certificate No. A 29081214 MKC

Excess : SGD500

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

GBB5377X

**2. Name of Policyholder**

Transcontrol Technical Services (S) Pte Ltd

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

30/05/2019

**4. Date of Expiry of Insurance**

29/05/2020

**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