

NATIONAL Assessment Centre Services

Date In: 11/02/22	Job description	Date & Time Completed	Done by
Ref No: NA/MSL20001346/13	SAS e-filing		
Veh No: SJX9993E	E-mail (within 3hrs, TP 2hrs)		
D.O.A: 29/01/22 1500	i-Motor Claim Form		
OD (TP) 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: SMU6993E	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) FT : 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 (N14) : 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	11/02/2022 18:23 (SGT)
Date of Accident	29/01/2022 13:00 (SGT)
Exact Location of Accident	1022 Upper Serangoon Rd, Singapore 534760
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX9993E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUBRAMANIAM S/O KARUPPIAH
NRIC No	SXXXX115C
Email Address	scotchere123@gmail.com
Mobile Phone No	(Phone) +65-83039773
Alternative Phone No	+65-83039773

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	A 300375233 QMX
Cover Note Number	-

DRIVER

Name of Driver	SIVAPRAKASH S/O SUBRAMANIAM
NRIC No	SXXXX413F

Date Of Birth	18/09/1975
Occupation	Indoor
Date Of Driving Pass	21/03/2020
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83039773
Alt. Phone Number	-
Email Address	scotchere123@gmail.com
Address	BLK 567 PASIR RIS ST 51
Address complement	#10-94
Postcode	510567
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	KARTHIK A/L SIVA
Gender	Male

PASSENGER 2

Name	ELIJAH SELVARAJU
Gender	Male

PASSENGER 3

Name	SABRINA HEMALA JOSEPH DASS
Gender	Female

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

PLS REFER TO THE ATTACHED 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	SMU6993E
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMM3839E
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)	-

INJURED PERSONS DETAILS**INJURED 1**

Name of injured person	ELIJAH SELVARAJU
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJX9993E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SABRINA HEMALA JOSEPH DASS
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SJX9993E
Were seat belts worn?	-
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 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

Sketch Plan

C	A = 55X 9993 E
A	B = SMW 6993 E
B	C = SMW 3839 E
	1022 UPPER SERANGOON RD.

ON THE STATED TIME & DATE, I WAS TRAVELLING
ALONG 1222 UPPER SERANGGON ROAD. AS THE VEHICLE INFRONT
BEGAN SLOWING DOWN, I FOLLOWED, OUT OF A SUDDEN I FELT
A HUGE IMPACT FROM THE REAR CAUSING MY VEHICLE
TO MOVE FORWARD AND COLLID INTO THE FRONT VEHICLE.
I GOT DOWN AND REALIZE I WAS INVOLVE IN A
3 CAR CHAIN COLLISION.

We declare the foregoing particulars are true in every respect.


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

Witnessed by Reporting Centre
Personnel

VEHICLE NO: SJX 9993 EMAKE & MODEL: T. Camry

AUTO MANUAL

DATE OF ACCIDENT	<u>29 / 01 / 2022</u>		*C.C.
TIME OF ACCIDENT	<u>1 - 00</u> AM / <u>PM</u>		
LOCATION OF ACCIDENT	<u>1022 UPPER SERANGOON RD</u>		
EXACT PURPOSE USED AT TIME OF ACCIDENT	EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE		
NAME OF OWNER	<u>SUBRAMANIAM S/O</u>		<u>KARUPPIAH (DECEASED)</u>
EMAIL:	<u>Scotchhere123@GMAIL.COM</u>	Office:	MOBILE:
NRIC	<u>S1835115C</u>		
CLAIM TYPE	OD / <u>THIRD PARTY</u> / REPORTING ONLY		
FLEET POLICY	YES / <u>NO</u> ?		
INSURANCE CO.	<u>MSIG</u>		
TYPE OF COVERAGE	Comprehensive / <u>Third Party</u> / Third Party Fire & Theft		
POLICY NO.	<u>A 300375233 QMX</u>		
NAME OF DRIVER	AS ABOVE / <u>IF NO. SIVAPRAKASH S/O SUBRAMANIAM</u>		
NRIC	<u>S7528413P</u>		
DATE OF BIRTH	<u>18 / 09 / 1975</u>		
ANY PASSENGER	YES / NO: <u>M</u> <u>KM</u> <u>M</u>		
NAME OF PASSENGER	<u>1) DRIVER 2) KARTHIK AIL SIVA 3) ELIJAH SELVARAJU</u>		
GENDER OF PASSENGER	<u>MALE / FEMALE</u> <u>4) SABRINA HEMALA JOSEPH</u>		
OCCUPATION	<u>Outdoor / Indoor</u> <u>DASS (CF)</u>		
DATE OF DRIVING PASS	<u>21 / 03 / 2020</u>		
GENDER	<u>Male</u> / Female		
CONTACT NO.	Mobile: <u>8303 9773</u> Office:		Home:
EMAIL:	<u>567</u>		
ADDRESS	<u>BK 267, PASIR RIS ST 51, #10-94</u>		
DOES DRIVER OWN OTHER VEHICLES?	NO / If yes, Reg No.		INSURER:
RELATIONSHIP	Employee / <u>IF NO. SON</u>		
WEATHER CONDITION	<u>Clear</u> / Raining / Other,		
ROAD SURFACE	<u>Dry</u> / Wet / Other,		
ANY INJURIES	No / If yes, Who? <u>1) SABRINA HEMALA JOSEPH DASS (CF)</u>		
CONTACT NO.	<u>ELIJAH SELVARAJU</u>		
POLICE REPORT	No / If yes, Where?		
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?		
VEHICLE B NO.	<u>SMU 6993 E</u>	Any Passenger:	
NAME			
CONTACT NO.			
VEHICLE C NO.	<u>SMM 3839 E</u>	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 / <u>NO</u>		
WAS THERE ANY AUDIO RECORDED?	YES / <u>NO</u>		
SCENE ACCIDENT PHOTOS TAKEN?	YES / <u>NO</u>		
**WORKSHOP:			
Have you been approach by unknown person soliciting (s) /			
offering accident claims assistance?			
YES / <u>NO</u>			



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 300375233 QMX

Excess : NIL

Windscreen Excess : NIL

1. Index Mark and Registration Number of Vehicle

SJX9993E

2. Name of Policyholder

Subramaniam s/o Karuppiah

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

10/11/2021

4. Date of Expiry of Insurance

09/11/2022

5. Persons or Classes of Persons entitled to drive*

Subramaniam s/o Karuppiah

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 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