

# NATIONAL Assessment Centre Services. Part 1 Jan 2003 : SM 09213G 0004

Date In: 16/3/21 10:14	Job description	Date & Time Completed	Done by
Ref No NA/MSG 2190 3410/h4	SAS e-filing		
Veh No SJJ 9360 E	E-mail (within 3hrs, AIC 2hrs)		
DTA 15/3/21 08:15	I-Motor Claim Form		
OT: (P) 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/VKSP		

Preferred Wksp / INC Assign Wksp / QW: (		Tel: 4	Fax: )
TP Particulars:	Veh No: YN 8327K	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 repolter.

( ) 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	Assessment	TP	TP Insurer

Driver/Owner:	1) AR: 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) FT: Follow-Through Survey \$120	
	5) PT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:-	
	OD:	
	• NS: Courtesy Car / Tpt Allowance \$5	
	• NG: Repole Co-ordination \$10	
	• NF: Post Repair Inspection \$25	
	• NN: DV / Collect Excess Coordination \$5	
	TP (N11): TP (Inc INC) against INC \$20	
	9) N12: Idao 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 Submission	16/03/2021 10:14 (SGT)
Date of Accident	15/03/2021 08:15 (SGT)
Exact Location of Accident	Jurong West Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ9360E
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SYLLYS AUTO PTE LTD
Company Reg No	-
Email Address	Aogangel3@gmail.com
Mobile Phone No	(Phone) +65-90586549
Alternative Phone No	+65-90586549

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

#### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	A 400000457 MCX
Cover Note Number	-

#### DRIVER

Name of Driver	MOGAN KRISHNA
NRIC No	SXXXX929G
Date Of Birth	24/12/1975
Occupation	Outdoor

Date Of Driving Pass .....	23/10/2008
Driving experience .....	12 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84289951
Alt. Phone Number .....	-
Email Address .....	Aogangel3@gmail.com
Address .....	BLK 843 WOODLANDS ST 82 #10-73
Address complement .....	-
Postcode .....	730843
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MR LAU
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Yishun South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008522999
Alt. Police Station Phone No .....	(Fax) +65-68522239
Police Station Address .....	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210315/2045

#### 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 .....	YN8327K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MR LAU
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJJ9360E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	MOGAN KRISHNA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	SJJ9360E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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,

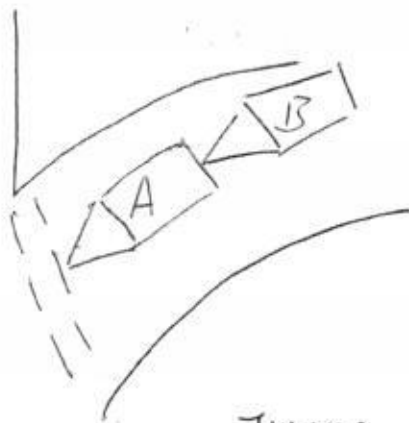


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



A5559360E

BYN8327K

Jurong West Ave S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report. T/20210315/2045

DECLARATION

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



k.nh

H

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.:





# SINGAPORE POLICE FORCE



T/20210315/2045

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20210315/2045

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2021 13:18		Vide Report No.:		Station Diary No.: 25
<b>Informant's Particulars</b>				
Name of Informant: MOGAN KRISHNA		Address: APT BLK 843 WOODLANDS STREET 82 #10-73 SINGAPORE 730843		
ID Type / ID No.: NRIC NO / S7567929G		Contact No.: Home/Office: Mobile: 84289951		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 45	Date of Birth: 24/12/1975	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: MANUFACTURING TECHNICAL ASSOCIATE		Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/03/2021 08:15	Type of Location: zebra crossing
Location: JURONG WEST AVENUE 5				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Pedestrian Crossing		Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJJ9360E	Car	HONDA		White	Seriously Damaged	1
YN8327K	Lorry	HINO		White	Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20210315/2045

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999

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Report No. T/20210315/2045

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOGAN KRISHNA	ID No.	S7567929G
Related Vehicle	SJJ9360E (Car)	Contact No.	84289951
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/03/2021	Date Discharge	15/03/2021
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	KACHAKUDI SELVARASU SELVAKUMAR	ID No.	G6669935N
Related Vehicle	YN8327K (Lorry)	Contact No.	81716157
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 15/03/2021 at about 8.15am, I was driving along Jurong West Avenue 5, turning left at the zebra crossing into Jalan Bahar. While I was making the left turn, after the zebra crossing, I had stopped to make a check on oncoming vehicles on my right. I had stopped before the double white dotted line. While waiting for the road to be clear, I suddenly felt an impact coming from the rear of my vehicle, SJJ9360E.

One lorry, YN8327K had hit onto my rear. The rear of my vehicle was damaged. My rear window was shattered. There was a dent too. I will be going to the shop to assess the damages the impact had caused to my vehicle. I could see that the front of the lorry was dented in.

No police or ambulance attended.

I wish to state that I had one passenger with me. My passenger details is as follows: Mr Lau, H/P: 90079668.

At that point of time, nobody was injured. Hence no ambulance was called in. No government property involved too.

After the accident, I then felt pain on my body. I had gone to Khoo Teck Puat Hospital and was given 3 days MC, with MC no. KHANE211971913.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20210315/2045

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Report No. T/20210315/2045

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun South N.P.C  
32 Yishun Street 81 SINGAPORE 768456  
Tel No: 1800-8522999



T/20210315/2045

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Report No. T/20210315/2045

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
L /  
Sgt 2 NURSYAFIAH AMIRA BINTE  
MOHAMED ZULKIFFLI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Authentication Stamp  
NP168



Signature Of Informant:

Date/Time:  
15/03/2021 13:18

Classification Of Case:

SN 085

Signature:

Singapore Police Force



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.

#### MOTORMAX Third Party

Certificate No. A 400000457 MCX

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle  
SJJ9360E

2. Name of Policyholder  
Sylls Auto Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act  
18/07/2020

4. Date of Expiry of Insurance  
17/07/2021

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. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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

AK

Date of Accident: 15032021 Accident Time: 0815 (24-HR-Format)

Accident Place: Jurong West Ave 5

Vehicle No. (Car Plate No.): SJJ 9360 E Make/Model: Honda Fit

Insurance Company: MSIG Policy No: A400000457MLX

Owner or Company Name: IC No.: Syllis Auto Pte Ltd

Owner or Company Contact No.: 90586549 Owner's Hp: \_\_\_\_\_ Company Tel: \_\_\_\_\_

DRIVER'S Name / IC No.: MUGAN KISHNA S7567929G

DRIVER'S Date Of Birth: 24 dec 1975 DRIVER'S License Pass Date: 23 dec 2008

Relationship of Owner & Driver: Spouse / Parents / Children / Sibling / Employee / Others:

DRIVER'S Address: APT B2K 843 woodlands street 82 #10-73 <sup>singapore</sup> 730843

DRIVER'S Contact No. / Alt No.: 1) \_\_\_\_\_ 2) 84289951

DRIVER'S Occupation: INDOOR OUTDOOR (e.g. working inside or outside office)

Email Address: 90gangel3@gmail.com

Weather & Road Surface: CLEAR & DRY RAINING & WET AFTER RAIN & WET

Reporting Type: Reporting Only Claim Other Party Claim Own Insurance

Number of Passengers (Including Driver): 02

Was there any video Captured by car camera: YES NO

Exact purpose for which vehicle was being used at the time of accident: Private use / Work purpose

Any injury (If YES, Pls state): 02

#### Other Party Driver's Particular (if any)

Vehicle No: <u>7N 8327K</u>	Vehicle No: _____
Vehicle Make Model: _____	Vehicle Make Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver Contact: _____	IC No. Driver Contact: _____

NEW - Passenger's name & gender:

Passenger Man 90079668  
MR LAU