

NATIONAL Assessment Centre Services Sno 92/6/0007

Date In: 11/6/21 15:13	Job description	Date & Time Completed	Done by
Ref No: NA/AWA2006307/V	SAS e-filing		
Veh No: 6B480345	E-mail (within 8hrs, MP 2hrs)		
DOA: 31/5/21 19:14	i-Motor Claim Form		
OD (P) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ()		Tel: ()	Fax: ()
TP Particulars:	Veh No: 5658640	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%; F: 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. ()

Remarks:- (INC hotline: 6788 6616)	Date & Time Completed	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	Actions

<p>NA2103025</p> <p>Claimant's Particulars :-</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments :-</p> <p>Cat. 1:</p> <p>Cat. 2 / 3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30);</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TF: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p><i>For claiming against INC Only (wef 10 Jan 2005)</i></p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idac DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:-</p> <p>ON*</p> <p>*N5: Courtesy Car / Tpt Allowance \$5</p> <p>*N6: Repair Co-ordination \$10</p> <p>*N7: Post Repair Inspection \$25</p> <p>*N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (Non INC) against INC \$20</p> <p>9) N12: Idac Mobile 30</p>	<p>Amt (\$)</p> <p>1st Bill</p> <p>Amt (\$)</p> <p>Add Bill</p>
	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	01/06/2021 15:13 (SGT)
Date of Accident	31/05/2021 19:14 (SGT)
Exact Location of Accident	Lentor Ave, Singapore
Additional Location Information	TWDS YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8034J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M S M ENGINEERING
Company Reg No	-
Email Address	MANIAMMD@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98170030
Alternative Phone No	+65-98170030

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	Allied World Assurance Company, Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	AVCPSB0093152002
Cover Note Number	-

DRIVER

Name of Driver	MUTHAIAN SUBRAMANIAN
NRIC No	SXXXX664C

Date Of Birth	10/03/1968
Occupation	Outdoor
Date Of Driving Pass	18/01/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98170030
Alt. Phone Number	-
Email Address	MANIAMMD@YAHOO.COM.SG
Address	BLK 478 SEMBAWANG DRIVE #07-387
Address complement	-
Postcode	750478
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT

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	SG5864D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

VEHICLE NO: GBH 8034J

MAKE & MODEL: Toyota Dyna

*AUTO7 MANUAL

DATE OF ACCIDENT	31 05 2021	*C.C.
TIME OF ACCIDENT	7:14	PM (PM)
LOCATION OF ACCIDENT	Lentor Ave Toward Yishun Ave 1	
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER	MSM Engineering	
EMAIL	maniammd @ yahoo . com . sg	MOBILE: 98170030
NRIC		
CLAIM TYPE	OD / (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY	YES / NO ?	
INSURANCE CO.	Allied World	
TYPE OF COVERAGE	Comprehensive / (Third Party) / Third Party Fire & Theft	
POLICY NO.	AVCP5B0093152002	
NAME OF DRIVER	AS ABOVE / IF NO: Mr. Muthaian Subramanian	
NRIC	S6866664C	
DATE OF BIRTH	10 / 03 / 1968	
ANY PASSENGER	YES / NO :	
NAME OF PASSENGER	-	
GENDER OF PASSENGER	MALE / FEMALE NIL	
OCCUPATION	(Outdoor) / Indoor	
DATE OF DRIVING PASS	18 / 01 / 2001	
GENDER	(Male) / Female	
CONTACT NO.	Mobile: 98170030 Office: Home:	
EMAIL	maniammd @ yahoo . com . sg	
ADDRESS	Blk 478 Sembawang Drive, #07-387 (S) 750478	
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No. INSURER:	
RELATIONSHIP	Employee / If No:	
WEATHER CONDITION	(Clear) / Raining / Other:	
ROAD SURFACE	(Dry) / Wet / Other:	
ANY INJURIES	No / If yes, Who?	
CONTACT NO.	NIL	
POLICE REPORT	No / If yes, Where?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NIL . NO/IF YES, WHO?	
VEHICLE B NO	SG 5864D	Any Passenger: yes.
NAME		
CONTACT NO.		
VEHICLE C NO	Any Passenger:	
VEHICLE D NO	Any Passenger:	
VEHICLE E NO	Any Passenger:	
VEHICLE F NO	Any Passenger:	
ANY WITNESS		
WITNESS CONTACT NO		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
**WORKSHOP:		
Lee Brothers Automotive Pte. Ltd		
Have you been approach by unknown person soliciting (s) /		
offering accident claims assistance?		
YES / 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.**
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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.

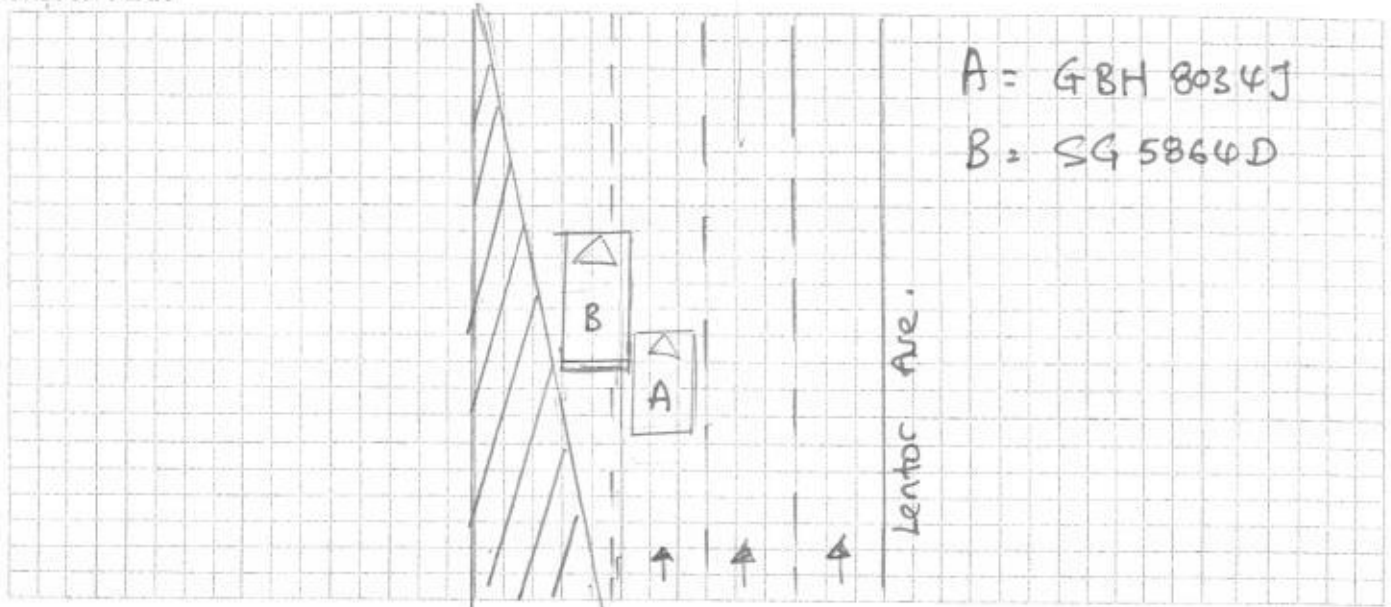
M S M ENGINEERING
Reg.No : 201901141H
HP : 8148 6730 | 9817 0030

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Lentor Ave towards Yishun Ave 1 on 31/5/2021 at about 7:14pm. As I was travelling suddenly vehicle B cut into my lane and collided into the left portion of my vehicle. We alighted to exchange particulars and left the accident scene.

DECLARATION

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

M S M ENGINEERING

Reg.No : 201901141H

HP : 8148 6730 | 9817 0030

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.:

CERTIFICATE OF INSURANCE

THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE
 THE ROAD TRANSPORT ACT 1987, ROAD TRANSPORT (AMENDMENT) ACT 2019, AND THE MOTOR VEHICLES (THIRD PARTY RISKS) RULES 1959 OF MALAYSIA
 THE AGREEMENT BETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
 THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (MALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968
 ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No. AVCP5B0093152002 ChaNo: JTFAT35Y50K211265

1. Index Mark and Registration Number of Vehicle GBH 8034 J
2. Name of Policyholder M S M ENGINEERING
3. Effective Date of Commencement of Insurance for the purposes of the Ordinance 05 October 2020
4. Date of Expiry of Insurance 04 October 2021
5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)
 ANY PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH THEIR PERMISSION.

Provided that the person driving is permitted in accordance with the licensing or other 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitations as to Use* (For certificate reference MX1, see overleaf)

- A. USE IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - B. USE FOR THE CARRIAGE OF PASSENGERS (OTHER THAN FOR HIRE OR REWARD) IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS.
 - C. 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.

Estimated Value : MARKET VALUE WITH COE/PAF
 Hire Purchase Owner : HL BANK
 Type of Cover : Comprehensive

* Limitations rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

We hereby certify that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia), the Road Transport (Amendment) Act 2019 (Malaysia), the Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia) and The Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore).

