

# NATIONAL Assessment Centre Services

Date In: 29/1/20	Job description: SAS e-filing ✓	Date & Time Completed:	Done by:
Ref No: NA/MSG2001561/T	E-mail (within 8hrs, A/C 2hrs):		
Veh No: WC 4892C	i-Motor Claim Form		
D.O.A: 23/1/20	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: TP Reporting Only	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (	Tel: (	Fax: (
TP Particulars:	Veh No: (	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%, F: 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

NA2001754

## Invoice Preparation Checklist

Amt (\$)  
1st Bill

Amt (\$)  
Add Bill

## Claimant's Particulars :-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments :-

Ref. 1

Ref. 2 / 3

- |   |  |  |
|---|--|--|
| 1) AR: Accident Reporting (\$30);               |  |  |
| 2) DA: Damage Assessment (\$100); INC (\$80)    |  |  |
| 3) TF: Towing Fee \$40/\$45                     |  |  |
| 4) FT: Follow-Through Survey \$120              |  |  |
| 5) RT: Follow-Through Survey (Resurvey) \$30    |  |  |
| For claiming against INC Only (wef 10 Jan 2005) |  |  |
| 6) TR: Re-inspection \$75                       |  |  |
| 7) N1: Idac DA + SMRT Survey \$160              |  |  |
| 8) NTUC Additional Services:-                   |  |  |
| OD:   |  |  |
| *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: Idac 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	29/01/2020 13:00
Date Of Accident	23/01/2020 22:55
Exact Location Of Accident	JLN AHMAD IBRAHIM RD (NEAR TOWARDS BENOI RD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC4892C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MRM ENGINEERING PTE LTD
Co Reg No	2XXXXX475K
Email Address	MRM_CONTACT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90604087
Alternative Phone No	OFFICE-90604087

### Vehicle Particulars

Manufacturer	ISUZU
Model	CHY52S-15.7 D (M)
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?	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	YES
Policy Number	B29130771MKF
Cover Note Number	

### Driver

Name of Driver	SOLAIMALAI KRISHNARAJ
Passport No/FIN	GXXXXX980L
Date Of Birth	22/12/1988
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2019
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90604087
Fax Number	
Contact Number	
Email Address	KRISHNARAJCIVIL2016@GMAIL.COM

Address	183 JALAN PELIKAT #01-53 THE PROMENADE @ PELIKAT
Postcode	537643
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)	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 CIRCUMSTANCES OF ACCIDENT

#### 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	SMG1706A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALEX
NRIC/Passport Number	
Contact Number	88095286
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.

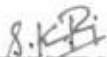
#### 8. Consent under the Personal Data Protection Act (PDPA)


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:

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

  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No:

SKETCH PLAN

As per attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my truck WC4892C at Round-about Pioneer Road towards Bensi Road when suddenly, Veh B hit onto my left side portion. There was no injury.

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

S.K.Pi

Reporting Officer/Personnel's Signature  
Name  
NRIC/FIN No

[Signature]

Jln. Ahmad

AYE (Toll road)

AYE (Toll road)

Jalan Ahmad Ibrahim

- Veh **A** WC4892C
- Veh **B** SMG.1706A

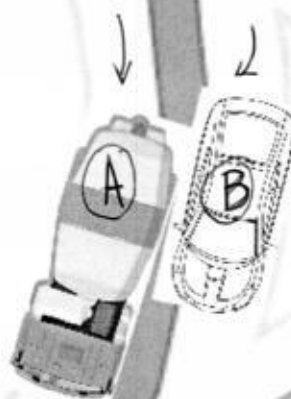
S.K.Pi

Pioneer Rd

11 min  
Tolls ①

l road)

14 min  
No tolls





# ACCIDENT STATEMENT

ACCIDENT DATE: (23 / 01 / 2020) (DD/MM/YYYY), TIME: (22 : 55) (HH:MM)

LOCATION: JLN Ahmad Ibrahim Rd (NEAR TOWARDS BENOI Rd)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: WC 4892C  
b) INSURANCE COMPANY: MSIA  
c) POLICY NUMBER: B 29130771 MKE  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Isuzu C2H 52S  
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: MRM ENGINEERING PTE LTD (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 2014 084 75K CONTACT: \_\_\_\_\_  
c) ADDRESS: 183 JALAN PELIKAT #01-53 THE PROMENADE  
@ PELIKAT, SINGAPORE, 537643

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

### DRIVER

- a) NAME: SOLAIMALAI KRISHNA RAS (MALE / FEMALE) ✓  
b) NRIC/FIN/PASSPORT: G3012980L CONTACT: 90604087  
c) ADDRESS: 183, JALAN PELIKAT, #01-53 THE PROMENADE  
@ PELIKAT, SINGAPORE, 537643

\*d) DATE OF BIRTH: (22 / 12 / 1989) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: ABOVE 2 MONTHS

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: YES

## 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: SMG 1706A MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: ALEX  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 88095286

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)  
(1)

\* No of passenger  
(including driver)

Email: MRM-CONTACT@yahoo.com

Fax: KRISHNARASCIVIL2016@GMAIL.COM

VIDEO =

**S PASS**Employment of Foreign Manpower Act (Chapter 91A)  
Republic of SingaporeEmployer  
MSI PTE. LTD.Name  
SOLAIMALAI KRISHNARAJS Pass No.  
0 36354607Sector  
CONSTRUCTION

K1659715

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence No. G3012980L

SOLAIMALAI KRISHNARAJ

Birth Date: 22 Dec 1988

Issue Date: 27 Mar 2019

Valid Till 26/03/2024

002917096J

**VISIT PASS**  
Immigration Regulations

09-08-2019

Name  
SOLAIMALAI KRISHNARAJFile  
G3012980L

Date of Birth: 22-12-1988 Sex: M

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

EFFECTIVE DATE

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 CC	27 Mar 2019
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	16 Dec 2019
Class 4	Heavy motor cars and motor tractors > 2500 kg	16 Dec 2019

S / No.9000346278

G3012980L

NP 428A

Licence No:G3012980L



**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

898

## 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.301

Goods Carrying Vehicle - Sch II

**COMMERCIAL VEHICLE - FLEET****Comprehensive**

Certificate No. B 29130771 MKF

Excess : SGD1,500

1. Index Mark and Registration Number of Vehicle  
 WC4892C

2. Name of Policyholder  
 MRM Engineering Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
 01/07/2019

4. Date of Expiry of Insurance  
 30/06/2020

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 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.

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