

NATIONAL Assessment Centre Services

Date In: 07/02/2022 17:34	Job description	Date & Time Completed	Done by
Ref No: CA/MSG 22001153/M4	SAS e-filing		
Veh No: GBF 9321J	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 02/02/2022 12:30	i-Motor Claim Form		
OD <input checked="" type="checkbox"/> TP 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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:)
TP Particulars:	Veh No: FBS 4316P	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	Am't (\$) 1st Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$30)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) NI : 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 (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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	07/02/2022 17:34 (SGT)
Date of Accident	02/02/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TOH GUAN ROAD EAST TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF9321J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	IMEI (EXIM) PTE LTD
Company Reg No	1XXXXX065W
Email Address	jasonkcapl@gmail.com
Mobile Phone No	(Phone) +65-96776181
Alternative Phone No	+65-96776181

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
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	Auto
CC	1597

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A 300287390 MKC
Cover Note Number	-

DRIVER

Name of Driver	SOH YAN KWONG
NRIC No	SXXXX032F

Date Of Birth	06/04/1965
Occupation	Outdoor
Date Of Driving Pass	31/01/1991
Driving experience	31 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96776181
Alt. Phone Number	-
Email Address	jasonkcapl@gmail.com
Address	BLK 290E BUKIT BATOK STREET 24
Address complement	#10-121
Postcode	654290
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	Side Swipe
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SIEW TENG
Gender	Female

PASSENGER 2

Name	SOH SHAN QI
Gender	Female

PASSENGER 3

Name	SOH QI FENG
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008999999
Alt. Police Station Phone No	(Fax) +65-66655791
Police Station Address	No. 92 Boon Lay Way Singapore 609962
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE POLICE REPORT : T/20220202/2021

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	FBS4316P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	KALAI VANEN MUNIANDY
Contact Number	(Phone) +65-87501248
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

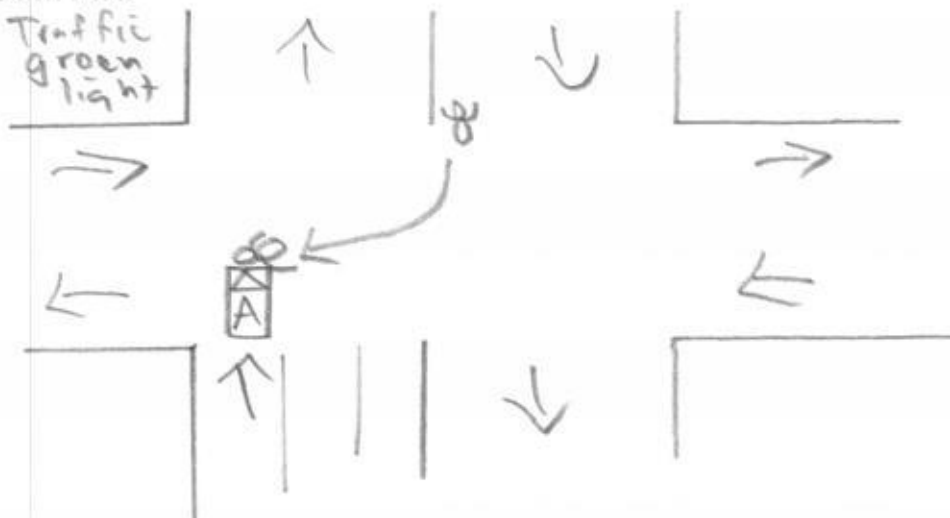


Policyholder's Signature / Date & Time

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

R 07/02/2022
Witnessed by Reporting Centre Personnel

Sketch Plan



A - GBF9321J

B - FBS4316P

Toh Guan Road East

Describe Circumstances of the Accident

Refer to Police Report T/20220202/2021

Declaration

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



[Handwritten signature]

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre



**SINGAPORE
POLICE FORCE**



T/20220202/2021

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20220202/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2022 14:28	Vide Report No.:	Station Diary No.: 52
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Informant's Particulars

Name of Informant: SOH YAN KWONG			Address: APT BLK 290E BUKIT BATOK STREET 24 #10-121 SINGAPORE 654290	
ID Type / ID No.: NRIC NO / S1730032F			Contact No.: Home/Office: Mobile: 96776181	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 56	Date of Birth: 06/04/1965	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: STOREMAN			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/02/2022 12:30	Type of Location: X-Junction
Location: TOH GUAN ROAD EAST				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF9321J	Van	NISSAN	NV200	Silver	Slightly Damaged	3

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220202/2021

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20220202/2021

CONTINUATION OF REPORT

Passenger			
Name	Soh Shan Qi	ID No.	T0736823I
Related Vehicle	GBF9321J (Van)	Contact No.	97923248
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Soh Qi Feng	ID No.	T0938560B
Related Vehicle	GBF9321J (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SOH YAN KWONG	ID No.	S1730032F
Related Vehicle	GBF9321J (Van)	Contact No.	96776181
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	Lim Siew Teng	ID No.	S7972661C
Related Vehicle	GBF9321J (Van)	Contact No.	96545335
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
POLICE FORCE**



T/20220202/2021

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20220202/2021

CONTINUATION OF REPORT

Rider			
Name	Kalai Vanen Muniandy @ Kalai Vanen S/O Muniandy	ID No.	S7978354D
Related Vehicle	NIL	Contact No.	87501248
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was driving my company vehicle bearing the following details,
GBF 9321 J

Nissan
NV 200
Silver

along Toh Guan Rd towards PIE. I was driving along the most left side of the lane. It is a 3 lane road. I wish to state that the traffic light was in my favor when I was travelling straight.

While I was travelling straight, suddenly, a motorcycle came from the opposite and collided the front right bumper, as a result, my bumper was dislodged and airbags was deployed. Together with my passengers, I alighted from the vehicle to make a check on the situation. I asked the rider whether he need medical assistance and he informed he required as he complained of pain in the left toe.

Later, ambulance came and conveyed the rider to hospital. I was advised by the paramedic to wait for the traffic police. My vehicle is not installed with in vehicle recording system. My passengers did not sustain any visible injuries.



**SINGAPORE
POLICE FORCE**



T/20220202/2021

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20220202/2021

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
D/
SGT 3 NGU YUAN JIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/02/2022 14:28

Officer In Charge Of Case:
TP / GIT /
STAFF SGT SYED MUHAMMAD ISA BIN
OMAR ALHABSHEE
Contact No.: 65476214

Classification Of Case:

3A/34

VEHICLE NO:	GBF9321J		MAKE & MODEL:	NISSAN NV200		AUTO / MANUAL
DATE OF ACCIDENT	02 / 02 / 22		C.C.		1500 1597 cc	
TIME OF ACCIDENT	1230 AM / PM					
LOCATION OF ACCIDENT	Teh Guan Road East		FB54316P			
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER	IMEI (EXIM) PTE LTD					
EMAIL:			Office:	MOBILE:		
NRIC	198104065W					
CLAIM TYPE	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO ? NO					
INSURANCE CO.	MSIA					
TYPE OF COVERAGE	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO.	A300287390 MKC					
NAME OF DRIVER	AS ABOVE / IF NO: SOH YAN KWONH					
NRIC	5173032F					
DATE OF BIRTH	06 / 04 / 65					
ANY PASSENGER	YES / NO: LIM SIEW TENG (F)					
NAME OF PASSENGER	SOH SHAN QI (F)					
GENDER OF PASSENGER	MALE / FEMALE SOH QI FENG (M)					
OCCUPATION	Outdoor / Indoor					
DATE OF DRIVING PASS	31 / 01 / 91					
GENDER	Male / Female					
CONTACT NO.	Mobile: 96776181		Office:		Home:	
EMAIL:	jasonkcapl@gmail.com					
ADDRESS	B1K 290E BUKIT BATOK ST 24 #10-121					
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes: Reg No.		INSURER:		5654290	
RELATIONSHIP	Employee / If No:					
WEATHER CONDITION	Clear / Raining / Other:					
ROAD SURFACE	Dry / Wet / Other:					
ANY INJURIES	No / If yes: Who?					
CONTACT NO.	9677 6181					
POLICE REPORT	No / If yes: Where? T/20220202/2021					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO/IF YES: WHO?					
VEHICLE B NO.	FB54316P		Any Passenger:			
NAME	KALAI VANEN MUNIANDY					
CONTACT NO.	87501248					
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:						
Have you been approach by unknown person soliciting (s) /						
offering accident claims assistance?						
YES / 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
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 Comprehensive

Certificate No. A 300287390 MKC

Excess : SGD500

Windscreen Excess : SGD100

1. Index Mark and Registration Number of Vehicle
GBF9321J

2. Name of Policyholder
Imei (Exim) Pte Ltd

3. Effective Date of the Commencement of Insurance for the purposes of the Act
12/04/2021

4. Date of Expiry of Insurance
11/04/2022

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