

ASS. REC. BY:

REF:

EGY/ 20010758/KY

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD/TP/WS/TP RES/OD RES/EVA/INV/MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.: Yes or No

Lum Sum:

1.13.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKW 5607R

Yr Regn:

11.15

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mer E250

c.c.

1991

Colour

M. Silver

A/C: Insured / Std / NI / NA

Sp. Reading

44246

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WDD 212 03 82B 208756

Gen. Condi: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

245/40ZR18

R:

265/35ZR18

BS / DUN / EXNOVA / GY / FS / LIZA / MIC OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal.

7

mm

Rear

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

30/9/20

D.O.I.

6/10/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

FR N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

8/10

B 5862.94

Confirmed (Red \$ 9412-06, 61%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 15/10/20 Typist

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

S - RS. SI

Fees

Others

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$

PIP \$ 5862-94

TOTAL

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	02/10/2020 16:50
Date Of Accident	30/09/2020 15:30
Exact Location Of Accident	JUNCTION OF SOUTH BRIDGE RD AND CANAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW5607R
Insured/Policyholder	
Name Of Registered Owner	SUNDER RAMCHANDANI
NRIC No	SXXXX877I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96350804
Alternative Phone No	OTHERS-96350804

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A28845940QMY (COMP)
Cover Note Number	

Driver

Name of Driver	MOHAMED ALI KHAN BIN ADBUL RASHID KHAN
NRIC No	SXXXX752F
Date Of Birth	28/01/1972
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2001
Driving Experience	18 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96350804
Fax Number	
Contact Number	OTHERS-96350804
Email Address	VM65744@GMAIL.COM

Address	BLK 774 WOODLANDS CRESCENT #02-24
Postcode	730774
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 - CHANGE/CROSS LANE
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

REFER TO STATEMENT ATTACHED.

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	GBH4535G
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LOW LYE WAH
NRIC/Passport Number	
Contact Number	96727831
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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.

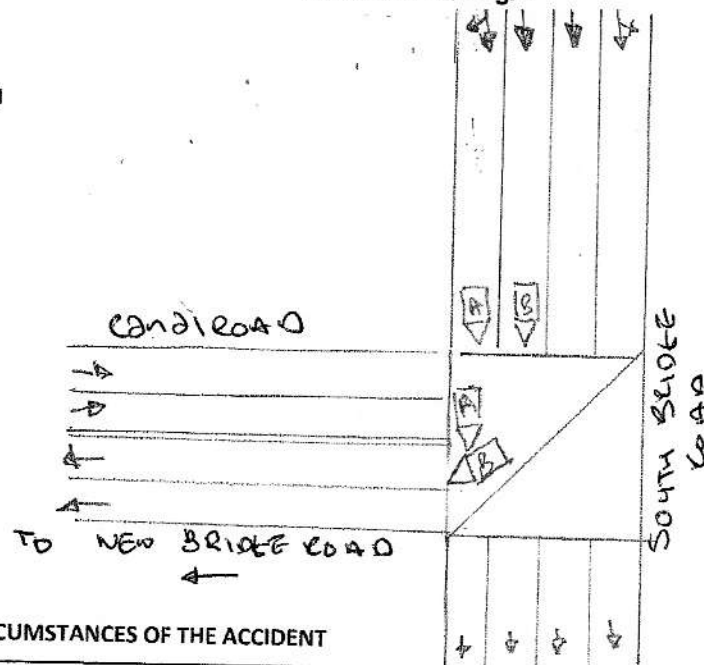
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/10/2020

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



SKETCH PLAN



A SKW 56072
SGBH 45356

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SOUTH BRIDGE ROAD TOWARDS
MARWELL ROAD.

WHEN AT THE JUNCTION OF SOUTH BRIDGE ROAD & NORTH CANAL ROAD
I WAS DRIVING ON THE FIRST LANE WHICH IS TURNING RIGHT AND STRAIGHT.
BEHIND Lorry (GBH 45356) WHICH IS IN THE NO TURNING LANE.

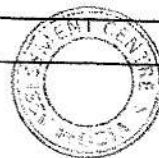
Suddenly the Lorry on the second lane which is supposed to be
straight make a sudden turn on my path ~~without~~

I DID E-BRAKE TO PREVENT THE ACCIDENT BUT STILL HEAR THE NOISE OF
THE Lorry

DECLARATION

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

02 OCT 2020



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/10/2020

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



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

Administered By



Tan Brothers
Insurance Agencies Pte Ltd

10 Anson Road #11-16 International Plaza, Singapore 079
Tel: 62201822 Fax: 62246806
CO. REG. NO. 197500491N

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.

Form M.X.1
Individual Ownership

MOTOR MAX PLUS
Comprehensive

Certificate No. A 28845940 QMY

Excess : SGD800

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
SKW5607R
2. Name of Policyholder
Sunder Ramchandani
3. Effective Date of the Commencement of Insurance for the purposes of the Act
04/11/2019
4. Date of Expiry of Insurance
03/11/2020
5. Persons or Classes of Persons entitled to drive*
Sunder Ramchandani
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 only for social domestic and pleasure purposes and for the Policyholder's business.
The Policy does not cover use for hire or reward racing pace-making reliability trial speed-testing the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with the Motor Trade.

* 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.

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 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

TAN BROTHERS INSURANCE AGENCIES PTE LTD

For Chief Executive Officer

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 877I

Vehicle Details

Vehicle No.: SKW5607R
Vehicle to be Exported: Yes
Intended Deregistration Date: 02 Oct 2020
Vehicle Make: MERCEDES BENZ
Vehicle Model: E250 SEDAN EDITION E (R18 LED)
Primary Colour: Silver
Manufacturing Year: 2015
Engine No.: 27492030419245
Chassis No.: WDD2120362B208756
Maximum Power Output: 155.0 kW (207 bhp)
Open Market Value: \$49,637.00
Original Registration Date: 04 Nov 2015
First Registration Date: 04 Nov 2015
Transfer Count: 2
Actual ARF Paid: \$61,492.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 03 Nov 2025
PARF Rebate Amount: \$46,119.00

Intended COE Rebate Details

COE Expiry Date: 03 Nov 2025
COE Category: B - Car above 1600cc or 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$58,190.00
COE Rebate Amount: \$29,596.00
Total Rebate Amount: \$75,715.00

The information contained herein is correct as at 02 Oct 2020

OK



方商昭噴漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

Sunder Ramchandani
Apt Blk 774 Woodlands Crescent
#02-24
Singapore 730774

Not Authorized
Repairing B4 painting
3 days
@ 5862.94

Dear sir
Estimate cost of repair to vehicle no. SKW 5607R
To supply

1. Front bumper	1435	Tn	1,866.00	—
2. Front bumper inner part		CM	148.00	—
3. Front bumper sensor x2	@ 282.20	mi	626.00	—
4. Head lamp left	3382-40	Bn	5,757.00	—
5. Front fender left		R	1,189.00	X
6. Front fender inner garish		Sm	235.00	X
7. Front fender badge EDITION		hu	124.00	—
8. Wheel rim		R	2,910.00	X
9. Front tyres	106	h	350.00	X

Labour charge
Rust proofing
Programming and resetting of the system
Panel beating
Spray painting
Total

nn	50.00	X
nn	300.00	X
	800.00	350 400.
	980.00	480.
	15,335.00	

Your faithfully

Albert Poon
ALBERT POON

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



方 商 昭 噴 漆 POON SIANG SEOW

Sin Ming Autocity, No. 160 Sin Ming Drive, #05-13, Singapore 575722.
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No. 05396600K

Sunder Ramchandani
Apt Blk 774 Woodlands Crescent
#02-24
Singapore 730774

Dear sir
Estimate cost of repair to vehicle no. SKW 5607R
Supplementary

1. Front wiper tank 165 Pd 265.00 ✓

Your faithfully

ALBERT POON