

NATIONAL Assessment Centre Services. June 1 Jan 2003 **MAA420034880**

Date In:	Job description	Date & Time Completed	Done by
20/03/2020 15:35	SAS e-Milling		
Ref No: NBS/MSG/20004303/Y	e-mail (Subject Line, AIC 2hrs)		
Veh No: YN 4600 Y	I-Motor Claims Form		
D.O.A: 09/03/2020 00:00	I-Motor W/O (withln: OD 2hrs, TP 4hrs)		
OD: TP (Reporting Only)	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/VKSN		

Preferred Wksp / INC Assgn Wksp / QW: () Tel: () Fax: ()

TP Particulars: Vch No: **SV411D** 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: ()

Task	Complete	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: _____

Signature: _____

Item	Fee Charged	Fee Charged
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$10)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claiming against INC Only (vsf 10 Jun 2003)		
6) TR: Re-inspection	\$75	
7) NI: Idea DA + SMRT Survey	\$160	
8) NTUC Additional Services:		
ON:		
*NS: Courtesy Car / Tpl Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NV: Post Repair Inspection	\$25	
*ND: DV / Collect Excess Coordination	\$3	
*NE: TP (N1) / TP (N1) INC against INC	\$20	
*NI: Idea Mobile	\$0	
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

NA2002211

Driver/Owner: _____

Contact No: _____

Damaged Portion: _____

QC Checked by (Engr-In-Charge): _____

Auditor's Comments: _____

Ref: 1: _____

2/2

MAA420034880

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	20/03/2020 15:35
Date Of Accident	09/03/2020 00:00
Exact Location Of Accident	BUKIT TIMAH TURNING TO KAMPONG JAVA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4600Y
Insured/Policyholder	
Name Of Registered Owner	COMPASS ROSE FREIGHT SYSTEMS PTE LTD
Co Reg No	-
Email Address	LOGISTICS@COMPASSROSE.COM.SG
Mobile Phone No	(LOCAL) +65-98967192
Alternative Phone No	OFFICE-62272680

Vehicle Particulars

Manufacturer	HINO
Model	300
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 300229007 MKC
Cover Note Number	

Driver

Name of Driver	VENKATESAN PURUSHOTHAMAN
NRIC No	GXXXX998U
Date Of Birth	03/03/1995
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98967192
Fax Number	
Contact Number	OFFICE-62272680
E-Mail Address	LOGISTICS@COMPASSROSE.COM.SG

Address 27 PENJURU LANE
 #01-01 C&P LOGISTICS HUB PHASE 2
 Postcode 609195
 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 NO COLLISION
 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? NO
 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 SLV4111D
 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.



Handwritten signature of the Policyholder.

Policyholder's Signature
Date & Time:

Handwritten signature of the Driver.

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

Handwritten signature and name of Reporting Centre Personnel, including NRIC/FIN No. 9203/2020.

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

MAIKALOUVAI NO COLLISION.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

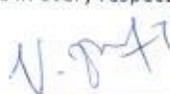
I was unaware of any accident dated 9/3/2020 until I received a letter from MSIG dated 16/3/2020

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:
20/03/2020


20/03/2020

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.: 

PH 70

ACCIDENT STATEMENT

ACCIDENT DATE: (09 / 03 / 2020) (DD/MM/YYYY), TIME: (00 : 00) (HH:MM)

LOCATION: BT Timah turning to kampung Java Road

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: YN 4600 Y
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A300229007 MFC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HINO LORRY
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: Compass Rose Freight Systems P/L (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 6272680
c) ADDRESS: 27 Penjuru Lane #01-01 (Bay 8)
C & P Logistics HUB Phase 2

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: V. PURUSHOTHAMAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 118555998 V CONTACT: 98967192
c) ADDRESS: AS ABOVE

*d) DATE OF BIRTH: (03 / 03 / 1995) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

DATE OF DRIVING PASS 3/7/2019

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 CLEAR)

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

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: SLV 4111 D 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: _____

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

* No of passenger
(including driver)
()

email = logistics@compassrose.com.sg
VIDEO



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)
4 Shenton Way #21-01 SGX Centre 2 Singapore 068807
Tel: +65 6827 7888; Fax: +65 6827 7800
www.msig.com.sg

Your Ref : YN4600Y
Our Ref : 240468 (Please quote our reference when replying)

16 Mar 2020

URGENT

COMPASS ROSE FREIGHT SYSTEMS PTE LTD
27 PENJURU LANE
#01-01 C&P LOGISTICS HUB PHASE 2
SINGAPORE 609195

Dear Sir/Madam

Accident involving YN4600Y and SLV4111D along BUKIT TIMAH ROAD TURNING TO KAMPONG JAVA ROAD
Policy No : 1001241209
Date of Accident : 09 Mar 2020

We have received a property damage claim from workshop acting on behalf of the owner of SLV4111D. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any
4. Certificate of Insurance

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

5. Company Stamp

Yours sincerely


Jasmine Lok
Executive
Claims Services (Motor)
Tel : +65 6594 2550
Fax : +65 6827 7800
Email : jasmine_lok@sg.msig-asia.com

cc : Pentaserve Agencies Pte Ltd

A Member of MS & AD INSURANCE GROUP



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
A Member of **MS&AD** INSURANCE GROUP

CERTIFICATE OF INSURANCE

ROAD TRANSPORT ACT 1987 (MALAYSIA), ROAD TRANSPORT (AMENDMENT) ACT 2019 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP. 189 OF THE REVISED EDITION)
(REPUBLIC OF SINGAPORE)
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1996 EDITION (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF.

**COMMERCIAL VEHICLE
Comprehensive**

Certificate No. A 300229007 MKC

Excess : SGD600

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**
YN4600Y

2. **Name of Policyholder**
Compass Rose Freight Systems Pte Ltd

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
20/12/2019

4. **Date of Expiry of Insurance**
19/12/2020

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 Risk and Compensation) Act (Chapter 189) and Chapter 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 offense 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

Craig Ellis
Chief Executive Officer