

# NATIONAL Assessment Centre Services

Date In: 03/02/22	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: CA/MSG 22001750/13	E-mail (within 3hrs, APC 2hrs):		
Veh No: PC4168T	i-Motor Claim Form		
D.O.A: 03/02/22 0730	i-Motor W/O (Within: OD: 2hrs, TP 4hrs)		
OD: <input checked="" type="radio"/> Reporting Only	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: SMY1299M	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 ( ) / Towel-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 (\$) 1st Bill	Amt (\$) 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:-		
	ON:		
	*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 date:	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	23/02/2022 15:18 (SGT)
Date of Accident	23/02/2022 07:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF AMK AVE 6 & AMK AVE 3
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4168T
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GUTHRIE ENGINEERING(S)PTE LTD
Company Reg No	1XXXXX006K
Email Address	rajenraj235@yahoo.com
Mobile Phone No	(Phone) +65-98785888
Alternative Phone No	(Office) +65-67462222

#### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	2500

#### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	B 400001182 MKF
Cover Note Number	-

#### DRIVER

Name of Driver	K NARAYANAN S/O KARUPPAIYA
NRIC No	SXXXX594J



Date Of Birth	24/02/1974
Occupation	Outdoor
Date Of Driving Pass	12/06/1998
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83214329
Alt. Phone Number	-
Email Address	rajenraj235@yahoo.com
Address	BLK 235 AMK AVE 3
Address complement	#04-1112
Postcode	560235
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PASSENGER
Gender	Male

#### 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?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY1299M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	MR PHUANG
Contact Number	(Phone) +65-98222683
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

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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.



*[Signature]*

*[Signature]*

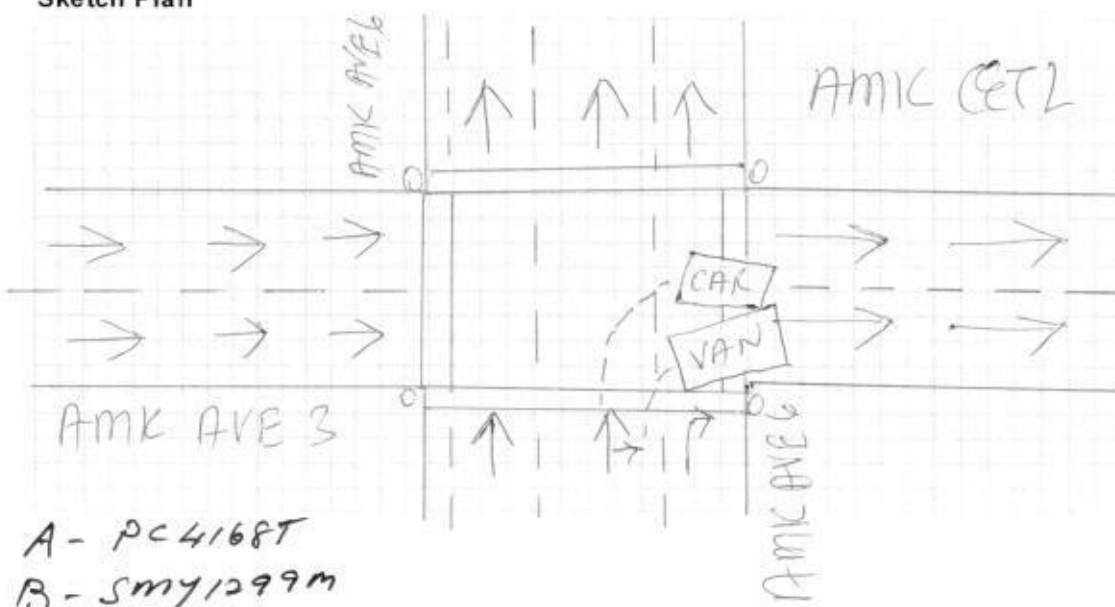
*[Signature]* 23/02/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

#### Sketch Plan



### Describe Circumstances of the Accident

On the date and time, I driving my company van  
PL 4168T along Ang Mo Kio Ave 6, when traffic light  
green with the green arrow. We both turn into Ang Mo Kio  
Ave 3, I have keep my van at the most Right Lane.  
But vehicle 'B' smy 1299m also turning and suddenly  
making a sharp cut into my lane. And he continue to  
moved and his car drag straight and stop after a few  
car away. I caught fair.

We then exchange our particular.

### Declaration

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



Policyholder's Signature / Date &  
Time

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

  
23/02/22

Witnessed by Reporting Centre  
Personnel



VEHICLE NO: PC 4168T	MAKE & MODEL: N/NV350	(AUTO) / MANUAL
DATE OF ACCIDENT: 23/02/22	CC: 2.5	
TIME OF ACCIDENT: 730 HRS		
LOCATION OF ACCIDENT: Junction of Amk Ave 6 / Ave 3		
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	
NAME OF OWNER:	Guthrie Engineering's Pte Ltd	
TEL NO:	H/P: 98785888 OFFICE: 67462227 HOME:	
NRIC: ROC	195100006K	
ADDRESS:	6, Aljunied Ave #04-00 Guthrie Engineering Bldg	
EMAIL:	rajenraj235@yahoo.com S' 389932	
CLAIM TYPE:	OD (THIRD PARTY) / REPORTING ONLY	
FLEET POLICY:	YES (NO?)	
INSURANCE COMPANY:	MSIG Ins (S) Pte Ltd	
TYPE OF COVERAGE:	(Comprehensive) / Third Party / Third Party Fire & Theft	
POLICY NO:	B40001182 MKF	
NAME OF DRIVER:	AS ABOVE / IF NO:	
NRIC:	87740594J ANY PASSENGER: 1 Male	
DATE OF BIRTH:	24/02/1974 LICENCE PASSED DATE: 12/JUN/1998	
OCCUPATION:	(OUTDOOR) / INDOOR	
GENDER:	(MALE) / FEMALE	
CONTACT NO:	H/P: 83214329 OFFICE: HOME:	
ADDRESS:	BLK 235 Ang Mo Kio Ave 3 #04-1112 S' 560283	
EMAIL:	rajenraj235@yahoo.com	
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO: INSURER:	
RELATIONSHIP:	Employee	
WEATHER CONDITION:	(CLEAR) / RAINING / OTHERS:	
ROAD SURFACE:	(DRY) / WET / OTHER:	
ANY INJURIES:	(NO) / IF YES, WHO?	
NAME & CONTACT:		
NAME & CONTACT:		
POLICE REPORT:	NO / IF YES, WHERE?	
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?	
VEHICLE B REG NO:	SMY1299M ANY PASSENGERS: 1 (F)	
NAME OF DRIVER:	MR Phuang CONTACT NO: 98222683	
VEHICLE C REG NO:	ANY PASSENGERS:	
VEHICLE D REG NO:	ANY PASSENGERS:	
VEHICLE E REG NO:	ANY PASSENGERS:	
VEHICLE F REG NO:	ANY PASSENGERS:	
VEHICLE G REG NO:	ANY PASSENGERS:	
ANY WITNESS? IF YES, NAME:	WITNESS CONTACT:	
WAS THERE ANY VIDEO CAPTURE?	(YES) / NO	
WAS THERE ANY AUDIO RECORDED?	YES (NO)	
ACCIDENT SCENE PHOTOS TAKEN?	(YES) / NO	
ACCIDENT PORTION:	LHS front portion.	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO	
WORKSHOP PARTICULAR:	N-51 Automotive p/c	
CONTACT NO:	68420051 / 67440510	
CONTACT PERSON:	96271666	
FAX NO:	67410510	
WORKSHOP EMAIL:	sales@n51.com.sg	



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. B 400001182 MKF

Excess : SGD1,500

Windscreen Excess : SGD100

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

PC4168T

**2. Name of Policyholder**

Guthrie Engineering (S) Pte Ltd

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

01/01/2022

**4. Date of Expiry of Insurance**

31/12/2022

**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 only for the carriage of passengers or goods in connection with the Policyholder's business. 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.

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 offence 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