

NATIONAL Assessment Centre Services

Date In: 31/12/2021	Job description	Date & Time Completed	Done by
Ref No: CA/MSG 21013360/r3	SAS e-filing		
Veh No: GX 5117E	E-mail (within 2hrs. AP: 2hrs)		
D.O.A: 08/12/2021 23:00	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: GBC 1855D	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

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments :-	5) RT: Follow-Through Survey (Resurvey) \$30		
Cat 1:	For claiming against INC Only (wef 10 Jan 2005)		
Cat 2/3:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N-n INC) against INC \$20		
	9) N12: Idac Mobile 30		
	Invoice date:	Fee Charge:	
	Invoice dated:	Fee Charge:	

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	31/12/2021 11:50 (SGT)
Date of Accident	08/12/2021 23:00 (SGT)
Exact Location of Accident	215 Ang Mo Kio Ave 1, Singapore
Additional Location Information	STREET 22
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX5117E
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AKSHAYA MINIMART PTE. LTD.
Company Reg No	2XXXXX701D
Email Address	AKSHAYAMARTSG@GMAIL.COM
Mobile Phone No	(Phone) +65-91774141
Alternative Phone No	+65-91774141

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	A 300443258 MKC
Cover Note Number	-

DRIVER

Name of Driver	PERIYAKARUPPAN RAJU NARAYANAN
NRIC No	SXXXX283A

Date Of Birth	24/05/1978
Occupation	Indoor
Date Of Driving Pass	06/06/2013
Driving experience	8 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91774141
Alt. Phone Number	-
Email Address	AKSHAYAMARTSG@GMAIL.COM
Address	APT BLK 235 ANG MO KIO AVENUE 3
Address complement	#11-1124
Postcode	560235
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF EMPLOYED
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	Collided into Parked Vehicle
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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?	Yes
Police Station Name	Serangoon North Neighbourhood Police Post
Police Station Address	Blk 108 Serangoon North Avenue 1 #01-709 Singapore 550108
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20211209/2100

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	GBC1855D
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)	-

WITNESS DETAILS

WITNESS 1

Name	SHAUN
Phone	(Phone) +65-82227392
Email	-

WITNESS 2

Name	KRIS
Phone	(Phone) +65-97774124
Email	-

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 willful 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 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.

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.



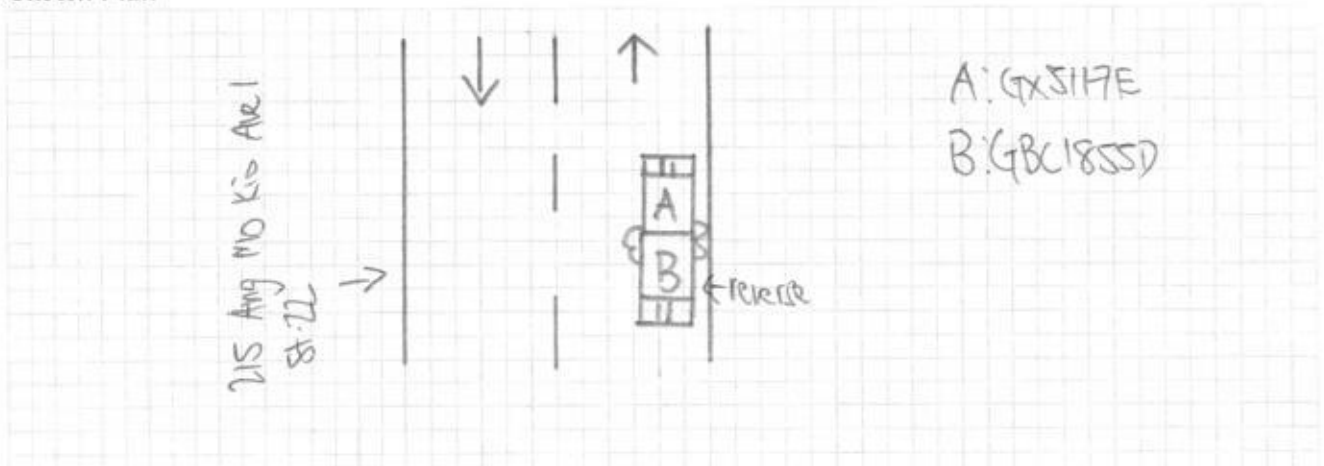
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Rm 3/12/21

Sketch Plan



Describe Circumstances of the Accident

refer police report : T/2021/209/2100

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

Policyholder's Signature / Date & Time

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

[Signature] 3/12/21

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20211209/2100

1 of 3

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20211209/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2021 20:17		Vide Report No.: F/20211208/0207		Station Diary No.: 28	
Informant's Particulars					
Name of Informant: PERIYAKARUPPAN RAJU NARAYANAN			Address: APT BLK 235 ANG MO KIO AVENUE 3 #11-1124 SINGAPORE 560235		
ID Type / ID No.: NRIC NO / S7864283A			Contact No.: Home/Office: Mobile: 91774141		
Nationality: INDIAN			Email:		
Sex: Male	Age: 43	Date of Birth: 24/05/1978	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/12/2021 23:00	Type of Location: Car Park
Location: ANG MO KIO AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1855D	Lorry			Silver		0
GX5117E	Van	TOYOTA		Silver	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211209/2100

2 of 3

Report No. T/20211209/2100

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

CONTINUATION OF REPORT

Brief Details.

On 08/12/2021 at about 2300hrs, I parked my van (Silver Toyota bearing GX5117E) along the carpark's service road of Blk215 Ang Mo Kio Avenue 1 Street 22 near Fairprice supermarket as I needed to use the ATM. At 2305hrs when I retrieved my van, two guys (Shaun, Hp: 82227392 / Kris, Hp: 97774124) approached me and told that a silver lorry bearing GBC1855D had reversed and hit onto my van's rear portion. I then made a check on my van and discovered that my van's rear portion suffered some dents and the rear windscreen was broken.

I called the traffic police and was issued with a case card F/20211208/0207. I was also advised to lodge a traffic accident report. I further wish to state that Shun has provided me with the footage of the lorry driving off.



**SINGAPORE
POLICE FORCE**



T/20211209/2100

3 of 3

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

Report No. T/20211209/2100

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
F /
Sgt 3 LOGHANATHAN S/O
AYYASAMY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/12/2021 20:17

Officer In Charge Of Case:
TP / HRT /
SSI KASMAWATI BTE SAMIAN
Contact No.: 65476368

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE
SAFEGUARDING EVERY DAY

SN 16

SIGNATURE

Date of Accident

: 08/12/2021 Accident Time: 2300 (24-HR-FORMAT)

Accident Place

: 215 Ang Mo Kio Ave St 22

Vehicle Reg. No (Car plate No.)

: GX51AE Vehicle Make/Model: Toyota Hiace (A) (2982cc)

Insurance Company

: MSIG Policy No. A300443258 MKC

Name of Registered Owner

: Company / Individual AKSHAYA Minimart Pte Ltd

ID of Registered Owner

: Co Reg No: 20009701D Owner's NRIC No: _____

: Co Contact No: _____ Owner's Contact No: 91774141

DRIVER'S Name

: Periyakaruppan Raju ^{Narayana} DRIVER'S NRIC No: S7864783A

DRIVER'S Date of Birth

: 24/5/1978 DRIVER'S License Pass Date 06/06/2018

Relationship bet. Owner & Driver

: Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Self employed.

DRIVER'S Address

: BIK 235 Ang Mo Kio Ave 3 #11-114 (S) 560235.

DRIVER'S Contact No./ Alt No.

: 1) _____ 2) _____

DRIVER'S Occupation

: INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address

: AKSHAYAMARTSG @ 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):

: 0 Name & Gender: _____

Was the accident reported to the police? YES \ NO

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 injuries, if yes (name of the injured person) _____

Other Party Driver's Particulars (if any)

Vehicle Reg No:

GBL1855D

Vehicle Reg No: _____

Vehicle Make/Model:

long

Vehicle Make/Model: _____

Name DRIVER:

Name DRIVER: _____

IC No. DRIVER:

IC No. DRIVER: _____

DRIVER'S Contact & add:

DRIVER'S Contact & add: _____

Witness: Yes 1. (Shawn) (Hp: 8222 7392)
2. (Kris) (Hp: 9777 4124)

**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

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.

COMMERCIAL VEHICLE**Third Party**

Certificate No. A 300443258 MKC

Excess : NIL

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**

GX5117E

2. **Name of Policyholder**

Akshaya Minimart Pte. Ltd.

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**

12/05/2021

4. **Date of Expiry of Insurance**

11/05/2022

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 in connection with the Policyholder's business. Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business. 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.

* 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.

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