

# NATIONAL Assessment Centre Services

Date In 04/01/2023	Job description	Date & Time Completed	Done by
Ref No CA/MSG23000077/d4	SAS e-filing		
Veh No SDZ8189C	E-mail (within 8hrs. AP 2hrs)		
DOA 03/01/2023 1700	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: GBB 4611 B	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 (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);		1st Bill	Add Bill
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)			
Damaged Portion:	3) TP: 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			
	For claiming against INC Only (wef 10 Jan 2005)			
	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 (N11) 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 Actual 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	04/01/2023 11:53 (SGT)
Reported by	Driver
Date of Accident	03/01/2023 17:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	US EMBASSY PARKING LOT
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ8189C
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAFARIDAH BINTE MOHD
NRIC No	SXXXX384C
Email Address	jmartaauto@gmail.com
Mobile Phone No	(Phone) +65-91314524
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Tiguan
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	1395

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300337330 QMY

### DRIVER

Name of Driver	NUR NADYAH BINTE PERWRIE
NRIC No	SXXXX158G



Date Of Driving Pass .....	12/01/2016
Driving experience .....	7 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-91314524
Alt. Phone Number .....	-
Email Address .....	jmartauto@gmail.com
Address .....	APT BLK 152 JALAN TECK WHYE
Address complement .....	# 01-15
Postcode .....	680152
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT-J/20230103/7057

#### 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBB4611B
Vehicle Manufacturer .....	

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	GURUSAMY THIAGARAJA
NRIC No .....	SXXXX660A
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 .....	NUR NADYAH BINTE PERWRIE
Gender .....	Female
Phone No .....	(Phone) +65-91314524
Address .....	APT BLK 152 JALAN TECK WHYE
Address Complement .....	# 01-15
Post Code .....	680152
Approximate Age Years Old .....	-
Injuries Sustained .....	HEADACHE AND BACK PAIN
Injured person in which vehicle? .....	SDZ8189C
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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

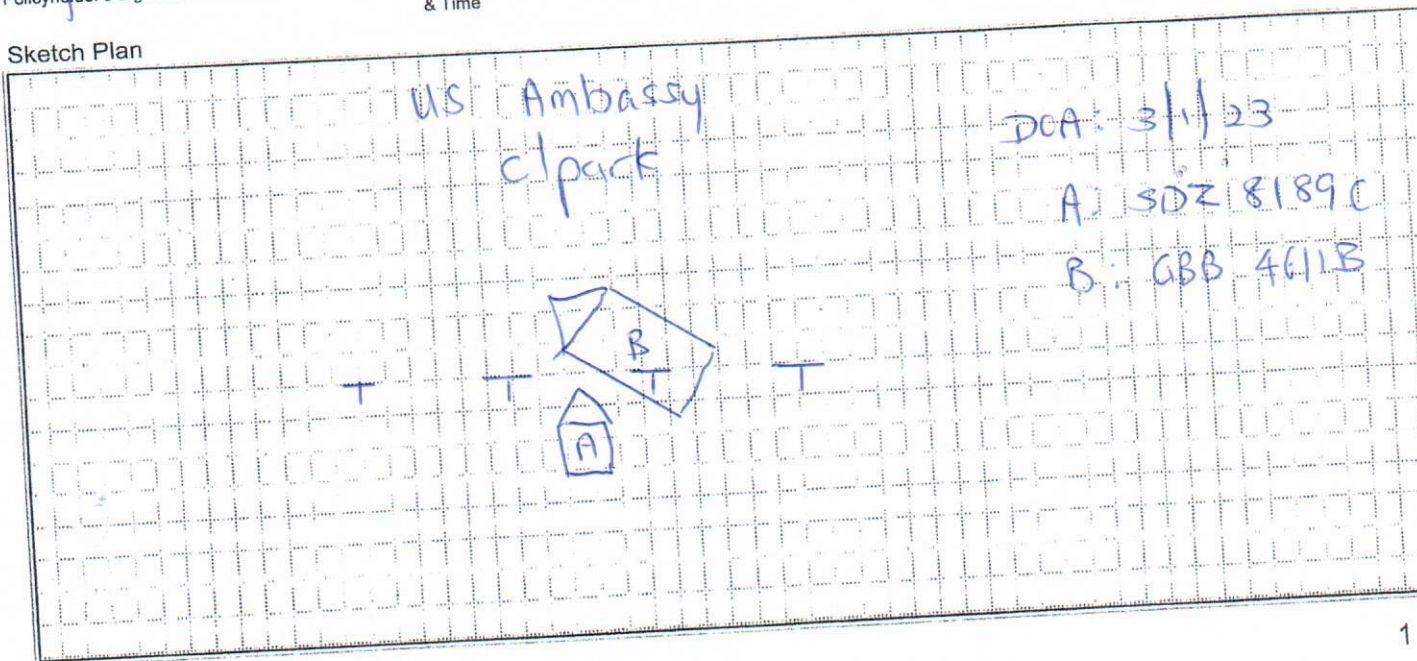
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan







# SINGAPORE POLICE FORCE



J/20230103/7057

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20230103/7057

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 03/01/2023 18:10	Vide Report No.	Station Diary No.
Name Of Informant NUR NADYAH BINTE PERWRIE	Address 152 JALAN TECK WHYE #01-15 SINGAPORE 680152	
ID Type / ID No. NRIC NO / S9731158G	Contact No. Home/Office: Mobile: 91314524	
Nationality SINGAPORE CITIZEN	Email Address NADYAHP@HOTMAIL.COM	
Occupation Student	Sex Female	Age 25
Institution/School Name	Date of Birth 08/09/1997	Race Eurasian
Date/Time Of Incident 03/01/2023 17:00 - 03/01/2023 17:10	Location Of Incident 152 JALAN TECK WHYE #01-15 SINGAPORE 680152	

**Brief details.**

My vehicle was hit by a brinks company vehicle driver while it was stationary in US Embassy Parking lot.  
The driver of the vehicle apologized for hitting my vehicle.

Subjects Involved			
Suspect			
Person Name	GURUSAMY THIAGARAJA		
ID Type	NRIC NO	ID No	S0167660A
Gender	Male	Age	71-72

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this  
report has been authenticated by Singpass.  
No signature is required.

Date/Time:  
03/01/2023 18:10

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20230103/7057

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20230103/7057

Race	Indian	Language	English
Relation To Informant	The driver that hit my car		
Victim			
Person Name	NUR NADYAH BINTE PERWRIE		
ID Type	NRIC NO	ID No	S9731158G
Gender	Female	Age	25
Race	Eurasian	Language	English
Occupation	Student	Address	152 JALAN TECK WHYE #01-15 SINGAPORE 680152
Mobile No	91314524	Is Informant A Victim?	Yes
Person Name	NUR NADYAH BINTE PERWRIE (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
03/01/2023 18:10

Classification Of Case:



# Pte Car / Commercial Vehicle / Pte Hire

Date of Accident : 3/1/23		Time of Accident : 5.00pm	
Exact Location of Accident : US Embassy cl park			
Purpose Of Reporting : OWN DAMAGE CLAIM / 3RD PARTY CLAIM / JUST REPORTING ONLY			
Weather Condition : Clear / Raining		Dry / Wet Pte Use / Work	
Owner's Name : Yafaridah Binte Mohd		NRIC : 51786384C	HP :
Driver's Name : Nur Nadyah Binte Perwrie		NRIC : S9731158G	HP : 91314524
DOB : 8/9/1997	Driving Licence Passing Date : 12/1/2016		Occupation : Indoor / Outdoor
Address : 152 Jln Teck Whye #01-15 (680152)			
Relationship Of Driver with Insured : daughter		Email : jmartanto@gmail.com	
Vehicle Number : SDZ 8189C		Make & Model : Volkswagen	
Insurance Company : MSIG		Policy No : A300337330 QMY	Coverage : C
Any passengers inside vehicle involved ( YES / NO ) If yes, Vehicle Number & How many pax			
A : 1 + 0	B : 1 + 1	D :	
Vehicle A Passenger Name :			Male / Female
Anyone Injured :		Convey By Ambulance: Yes / No	
o NO		o YES Name / NRIC / Which Vehicle : Nur Nadyah Binte Perwrie back of headache	
Was The Accident Reported To The Police ?			
o NO		o YES Which Police Station : JURONG	
Does The Driver Own Any Other Vehicle ?			
o NO		o YES Vehicle Number : Insurer :	
Was Any Foreign Vehicle Involved ?			
o NO		o YES Vehicle Number & Category :	
Was There Any Video Captured By Car Camera ? o NO o YES with workshop			

## Third Party's Particular

Vehicle B's Number : GBB 4611B		Make & Model : Toyota	
Driver's Name : Gurusamy Thiagaraja		NRIC :	HP :
Vehicle C's Number :		Make & Model :	
Driver's Name :		NRIC :	HP :

## Witness's Particular

Name :	NRIC :	HP :
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**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.

**MOTORMAX PLUS  
Comprehensive**

Certificate No. A 300337330 QMY

Excess : SGD2,000

Windscreen Excess : SGD100

1. **Index Mark and Registration Number of Vehicle**  
SDZ8189C

2. **Name of Policyholder**  
Yafaridah binte Mohammed

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
31/08/2022

4. **Date of Expiry of Insurance**  
30/08/2023

5. **Persons or Classes of Persons entitled to drive\***

Yafaridah binte Mohammed, Nur Nadyah bte Perwrie

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.

PLEASE NOTE ALL CLAIMS RELATED REPAIR CAN BE CARRIED OUT AT ANY WORKSHOP OF YOUR CHOICE OR AT ANY MSIG AUTHORISED WORKSHOP. REFER TO MSIG.COM.SG FOR LIST OF AUTHORISED WORKSHOPS.

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

Mack Eng  
Chief Executive Officer