

# NATIONAL Assessment Centre Services (wef 1 Jan 06)

Date In: 10/07/2023	Job description	Date & Time Completed	Done by
Ref No: CALMSG23006976/d4	SAS e-filing		
Veh No: GBJ 8890T	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 09/07/2023 11:50	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: SLD 4362R 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 (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$30)	
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	
	For claiming against INC Only (wef 10 Jan 2005)	
Cat. 1:	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
Cat. 2 / 3:	8) NTUC Additional Services:-	
	OP*	
	*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: Idao 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 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	10/07/2023 17:44 (SGT)
Reported by	Actual Driver
Date of Accident	09/07/2023 11:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVENUE 1 TOWARDS CTE CITY
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBJ8890T

### INSURED/POLICYHOLDER

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

### 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	1598

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	B 400001769 MKF

### DRIVER

Name of Driver	THAMILSELVAN MANI
Passport No/FIN	GXXXX212L
Date Of Birth	03/08/1987
Occupation	Outdoor

Date Of Driving Pass .....	24/12/2019
Driving experience .....	3 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82215340
Alt. Phone Number .....	-
Email Address .....	leelinchong@guthrie.com.sg
Address .....	6 ALJUNIED AVENUE 3 , GUTHRIE ENGINEERING BUILDING
Address complement .....	# 04-00
Postcode .....	389932
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 .....	Collision - Head to Rear
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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
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

PLEASE REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLD4362R
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MARTIN HO ZHENGYI
Contact Number .....	(Phone) +65-98277375
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.
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.



*T. Alan*

Policyholder's Signature / Date & Time

*T. Alan*

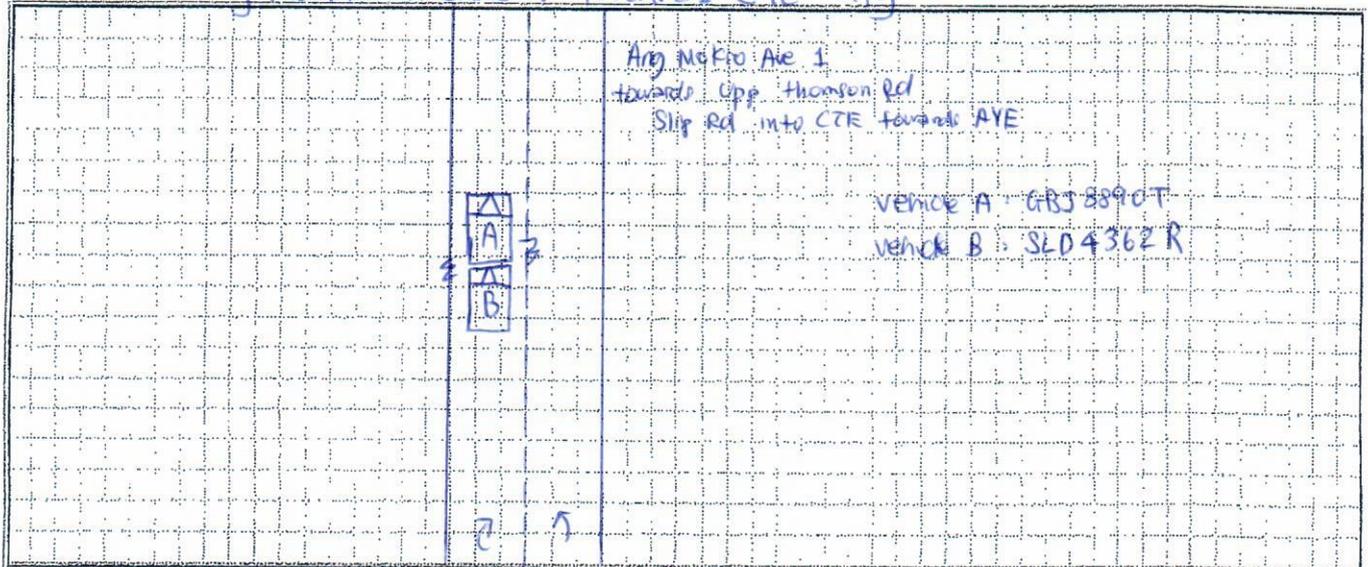
Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]* 10/7/2023

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

Sketch Plan

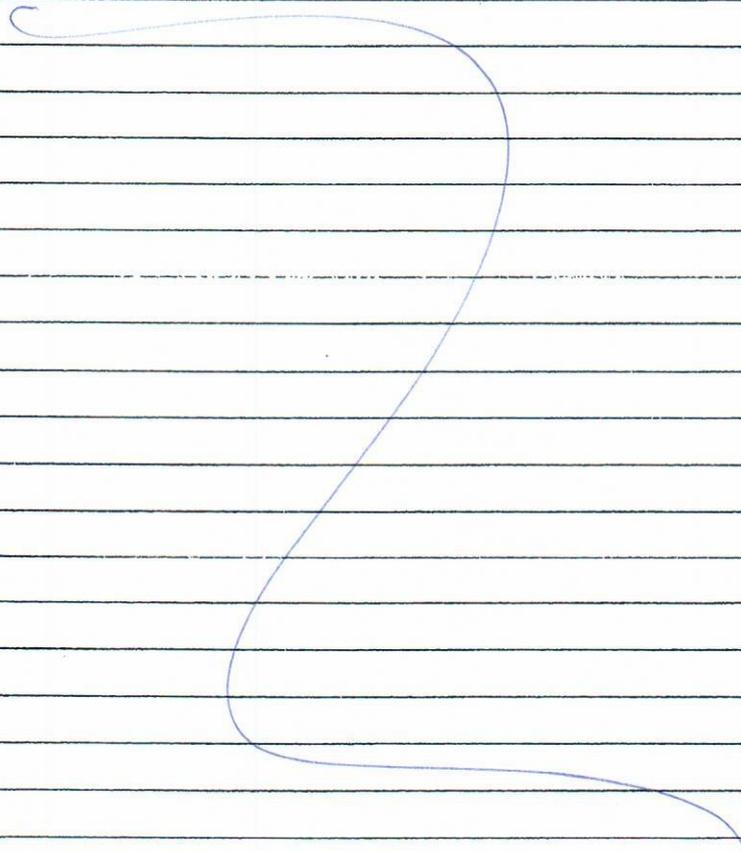
*Ang Mo Kio Avenue 1 towards CTE city*



Describe Circumstance of the Accident

On the date 09/07/2023 time about 1150 hrs I drive my company van GBJ 8890T along Ang mo Kio Ave 7 toward Upper Thomson Rd, Slip Rd into CTE toward city. When in front car stop, I follow to stopped too, suddenly vehicle 'B' SLD4362R hit my van from behind.

After the accident we come out to take some photos and exchange our particular.



Declaration

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

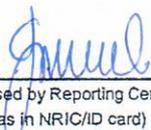


T. Wu

Policyholder's Signature / Date & Time

T. Wu

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

 10/7/2023  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

VEHICLE NO: <b>GBJ8890T</b>	MAKE & MODEL: <b>NISSAN NV200</b> (AUTO) MANUAL
DATE OF ACCIDENT: <b>09/07/2023</b>	CC: <b>1600</b>
TIME OF ACCIDENT: <b>1150</b> HRS	
LOCATION OF ACCIDENT: <b>Ang Mo Kio Ave 1 towards CTE City</b>	
EXACT PURPOSE USE DURING ACCIDENT: <b>EMPLOYMENT / PRIVATE USE / PRIVATE HIRE</b>	
NAME OF OWNER: <b>Guthrie Engineering(S) Pte Ltd</b>	
TEL NO:	H/P: <b>98785888</b> OFFICE: HOME:
NRIC: <b>Roc</b>	<b>195100006K</b>
ADDRESS: <b>6 Aljunied Ave 3 #04-00 Guthrie Engineering Building S' 389932</b>	
EMAIL: <b>leelinchong@guthrie.com.sg</b>	
CLAIM TYPE: <b>OD (THIRD PARTY) / REPORTING ONLY</b>	
FLEET POLICY: <b>YES ( / NO ? )</b>	
INSURANCE COMPANY: <b>MSIG</b>	
TYPE OF COVERAGE: <b>(Comprehensive) / Third Party / Third Party Fire &amp; Theft</b>	
POLICY NO: <b>B 4000001769 MKF</b>	
NAME OF DRIVER: <b>AS ABOVE / IF NO: <u>Thamil Selvan Mani</u></b>	
NRIC: <b>G 8041212L</b>	ANY PASSENGER: <b>01</b>
DATE OF BIRTH: <b>03/Aug/1987</b>	LICENCE PASSED DATE: <b>24/Dec/2019</b>
OCCUPATION: <b>(OUTDOOR) / INDOOR</b>	
GENDER: <b>(MALE) / FEMALE</b>	
CONTACT NO:	H/P: <b>82215340</b> OFFICE: HOME:
ADDRESS: <b>6 Aljunied Ave 3 #04-00 Guthrie Engineering Building S' 389932</b>	
EMAIL: <b>leelinchong@guthrie.com.sg</b>	
DOES DRIVER OWNED ANY VEHICLE: <b>(NO) / IF YES, REG NO:</b>	INSURER:
RELATIONSHIP: <b>Employee</b>	
WEATHER CONDITION: <b>(CLEAR) / RAINING / OTHERS:</b>	
ROAD SURFACE: <b>(DRY) / WET / OTHER:</b>	
ANY INJURIES: <b>(NO) / IF YES, WHO?</b>	
NAME & CONTACT:	
NAME & CONTACT:	
POLICE REPORT: <b>(NO) / IF YES, WHERE?</b>	
NOTICE OF INTENDED PROSECUTION GIVEN? <b>(NO) / IF YES, WHO?</b>	
VEHICLE B REG NO: <b>SLD4362R</b>	ANY PASSENGERS: <b>0</b>
NAME OF DRIVER: <b>Martin Ho Zhengyi</b>	CONTACT NO: <b>98277375</b>
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: <b>0</b>	WITNESS CONTACT:
WAS THERE ANY VIDEO CAPTURE? <b>(YES) / NO <u>over</u></b>	
WAS THERE ANY AUDIO RECORDED? <b>YES ( / NO )</b>	
ACCIDENT SCENE PHOTOS TAKEN? <b>(YES) / NO</b>	
ACCIDENT PORTION: <b>rear portion</b>	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance? <b>YES / NO</b>	
WORKSHOP PARTICULAR: <b>N-51 Automotive pte Ltd</b>	
CONTACT NO: <b>68420051 / 67440510</b>	
CONTACT PERSON: <b>IRENE</b>	
FAX NO: <b>67410510</b>	
WORKSHOP EMAIL: <b>sales@n51.com.sg</b>	



**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.** B 400001769 MKF

**Excess :** SGD500

**Windscreen Excess :** SGD100

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

GBJ8890T

**2. Name of Policyholder**

Guthrie Engineering (S) Pte Ltd

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

01/01/2023

**4. Date of Expiry of Insurance**

31/12/2023

**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 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

Mack Eng  
Chief Executive Officer