

NATIONAL Assessment Centre Services.

(ver 1 Jan 2005)

NA20002898

Date In: 30/04/2000 11:47	Job description	Date & Time Completed	Done by
Ref No: N/A/MSG 20005558/4	SAS e-filing		
Veh No: SLZ 8698E	E-mail P (within 2hrs, A/C 2hrs)		
D.O.A: 1002/200 08:30	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/VK32		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: 41 8254P	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 rep/lor.
() Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:
1) Apply for Transport Allowance () / Courtesy Car ()
2) QC Check / Post Repair Inspection ()
3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:
Date/Time:

NA20002898	Invoice
Driver/Owner:	1) AL: 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
Auditor's Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
Date:	For claiming against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$73
	7) NI: Idas DA + EMRT Survey \$160
	8) NTUC Additional Services:
	ON:
	*N5: Courtesy Car / Tpt Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$23
	*N8: DV / Collect Excess Coordination \$3
	*N9: DV / Collect Excess Coordination \$20
	TP (NI): TP (Non INC) against INC \$0
	9) N12: Idas Mobile
	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	30/04/2020 11:47
Date Of Accident	10/02/2020 08:30
Exact Location Of Accident	AYE TOWARDS TUAS AFTER EXIT 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ8698E
Insured/Policyholder	
Name Of Registered Owner	SGRENTACAR PTE LTD
Co Reg No	-
Email Address	CSMSDOCS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92367233
Alternative Phone No	OFFICE-82981870

Vehicle Particulars

Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO MEET CLIENT
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 400000199 MCX
Cover Note Number	

Driver

Name of Driver	RAMACHANDRAN THIRUKUMARAN
NRIC No	GXXXX057X
Date Of Birth	01/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	27/12/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82981870
Fax Number	
Contact Number	OTHERS-82981870
EMail Address	CSMSDOCS@GMAIL.COM

Address	BLK 28 HOY FATT ROAD #12-40
Postcode	151028
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	AFTER RAIN
Road Surface	WET

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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20200212/2062 & D/20200511/2015

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8254P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PETER WONG
NRIC/Passport Number	
Contact Number	97670280
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:

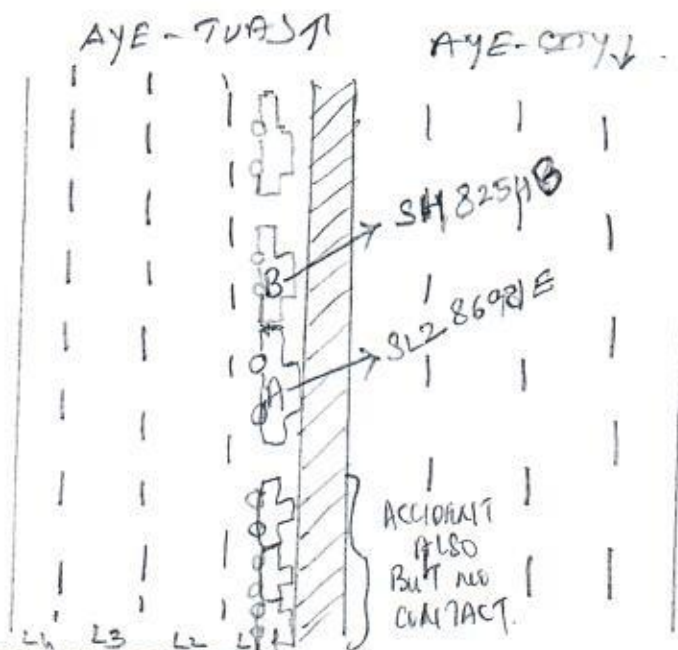
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

P. Thin Lim
30/4/2020 11:33 AM

04/05/2020
Rosli WAAAB

SKETCH PLAN



21 23 22
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT D/20200212/2062

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: _____

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

NRIC/FIN No.:

PH070

ACCIDENT STATEMENT

ACCIDENT DATE: (10 / 02 / 2020) (DD/MM/YYYY), TIME: (08 : 30) (HH:MM)

LOCATION: AYE Towards Tuas After Exit 8.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLZ 8698 E
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: MAZDA 3
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: on the way to meet client.
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: SGRENTACAR PTE LTD. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9236 7233
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: RAMACHANDRAN THIRUVUMARAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G5476057X CONTACT: 8298 1870
c) ADDRESS: #12-40, BLK 28 HOY FATT ROAD, Singapore.

* d) DATE OF BIRTH: (01 / 04 / 1983) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 27/12/2013

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HIERER.

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS one or two hours After stop)

b) ROAD SURFACE: (DRY / WET / OTHERS Not so dry)

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Merah West N.P.C.

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SH 8254 B MODEL: _____
b) DRIVER'S NAME: Peter Wong
c) NRIC/FIN/PASSPORT: _____ CONTACT: 9767 0280

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 = esmsdous@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



D/20200212/2062

1 of 3

POLICE REPORT (NP299)

Report No. D/20200212/2062

Police Station Of Origin
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Date/Time Report Made 12/02/2020 19:25		Vide Report No.		Station Diary No. 67	
Name Of Informant RAMACHANDRAN THIRUKUMARAN		Address APT BLK 28 HOY FATT ROAD #12-40 BRICKWORKS ESTATE SINGAPORE 151028			
ID Type / ID No. FIN NO / G5476057X		Contact No. Home/Office Mobile 82981870			
Nationality INDIAN		Email Address			
Occupation ASSISTANT IT MANAGER		Sex Male	Age 36	Date of Birth 01/04/1983	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 10/02/2020 08:30		Location Of Incident 1 BUKIT BATOK CRESCENT #02-53 WCEGA PLAZA SINGAPORE 658064 SGRentACar Pte Ltd			

Brief details.

On 06/01/2020, I rent a car from 'SG RentACar Pte Ltd' and has been driving the car bearing SLZ8698E since then. On 10/02/2020 at about 0830hrs, I was driving along AYE towards TUAS at lane 1. A Comfort Delgro Taxi bearing SH8254B, was in front of my vehicle when it jammed brake. I tried to brake as well but to no avail and had collided onto the rear portion of the taxi. As a result, my vehicle's front car bonnet was dented in, windscreen cracked and Air Bag was deployed.

Signature Of Officer Recording The Report:

D / Sgt 2 TAN HWA TIONG

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

D / Clementi Police Divisional Investigation Branch /
Insp MENAKAH D/O THIAGARAS
Contact No.: 68727991

Signature Of Informant:

Date/Time:

12/02/2020 19:25

Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200212/2062

Both of us then came out of our vehicle and make sure no one had any injuries and we exchange particulars and drove off without taking any pictures of the damages. The reason being was that we were at lane 1 and we does not want to caused any congestion to the already Heavy Traffic Flow. Initially, I am in touch with the Taxi Driver to discuss whether to go for private settlement or insurance claim. He then quoted a \$700/- Private Settlement and that I will not be liable for anything else once the payment was done.

Subsequently the Taxi Driver namely Peter Wong (Contact:97670280) contacted me again in the afternoon and told me that if the passenger go for medical checkup, he will be in trouble hence, he suggest to switch to insurance claim instead and I agreed with insurance claim. I then called up to my Rental Company and told them about the accident and require towing service.

On 11/02/2020 in the evening time, I went down to the rental company and discuss with them about the matter and requested to lodge a report for Insurance claims. The Boss of the rental company asked me why the accident happens in the morning but only to report to them in the afternoon. I tried to explain it to the boss that the few hours lapse is because earlier on we were still deciding whether private settlement or insurance claim. He then told me that they will not proceed with the Insurance Claim. He said the vehicle will be due to scrap in 6 months time and that I will need to bear the full cost of the cost of damage value at \$10,000/-SGD and lost of income earnings value at \$7800/-SGD. In total, they wanted to claim from me \$17,800/-SGD. I then requested to go through Insurance claim but he refused.

On 12/02/2020 in the morning, I went down to IDAC which is located at 1007 Bukit Merah Lane 3 #01-11 and wanted to make a report. However the staff told me that I am not allowed to lodge the report as it is a rental vehicle. The staff told me that I will only be able to lodge the report from IDAC if 1) I have proof of rental documents from the Rental Company with official company stamp with it, and 2) the Insurance company details, In which the rental company refuse to provide to me that insurance company details.

Signature Of Officer Recording The Report:

D / Sgt 2 TAN HWA TIONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp MENAKAH D/O THIAGARAS
Contact No.: 68727991

Signature Of Informant:

Date/Time:
12/02/2020 19:25

Classification Of Case:

Authentication Stamp



POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200212/2062

I wish to lodge this report for record purpose and that I will try to lodge a complaint with C.A.S.E Singapore about the matter. I do believes that I should be granted to opt for Insurance claim instead of bearing the full cost which the amount was ridiculous.

Signature Of Officer Recording The Report:

D / Sgt 2 TAN HWA TIONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp MENAKAH D/O THIAGARAS
Contact No.: 68727991

Authentication Stamp

Signature Of Informant:

Date/Time:
12/02/2020 19:25

Classification Of Case:



**SINGAPORE
POLICE FORCE**



D/20200511/2015

1 of 1

POLICE REPORT (NP299)

Report No. D/20200511/2015

Police Station Of Origin
Telok Blangah NPP
51 Telok Blangah Drive #01-118
SINGAPORE 100055
Tel No: 1800-2729999

Date/Time Report Made 11/05/2020 14:08	Vide Report No D/20200212/2062	Station Diary No. 8
Name Of Informant RAMACHANDRAN THIRUKUMARAN	Address APT BLK 28 HOY FATT ROAD #12-40 BRICKWORKS ESTATE SINGAPORE 151028	
ID Type / ID No. FIN NO / G5476057X	Contact No. Home/Office Mobile 82981870	
Nationality INDIAN	Email Address	
Occupation ASSISTANT IT MANAGER	Sex Male	Age 37
	Date of Birth 01/04/1983	Race Indian
Institution/School Name	Language English	
Date/Time Of Incident 10/02/2020 08:30	Location Of Incident APT BLK 1 BUKIT BATOK CRESCENT #02-53 WCEGA PLAZA SINGAPORE 658064 SGRentACar Pte Ltd	

Brief details.

I am making the report to state that the Carplate number for the Comfort Delgro Taxi should be 'SH8254P' instead of 'SH8254B' which was keyed inside the initial report D/20200212/2062. I am lodging this report as the Insurance Company required a physical copy of the police report stating the correct carplate number. The report is for insurance company claiming purpose. That is all.

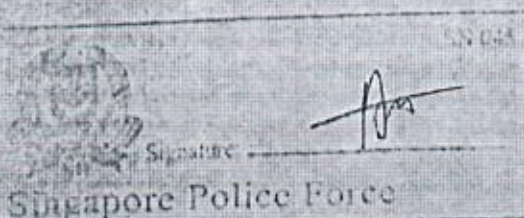
Signature Of Officer Recording The Report:

D / Sgt 2 TAN HWA TIONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Insp MENAKAH D/O THIAGARAS
Contact No.: 68727991

Authentication Stamp



Signature Of Informant:

Date/Time:
11/05/2020 14:08

Classification Of Case:

From: Monica Chung
Sent: Monday, April 27, 2020 11:59 AM
To: thiru@centurionsecurity.com.sg
Subject: Accident involving SLZ8698E and SH8254P along AYE TOWARDS TUAS AFTEREXIT 8 on 10/02/2020

Dear Mr Ramachandran,

Thank you for your call.

As spoken, please bring along your NRIC, driving license, police report to any of our authorised workshops (excluding Yew Tee Automobile Tech Pte Ltd).

You may show this email to the reporting personnel that MSIG allows you to make an accident report for the accident involving SLZ8698E on 10/02/2020.

Meanwhile, please let us know if you have any scene photos or video footage.

Thank you.

 In view of the current COVID-19 situation, our offices at SGX Centre 2 and Hong Leong Building will be temporarily closed to all walk-in customers and visits from 7 April 2020 until further notice. As most of our employees are telecommuting and have limited access to office phone messages, please email your inquiries to us instead. We wish to assure you that we remain fully committed to serving you and will continue to leverage to support your essential insurance needs. Please deal with us should there be some to-do items. Thank you.

Regards,

Monica Chung
Executive, Claims Services
D: +65 6594 2552 | F: +65 6225 7402 | monica_chung@sg.msig-asia.com



MSIG

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 |
T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G |

msig.com.sg



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

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it.



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

FOR REPORTING PURPOSE
ONLY - 05/05/2020

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.

**MOTORMAX
Third Party Fire And Theft**

Certificate No. A 400000199 MCX

Excess : NIL
Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle
5LZ8698E

2. Name of Policyholder
SGrentacar Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
05/01/2020

4. Date of Expiry of Insurance
04/01/2021

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 for the carriage of passengers or goods 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 (other than for reward) 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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR MUST BE CARRIED OUT AT ANY MSIG AUTHORISED WORKSHOP LISTED IN THE ATTACHED.

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MNA120044283 Vehicle Registration No: SLZ8698E
Name (as shown in NRIC) : RAMACHANDRAN THIRUKUMARAN NRIC/FIN/Passport No : GXXXX057X
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 28 HOY FATT ROAD #12-40 Singapore (151028)
Contact (Tel) : _____ Mobile No. : 82981870
Email Address : _____
Date of Accident : 10/02/2020 Time of Accident : 08:30
Place of Accident : AYE TOWARDS TUAS AFTER EXIT 8
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TP VEH NO AND ADD IN AMENDED POLICE REPORT.

Policyholder / Driver's Signature
Date:

 14/05/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MXIA120044283-01 Vehicle Registration No: SLZ8698E
Name (as shown in NRIC) : PANACHANDRAN THIRUKUMARAN NRIC/FIN/Passport No : GXXXX57X
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 92357233
Email Address : _____
Date of Accident : 10/07/2020 Time of Accident : 08:30
Place of Accident : AYE TOWARDS TUBS AFTER EXIT 8
Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF DRIVING PASS TO 27/12/2023

Policyholder / Driver's Signature
Date:

18/05/2020

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