

NATIONAL Assessment Centre Services (with 11/000)

180418046619

Date In: 03/04/2018 18:04
 Ref No: N810018006127/4
 Vell No: PB1 1277K
 P.O.A: 27/03/2018 19:50
 OD: TP / Response Utility

Job description	Date & Time Completed	Done by
SAS e-illing		
E-mail (vehicle data, photos)		
Motor Claim Form		
Motor VVO (within 24 hrs, 1st copy)		
Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: ()
 TP Particulars: Yell No: PC 2332Z, INC () / Non-INC ()
 Owner / Driver: ()
 Policy No: () Period: () Cover Type: ()
 Confirmed by: () Date: ()
 Insured/Driver Liability: () % (Note: B/L Stand (WO): NI 0-20%, PI 21.79%, PI 30-100M)
 Year of Registration: () Warranty: YBS () / NO ()
 Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Rem: ()
 () Walk-In Customer: Customer's information strictly Confidential & strictly NO refer of repeller.
 () Total Loss Case: to e-mail Insurer URGENTLY.
 Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Cost: ()

Remarks: INC/Call No: 6788 6016
 1) Apply for Transport Allowance () / Courtesy Car ()
 2) QC Check / Post Repair Inspection ()
 3) Upload Return Photo (Repair Cost > \$3000) ()

Injury: _____
 Date/Time: _____
 Actions: _____

Checked by (Engr-In-Charge):	Invoice/Preparation/Chrgs	Amount	Notes
N81802123	1) AR: Accident Reporting (100)		
	2) DA: Damage Assessment (100)	INC (625)	
	3) TP: Towing Fee	100/110	
	4) PT: Follow Through Survey	110	
	5) RT: Follow Through Survey (Return)	110	
	Exclusion limit apply INC Only (up to 10 Jan 2018)		
	6) TR: Investigation	110	
	7) NI: Delay DA + SMART Survey	110	
	8) NTUC Additional Services		
	9) Other		
	NI: Courtesy Car/ Tpl Allowance	15	
	NI: Repair Coordination	110	
	NI: Post Repair Inspection	110	
	NI: DY/ Callout/ Vessel Coordination	11	
	TZ (NI) / TP (NI) INC: (total) INC	339	
	TP: Station Mobile	10	
	Invoice total		Net Charged
			Net 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	03/04/2018 18:04
Date Of Accident	27/03/2018 19:50
Exact Location Of Accident	JUNCTION OF TUAS CRESCENT/TUAS BASIN LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1277K
Insured/Policyholder	
Name Of Registered Owner	MANIVANAN A/L MACHAP
Passport No/FIN	F7451474W
Email Address	PRINCE.QA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83191797
Alternative Phone No	OTHERS-83191797
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15-150CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00437368
Cover Note Number	
Driver	
Name of Driver	MANIVANAN A/L MACHAP
Passport No/FIN	F7451474W
Date Of Birth	17/08/1968
Occupation	INDOOR
Date Of Driving Pass	06/06/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83191797
Fax Number	
Contact Number	OTHERS-83191797
Email Address	PRINCE.QA@GMAIL.COM

Address 81 TOH GUAN ROAD EAST

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 ON COLLISION

Weather Conditions RAINING

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance? YES

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT SERIAL NO.F06583

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 PC2332Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MANIVANAN A/L MACHA
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBJ1277K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

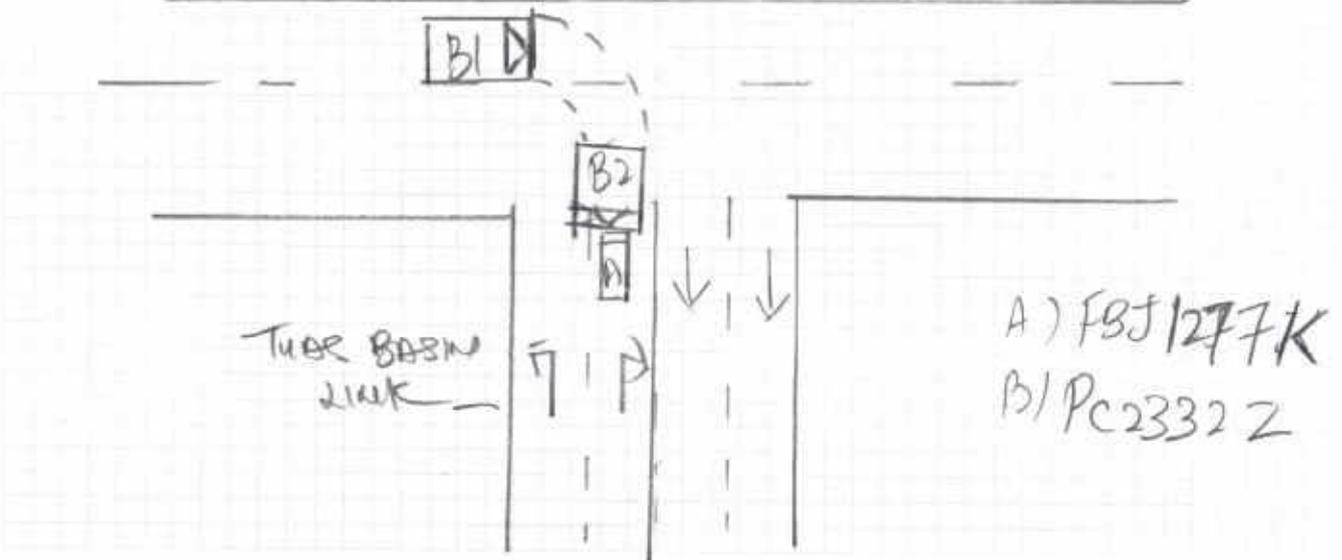
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

SKETCH PLAN

TUAR CRASH CASE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PC REFER TO POLICE REPORT
F06583

DECLARATION

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

M. Akbari
 Policyholder's Signature
 Date & Time:

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

03/04/2018
Rashid Wathoo
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Police Station Of Origin :

Serial No. F 06583



Report No.

IP No.

IO In-charge: J Vm Hg: 634/6220

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 28/3/18 2214 hrs	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: MANIV AMAN A/L MACHAP		Address: 81 Toh Kuan Road East - 1 - 1		
ID Type/No: FIN F 7451474W		Date of Birth: 17-08-1968	Contact No.: Home: Mobile: 83191747 Office:	Postal Code: Driving Licence Information :- Class: Date of Expiry:
Race:	Age: 50	Sex: Male	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)	
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Security officer				

General Information on the Accident				
Type of Accident :	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury		Date of Accident: 27/3/18	Type of Location:
	For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle		Time of Accident: 1950	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input checked="" type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)

Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction)
Turas Basin Link by Turas Crescent Lp 2

Type of Collision:		(i) Between moving vehicles		(ii) Moving Vehicle Against :		Weather :	
<input checked="" type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)		<input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Side Swipe (opposite direction)		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)		<input type="checkbox"/> Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others (specify):	
Traffic Flow: <input type="checkbox"/> One-way <input checked="" type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input checked="" type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others (specify):	Road Speed Limit: km/h	Drink Drive: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Anyone conveyed by ambulance <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
FB1277K		Serious	MANIV 27451474W		83191747	Serious 23 days ms			
PC23322		Slight							

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic
MANIV AMAN A/L MACHAP	F7451474W	FB1277K	83191747	Serious	1	23	HOSPITAL PULIN

Police Station Of Origin :



Report No.

IP No.

IO In-charge : IAN NG 65476220

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: Yes / <u>NO</u>		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used: <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury: <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
Information on Eyewitness		
Any eyewitness available: Yes / <u>NO</u>	Eyewitness' Particulars Available: Yes / No (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)	

Brief Details. This report shall be signed by the informant.

On 27/3/18 at about 1950hrs while riding ²⁸ towards along Tuas Basin Link. I stopped at the T-Junction because the light was red. There was a bus (PC2332Z) travelling along Tuas Basin Link, the bus wanted to turn right into tuas crescent but its turn was too sharp and the bus collided into me instead. I was conveyed to hospital by ambulance, mental for 1 day and got MC till 20 April 2018 for my injuries on my leg and neck.

Instructions

1. Number each vehicle and show direction of travel by arrow.



2. Number each pedestrian and show direction by arrow.



3. Use solid line to show path of vehicle before accident



4. Show distance and direction to landmarks, identify by name.

5. Include road signs and any other important physical features.

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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: <u>SC ZHANG</u>
Name/Signature Of Interpreter:
Investigation Officer In-Charge Of Case: <u>IAN NG 65476220</u>

Signature Of Informant: <u>[Signature]</u>
Date: <u>28/3/18</u>
Classification Of Case: SINGAPORE POLICE FORCE

Authentication Stamp

ACCIDENT STATEMENT

ACCIDENT DATE: 27/03/2018 (DD/MM/YYYY), TIME: 19:50 (HH:MM)
LOCATION: junction of Jags. Classroom & Jags-BABIA Link

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FBJ 1277 K
b) INSURANCE COMPANY: DIKOR 4813
c) POLICY NUMBER: MC/00437368
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA R150
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) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

a) NAME: MANIVANAN A/L MACHAP (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: F1951474 W CONTACT: 83191797
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

No of passengers
(including driver)
(1)

DRIVER
a) NAME: AS ABOMH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

d) DATE OF BIRTH: 17/01/1968 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
f) DATE OF DRIVING PASS: 06/06/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) (NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Paya to Traffic Police

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: PC 2332 Z MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

No of passenger
(including driver)
()

9. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: _____ MODEL: _____
b) DRIVER'S NAME: _____ CONTACT: _____
c) NRIC/FIN/PASSPORT: _____

No of passenger
(including driver)
()

Email: PRINCE.QA@gmail.com

Fax: _____
Video: _____

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
D'GARDE SECURITY PTE. LTD.

Sector: **SERVICE**

Name:
MANIVANAN A/L MACHAP

Occupation:
SECURITY OFFICER/ GUARD

Work Permit No:
5 10513053

Date of Application:
06-06-2006

Date of Issue:
21-09-2017

Date of Expiry:
03-10-2019

 **L6339846**

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **F7451474W**

Name:
MANIVANAN A/L MACHAP

Birth Date: **17 Aug 1968**

Issue Date: **25 May 2016**

Valid Till: **05/06/2021**

 **002570567D**

VISIT PASS
Immigration Regulations

Name:
MANIVANAN A/L MACHAP



Date of Birth: **17-08-1968** Sex: **M** Nationality: **MALAYSIAN**

FIN: **F7451474W** Date of Issue: **21-09-2017** Date of Expiry: **03-10-2019**

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



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

CLASS	VEHICLE CLASSIFICATION	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	06 Jun 2011
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	06 Jun 2011
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	25 May 2016

 Licence No: F7451474W

NP 428A

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

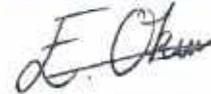
This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	:	MC/00437368
Type of Coverage	:	Third-Party Only Cover
1) Vehicle Registration No.	:	FB11277K
Chassis No.	:	ME11CK04AD2013576
2) Name of Policy Holder	:	MANIVANAN, A/L MACHAP
3) Effective Date of Commencement of Insurance for the Purpose of the Act	:	09/01/2018
4) Date of Expiry of Insurance	:	08/01/2019
5) Persons or Classes of Persons Entitled to Drive		
(a) The Insured		
(b) A named driver who is driving on the Insured's order or with his permission.		
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
6) Limitations as to use*		
Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
Sum Insured	:	Market Value
Policy Excess	:	S\$ 0.00
Main driver	:	MANIVANAN, A/L MACHAP
Important Note: The policy only cover the main driver and the following named driver: No named driver declared		
Finance Company / Hire Purchase	:	

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).

Issued on: 06/12/2017

Direct Asia Insurance (Singapore) Pte. Ltd.



Edip Okur
Chief Underwriting Officer