

Date In: 14/02/2016 15:12	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18003023/K4	SAS e-filing		
Veh No: FBJ2848G	E-mail (within 8hrs, AIC 2hrs)		
DOA: 13/02/2018 08:30	i-Motor Claim Form		
OD 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: SLA 9004H 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	Amnt (\$) 1st Bill	Amnt (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
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		
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 (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 ability.
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 Report	14/02/2018 15:12
Date Of Accident	13/02/2018 08:30
Exact Location Of Accident	AYE AFTER LOWER DEITA ROAD FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2848G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EHP PTE LTD
Co Reg No	-
Email Address	EHPPTLTD@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90820308
Alternative Phone No	OFFICE-90820308

### Vehicle Particulars

Manufacturer	YAMAHA
Model	124 C.C.
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/17-988009-WTT
Cover Note Number	

### Driver

Name of Driver	ARUMUGAM KALIMUTHU
Passport No/FIN	G3116582U
Date Of Birth	12/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	08/03/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90820308
Fax Number	
Contact Number	OTHERS-90820308
E Mail Address	EHPPTLTD@SINGNET.COM.SG

Address	EHP PTE LTD
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### 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 this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 54 PIPIT ROAD #01-82/84 , <b>POSTCODE:</b> 370054 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7449999 - <b>FAX NO:</b> 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180213/2051

#### 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	SLA9004H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PEK TECK SENG
NRIC/Passport Number	S7519676H
Contact Number	97944340
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	ARUMUGAM KALIMUTHU
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ2848G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

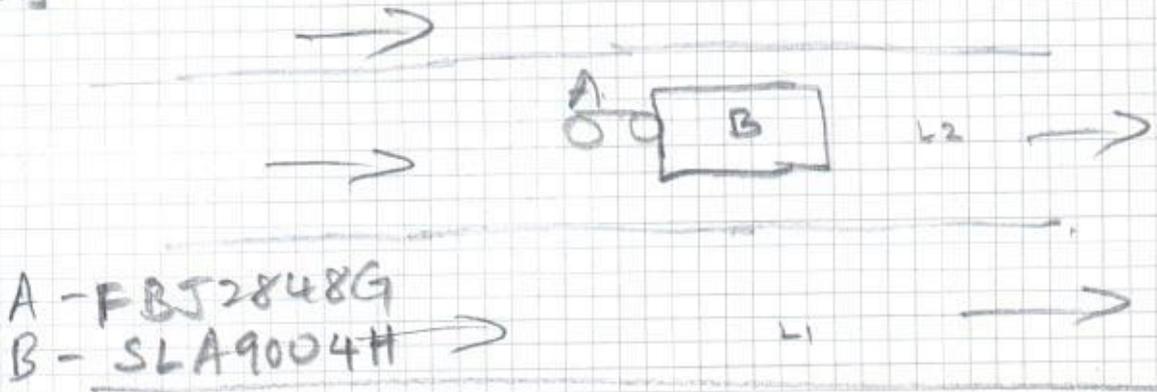
*A. Kalimuthu*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 14/12/2018  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

AYER RAJAH EXPRESSWAY

Along AYER RAJAH lower delta road fly over L3



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report -  
T/20180213/2051

DECLARATION

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



Policyholder's Signature  
Date & Time:

*A. Subanth...*  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

*[Signature]* 14/2/2018  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20180213/2051

2 of 3

Report No. T/20180213/2051

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned date and time I was riding my company's motorcycle (FBJ2848G) along AYE towards Tuas. I wish to state that I was travelling on the second lane when one car (SLA9004H) in front of me suddenly brake. I then could not brake on time and collided with the rear left side of the car. I fall off from the motorcycle. I then got up and make a check that I suffered abrasions on both my knees, left hand, right arm and my chin. Ambulance then came and I was conveyed to National University Hospital (NUH). I was given one day of MC.



**SINGAPORE  
POLICE FORCE**



T/20180213/2051

3 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20180213/2051

**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:  
*G15567 Mukd. Sharwan*  
Sgt 2 ANG YIFENG, ELSON

Signature Of Informant:  
*A. Kalimuthu*

Signature Of Interpreter:  
Not applicable

Date/Time:  
13/02/2018 12:40

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case:

Contact No.:

 SINGAPORE  
POLICE FORCE  
*[Signature]*  
SIGNATURE

Authentication Stamp  
NP168



# KIVILE ENTERPRISE

Blk 3007, Ubi Road 1 #01-408, Singapore 408701.  
Tel: 6748 8645, 6747 9547, 8367 5360  
Fax: 6748 2533  
email: kivilepc@gmail.com  
www.kivilepc.com

SALES / PURCH

DATE: 17-11-17



DEALERS IN NEW AND USED  
MOTOR CYCLES,  
HIRE PURCHASE &  
INSURANCE AGENTS.



Document Need  
Roc latest  
IC director photocopy

HEREBY CONFIRM

FROM / TO:

NAME: ..... I/C NO: .....  
OF ..... H/P: .....  
OFFICE NO: ..... DOB: ..... RELATIONSHIP: .....  
CO NAME: ..... OCCUPATION: .....  
CO ADDRESS: ..... MONTHLY INCOME: .....

I, THE UNDERSIGNED CONFIRM THE ABOVE PARTICULARS TO BE ACCURATE.

change  
Battery check or  
engine oil change  
Footrest Rubber  
Box & Bracket  
sic Hand

PARTICULARS OF VEHICLE:

VEHICLE NO: FBJ 2848G ..... YEAR OF MANUFACTURE: .....  
MAKE/MODEL: YAMAHA YBR 125 ..... COE EXP DATE: (5-3-2024)  
R/TAX VALIDITY: 5-9-2018 ..... OTHERS: .....

TRADE-IN DETAILS

REG NO: .....  
MAKE/MODEL: .....  
COE EXP DATE: .....  
TRADE-IN PRICE: .....  
LESS H.P SETTLEMENT: .....  
NETT TRADE-IN PRICE: .....  
HIRE PURCHASE CO: .....

BUYING/ SELLING PRICE

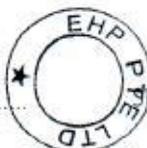
PRICE AGREED: 5150 + 360.50 = 5510.50  
(7% GST)  
TRANSFER FEE: 11k  
INSURANCE PREMIUM: 393.76k - 3rd party  
ACCESSORIES: .....  
AGREEMENT/ ADMIN FEE: .....  
SUB-TOTAL: 5915.26k  
LESS: .....  
D/P: .....  
H.P FINANCE AMOUNT: .....  
FINANCE CHARGES: .....  
BALANCE PAYABLE: \$ ..... X ..... MONTHS

BALANCE TO BE PAID BY ..... OR  
THE DEPOSIT WILL BE FORFEITED.

DATE/ TIME OF DELIVERY: .....

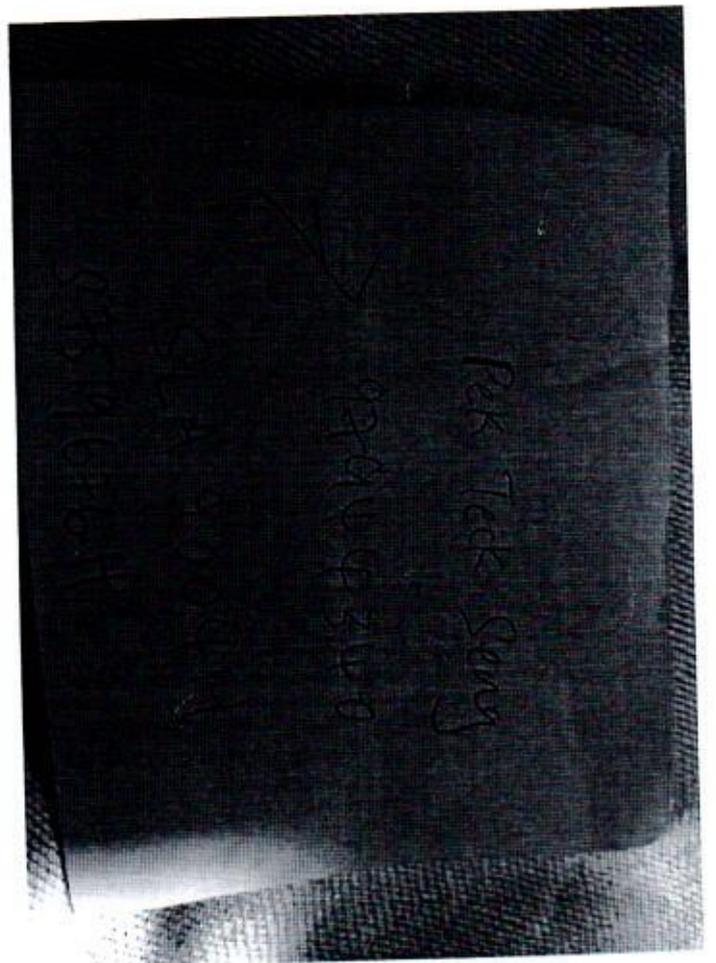
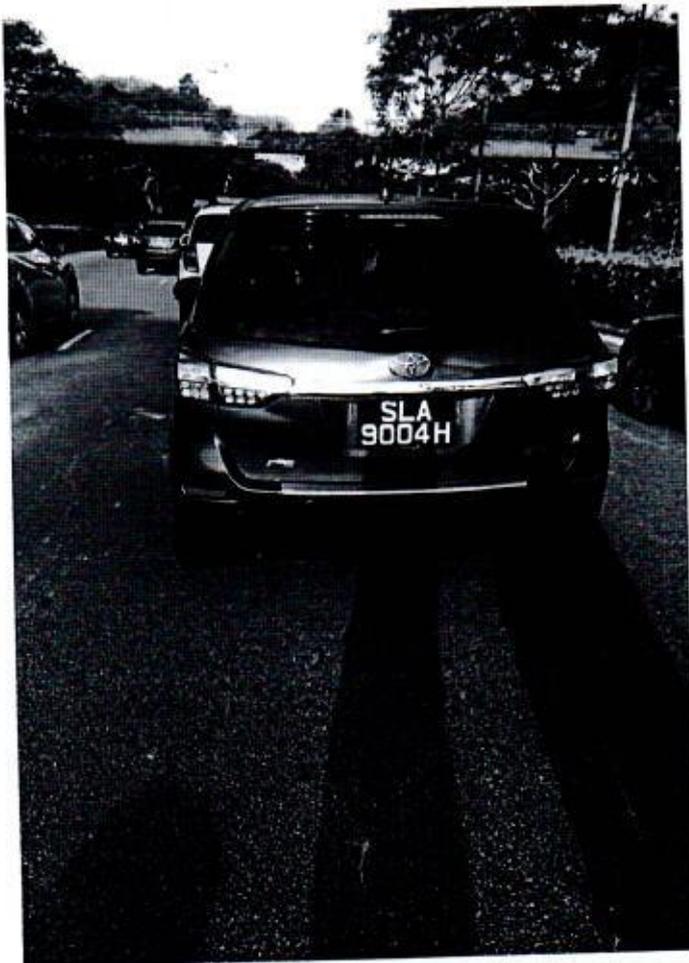
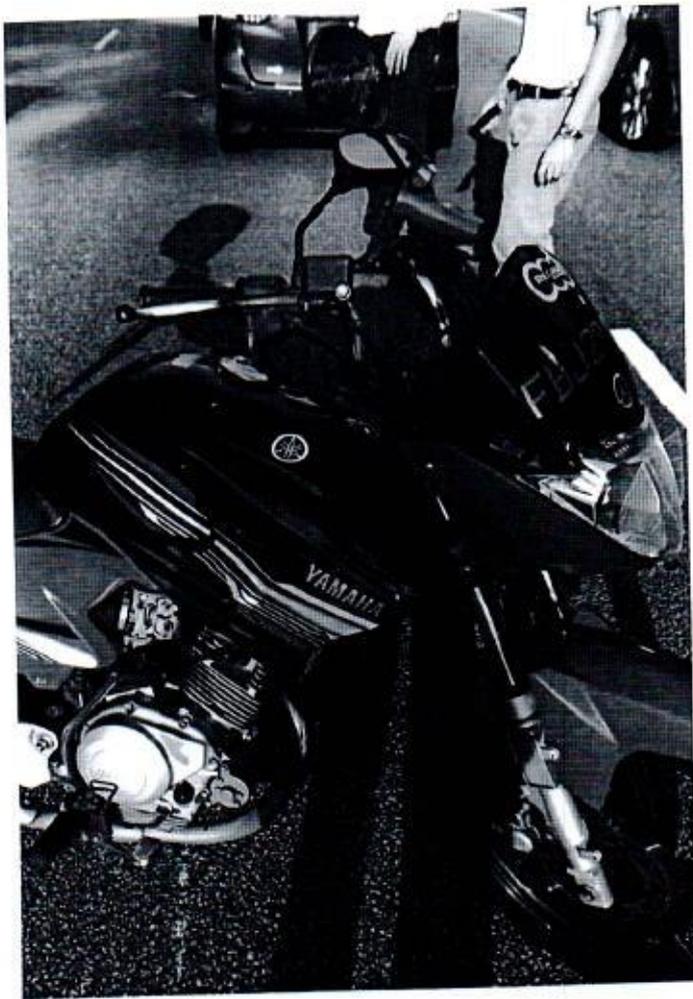
DEP: \$ .....

SIGNATURE OF BUYER



SIGNATURE OF SELLER





Reported on 13/2/2018 @ 1430HRS.

# ACCIDENT STATEMENT

ACCIDENT DATE: 13/02/2018 (DD/MM/YYYY), TIME: 08:30 AM (HH:MM)

LOCATION: A/E towards after lower delta road flyover.

1. DETAILS OF VEHICLE
  - a) VEHICLE NUMBER: FBJ2848G
  - b) INSURANCE COMPANY: \_\_\_\_\_
  - c) POLICY NUMBER: \_\_\_\_\_
  - d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
  - e) MAKE & MODEL: \_\_\_\_\_
  - f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
  - g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
  - h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_
  - i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
  - a) NAME: \_\_\_\_\_ (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_
  - c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

\* No of passenger (including driver) (1)

- DRIVER**
- a) NAME: \_\_\_\_\_ (MALE / FEMALE)
  - b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90820308
  - c) ADDRESS: \_\_\_\_\_

- \* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)
- e) OCCUPATION: (INDOOR / OUTDOOR)
- f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_
- 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
- IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_
- 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_
- b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_
- 6. WAS ANYBODY INJURED (YES / NO) (YES) ambulance came X
- 7. a) REPORTED TO POLICE (YES / NO) (YES) Body ?
- IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

\* No of passenger (including driver) ( )

- THIRD PARTY VEHICLE**
- a) VEHICLE NUMBER: SLA9004H MODEL: \_\_\_\_\_
  - b) DRIVER'S NAME: PEK TECK SENG
  - c) NRIC/FIN/PASSPORT: S7519676H CONTACT: 97944340

\* No of passenger (including driver) ( )

- THIRD PARTY VEHICLE**
- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_
  - e) DRIVER'S NAME: \_\_\_\_\_
  - f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

muthu@ehppteltd.com.sg ✓  
 muthu@ehppteltd.com.sg ✓  
 email = ehppteltd@singnet.com.sg ✓  
 fax = ehppteltd@singnet.com.sg ✓

Waiting for certificate? ✓  
 & Motorcycle Photos? ✓

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**ENP PTE. LTD.**

Sector: **CONSTRUCTION**



Name  
**ARUMUGAM KALIMUTHU**

Occupation  
**ASSISTANT ELECTRICAL ENGINEER**

S Pass No.  
**D 36796111**

Date of Application  
**06-11-2017**

Date of Issue  
**22-11-2017**

Date of Expiry  
**04-01-2020**



**L8460670**



**VISIT PASS**  
Immigration Regulations

Name  
**ARUMUGAM KALIMUTHU**

Date of Birth	Sex	Nationality	
<b>12-10-1990</b>	<b>M</b>	<b>INDIAN</b>	
FIN	Date of Issue	Date of Expiry	
<b>G3116582U</b>	<b>22-11-2017</b>	<b>04-01-2020</b>	

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence No. **G3116582U**

Name  
**ARUMUGAM KALIMUTHU**

Birth Date: **12 Oct 1990**

Issue Date: **08 Mar 2016**

Valid Till **07/03/2021**

**002545092F**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	08 Mar 2016
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	08 Mar 2016

NP 428A

Licence No: G3116582U



6296 52145

Over  
check from  
MSIG  
Insurance  
@ 17/11/17  
17/11/17

MSD/VMT/17-988009-WTT => MSD/VMT/17-988009-WTT

**W 700934**  
MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 2001221204)  
4 Shenton Way, # 21-01, SGA Centre 2, Singapore 068807  
Tel +65 6827 7888, Fax +65 6827 7800  
www.msig.com.sg



**CERTIFICATE OF INSURANCE**

Road Transport Act, 1987 (Malaysia)  
The Motor Vehicles (Third Party Risks) Rules, 1997 (Federation of Malaysia)  
The Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 180 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.

CERTIFICATE NO : **MSD/VMT/17-988009-WTT A6633-001/W6657**

SUMINSURED : **TPL**  
EXCESS : **Nil**

1. Index mark and Registration Number of Vehicle : **260216562H**  
**PHJ2848G**

2. Name of Policyholder : **YAMAHA**  
**ERP PTE LTD** **124 C.C.**

3. Effective date of the Commencement of Insurance for the purposes of the Act : **1658AM 18/11/2017**

4. Date of Expiry of Insurance : **17/11/2018**

5. Persons or Classes of Persons entitled to drive **a. Any person who is driving on the Policyholder's order**

**or with their 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. And provided further that the Motor Vehicle is registered and licensed under the Road Traffic Act and its registration and licensing under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

6. Limitation as to Use : **Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.**

7. The Policy does not cover  
1. ... for hire or reward,  
2. ... for racing, pace-making, reliability trial or speed-testing,  
3. Use for any purpose in connection with the Motor Trade.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 the Road Transport Act, 1987 (Malaysia).