

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 12/04/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18006774/12	SAS e-filing		
Veh No: FZ1696C 1500	E-mail (within 8hrs, AIC 2hrs)		
DOA: 11/04/18 1500	i-Motor Claim Form		
OD (TP) Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( Mofo 51	Tel:	Fax:
TP Particulars:	Veh No: SKC39195	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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
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		
	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:-		
	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		
Cat. 1:	Invoice dated	Fee Charged	
Cat. 2 / 3:	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	12/04/2018 15:50
Date Of Accident	11/04/2018 15:00
Exact Location Of Accident	CLEMENCEAU AVE NEAR UNITY ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ1696C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	J & J INFRASTRUCTURE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96906196
Alternative Phone No	OFFICE-68445834

### Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM
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	THIRD PARTY
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/17-987463-WTT
Cover Note Number	

### Driver

Name of Driver	IYYAMPERUMAL ELAIYARAJA
Passport No/FIN	G7301817Q
Date Of Birth	03/06/1982
Occupation	INDOOR
Date Of Driving Pass	27/12/2008
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90866454
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 850 HOUGANG CENTRAL #03-49
Postcode	530850
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 - MAJOR/MINOR RD
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?	NO
If Yes, Please state which Police Station	
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC3919J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	IYYAMPERUMAL ELAIYARAJA
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## 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:

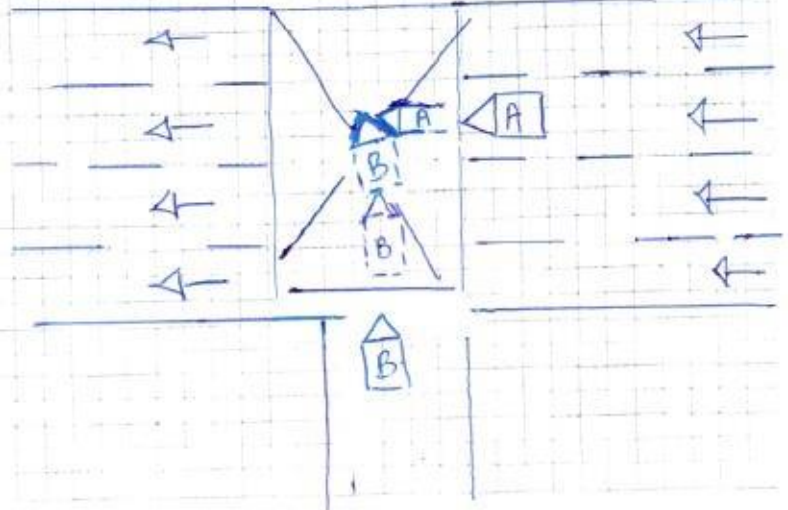
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

 12/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Vehicle A: FZ 1696C.

Vehicle B: SKC 3919J.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I was driving straight on the stated venue. Suddenly vehicle B SKC 3919J drive out from unity st minor Road and hit onto my motorbike.

## DECLARATION

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

X

Policyholder's Signature  
Date & Time:

✓

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

12/04/18

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

<b>Vehicle No.</b>	FZ 1696C	<b>Model / Make</b>	Honda PHANTOM
<b>Date of Accident</b>	11/4/2018		
<b>Time of Accident</b>	1500	<b>HRS</b>	
<b>Location of Accident</b>	Clemenceau Ave near Unity St		
<b>Exact purpose use during accident</b>	Work		
<b>Name of Owner</b>	J & J Infrastructure Pte Ltd		
<b>Telephone No.</b>	H/P: 96906196	<b>Home:</b>	<b>Office:</b> 68445834
<b>NRIC</b>	MSD/VMT/17-987463-WTT		
<b>Address</b>	53 Ubi Ave 1 #03-23 (S) 408934		
<b>Claim type</b>	OD	<b>THIRD PARTY</b>	<b>REPORTING ONLY</b>
<b>Insurance Company</b>	MSIG		
<b>Type of Coverage</b>	Comprehensive	<b>Third Party</b>	Third Party / Fire / Theft
<b>Policy No.</b>	MSD/VMT/17-987463 WTT		
<b>Name of Driver</b>	As Above If No, IYYAMPURUMAL ELAIYARAJA		
<b>NRIC</b>	G7301817Q	<b>Any Passengers:</b>	NO
<b>Date of birth</b>	3 Jun 1981		
<b>Occupation</b>	Outdoor	/	<b>Indoor</b>
<b>Driving License Pass Date</b>	27 Dec 2008		
<b>Gender</b>	Male	/	Female
<b>Contact No.</b>	H/P: 90866454	<b>Home:</b>	<b>Office:</b>
<b>Address</b>	850 Hougang Central #03-49 (S) 530850		
<b>Driver have any own vehicle</b>	No	<b>If yes, Reg No.</b>	
<b>Relationship</b>	Employee	<b>If no, state</b>	
<b>Weather condition</b>	Clear	Raining	Other
<b>Road Surface</b>	Dry	Wet	Other
<b>Any Injuries</b>	No	<b>If Yes, Who?</b>	IYYAMPURUMAL ELAIYARAJA
<b>Name And Contact No.</b>			
<b>Name And Contact No.</b>			
<b>Police Report</b>	No	<b>If Yes, Where?</b>	
<b>Vehicle B No.</b>	SKC 3919J	<b>Any Passengers:</b>	
<b>Name of Driver</b>		<b>Contact No.:</b>	
<b>Vehicle C No.</b>		<b>Any Passengers:</b>	
<b>Vehicle D No.</b>		<b>Any Passengers:</b>	
<b>Vehicle E no.</b>		<b>Any Passengers:</b>	
<b>Vehicle F No.</b>		<b>Any Passengers:</b>	
<b>Vehicle G No.</b>		<b>Any Passengers:</b>	
<b>Witness Name</b>		<b>Witness Contact:</b>	
<b>Accident Portion</b>			
<b>Camera Recorder</b>	Yes / (No)		
<b>Email Address</b>			
<b>HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?</b>			
			Yes / (No)
<b>PARTICULAR WORKSHOP</b>	MOTO SI RTB LTD		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	Jacky 8380 2233		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@nsl.com.sg		

Driver

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

Employer:  
**J & J INFRASTRUCTURE PTE. LTD.**

Sector: **CONSTRUCTION**

Name:  
**IYYAMPERUMAL ELAIYARAJA**

Occupation:  
**PROJECT COORDINATOR**

S Pass No.:  
**0 32547346**

Date of Application:  
**03-08-2017**

Date of Issue:  
**16-09-2017**

Date of Expiry:  
**16-09-2019**

**LB332695**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G7301817Q**

Name:  
**IYYAMPERUMAL ELAIYARAJA**

Birth Date: **03 Jun 1982**

Issue Date: **09 Jan 2015**

Valid Till: **26 Dec 2018**

**002384335A**

**VISIT PASS**  
Immigration Regulations

Name:  
**IYYAMPERUMAL ELAIYARAJA**

Date of Birth: **03-06-1982** Sex: **M** Nationality: **INDIAN**

FIN: **G7301817Q** Date of Issue: **16-09-2017** Date of Expiry: **16-09-2019**

**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.**

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

Class	Description	Valid Till
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	27 Dec 2008
Class 2	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	27 Dec 2008
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	06 Oct 2015

**G7301817Q** **S / No. 9000240727**

**Licence No: G7301817Q**

**NP 428A**

LandT



W 700313  
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)  
4 Shenton Way, # 21-01, SGX Centre2, 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, 1959 (Federation of Malaysia)  
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Republic of Singapore) e)  
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/17-987463-WTT A0633-001/W0857

SUM INSURED : TPL

EXCESS : NIL

200919705M

mark and Registration Number of Vehicle

FZ1696C

HONDA PHANTOM

197 c.c.

2. Name of Policyholder J & J INFRASTRUCTURE PTE.LTD.

3. Effective date of the Commencement of Insurance  
for the purposes of the Act

0001AM 27/10/2017

4. Date of Expiry of Insurance

26/10/2018

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  
for hire or reward.

2. Use 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).

Repl CN: 60769690

14/11/2017 (L)

WTT-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.