

# NATIONAL Assessment Centre Services.

(part 1 Jan 2020)

NA20057592

Date In: 07/07/2020 14:28  
Ref No: N180/m84-2000 705914  
Veh No: SU 2888 G  
D.O.A: 07/07/2020 11:05

Job description  
SAS e-filing  
E-trail (by date sheet, AIC sheet)  
I-Motor Claims Form  
I-Motor W/O (With/Out OD sheet, TP sheet)  
I-Photo Uploaded  
Assessment/Survey Report  
Ass't Report by Fax / Hand to Owner/Whom

Done by

TP : Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

9BD 6667 S

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 ( )

( ) 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: ( )

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$3000] ( )

Injury:

Date:

Time:

Location:

Weather:

Other:

Remarks:

Signature:

Date:

Time:

Location:

Weather:

Other:

Remarks:

Signature:

Date:

Time:

Location:

Weather:

Other:

Remarks:

Signature:

Date:

Time:

Location:

Weather:

Other:

Remarks:

Signature:

Date:

Time:

Location:

Weather:

Other:

NA2003602

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Author's Signature:

Date:

Time:

Location:

Weather:

Other:

Remarks:

Signature:

Date:

1) AIT: Accident Reporting (\$30)  
2) DA: Damage Assessment (\$100) INC (\$10)  
3) TP: Towing Fee \$40/43  
4) PT: Follow-Through Survey \$120  
5) PF: Follow-Through Survey (Resurvey) \$30  
For claiming against INC Only (over 10 Jan 2020)  
6) TR: Re-inspection \$73  
7) NI: Idae DA + EMRT Survey \$160  
8) NIUC: Additional Services  
ON: \$3  
\*NS: Courtesy Car / Tpl Allowance \$10  
\*N6: Repairs Coordination \$23  
\*N7: Post Repair Inspection \$3  
\*N8: DV / Collect Excess Coordination \$20  
TP (NI) + TP (NI) INC against INC \$0

2) NIUC: Idae Mobile  
Invoice dated  
Invoice dated

Fee Charged  
Fee Charged

Signature  
Signature



## 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	07/07/2020 14:29
Date Of Accident	07/07/2020 11:05
Exact Location Of Accident	LORONG 19 GEYLANG TURN RIGHT INTO GEYLANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2838G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HITACHI CAPITAL ASIA PACIFIC PTE. LTD.
Co Reg No	-
Email Address	PRABHA@MEYER.COM.SG
Mobile Phone No	(LOCAL) +65-91080053
Alternative Phone No	OFFICE-91080053

### Vehicle Particulars

Manufacturer	SUBARU
Model	OUTBACK
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	G 300100005 MCY
Cover Note Number	

### Driver

Name of Driver	RAJANGAM PRABAHARAN
NRIC No	GXXXX493X
Date Of Birth	21/04/1986
Occupation	INDOOR
Date Of Driving Pass	24/10/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91080053
Fax Number	
Contact Number	OTHERS-91080053
Email Address	PRABHA@MEYER.COM.SG

Address	124-B DUNLOP STREET
Postcode	209443
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 - HEAD ON 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?	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 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	GBD6667S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ZHANG LIANG
NRIC/Passport Number	GXXXX591R
Contact Number	97309067
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.

HITACHI CAPITAL ASIA PACIFIC PTE. LTD.

KELVIN CHANG  
Manager  
Vehicle Solutions  
Total Vehicle Solutions Department

X  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 7-7-2020

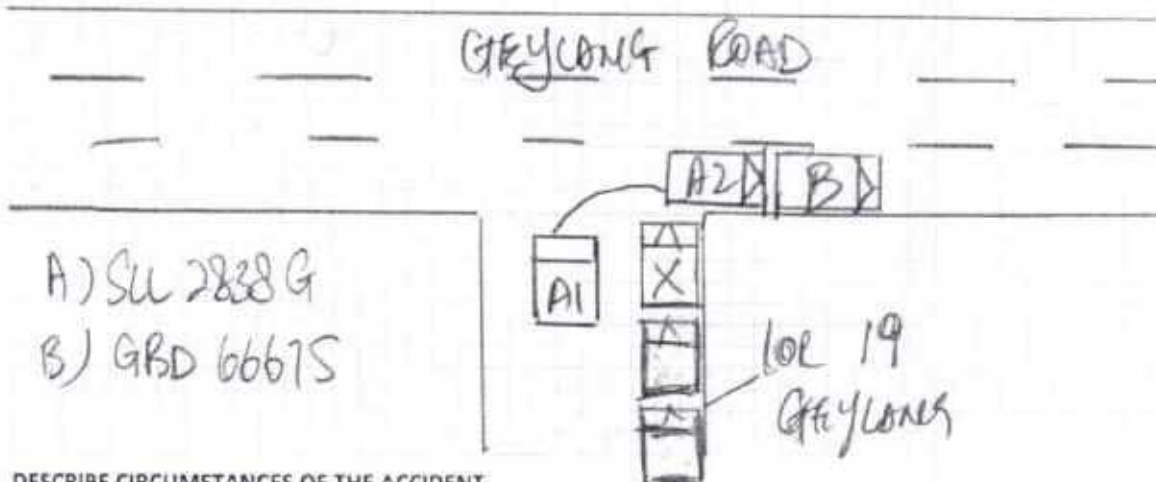
12-45

*[Signature]* 01/07/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

*[Signature]*



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 07/07/2020 AT ABOUT 11:05HRS I WAS AT LORONG 19 GREYLONG ROAD & WANTED TO TURN RIGHT onto GREYLONG ROAD. TRAFFIC WAS HEAVY ON MY RIGHT SIDE WAS A FEW CARS PARKED ALONG THE ROAD SIDE. WHEN I WAS TURNING TO THE RIGHT CAR X ALSO WANTED TO TURN RIGHT WHILE WATCHING THE CAR X MOVE THE CAR (B) STOP & I COULD NOT STOP ON TIME & HIT THE REAR OF THE CAR (B)

## DECLARATION

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

NTACAP CAPITAL ASIA PACIFIC PTE. LTD.

X

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7.7.2020

12:45

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/07/2020

10821 untor3

# ACCIDENT STATEMENT

ACCIDENT DATE: ( 7 / 7 / 2020 ) (DD/MM/YYYY), TIME: ( 11 : 05 ) (HH:MM)

LOCATION: Lor 19 Geylang

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLL283867  
 b) INSURANCE COMPANY: M&I  
 c) POLICY NUMBER: G7300100005 MCY  
 d) POLICY TYPE: ( COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT )  
 e) MAKE & MODEL: Subaru Outback  
 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 )  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Hitachi Capital Asia Pacific Pte. Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Rajangam Prabakaran (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: G5038493X CONTACT: 91050053  
 c) ADDRESS: 124-B Dunlop Street 209443

\* d) DATE OF BIRTH: ( 21 / 11 / 1986 ) (DD/MM/YYYY)

e) OCCUPATION: ( INDOOR / OUTDOOR )

f) DATE OF DRIVING PASS: 24 Oct 2018

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: \_\_\_\_\_

## B. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: G8D 6667S MODEL: TOYOTA  
 b) DRIVER'S NAME: ZHANG LIANG  
 c) NRIC/FIN/PASSPORT: G8638591R CONTACT: 97309067

## 9. THIRD PARTY VEHICLE

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

Email = prabha @ meyer . com . sg

VIDEO



# MSIG

MSIG Insurance (Singapore) Pte. Ltd.  
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.

### MOTORMAX PLUS Comprehensive

Certificate No. G 300100005 MCY

Excess : SGD750

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle  
SLL2838G

2. Name of Policyholder  
Hitachi Capital Asia Pacific Pte. Ltd.

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
21/02/2020

4. Date of Expiry of Insurance  
20/02/2021

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 and business purposes of any person to whom the vehicle is hired

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.

(3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

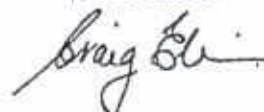
\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR 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