

NATIONAL Assessment Centre Services [Ref: 1 Jan 05] **MMA4/8072543**

Date In: 04/06/2018 19:49	Job description: SAS e-filing	Date & Time Completed:	Done by:
Ref No: X18A/M8978010116/1	E-mail (within 8hrs, AIC 2hrs)		
Veh No: FBJ 9798X	i-Motor Claim Form		
D.O.A: 02/06/2018 23:45	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
OD: (TP) Reporting Only	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: **YP 535** 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	
	Ant (\$) 1st Bill	Ant (\$) 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	
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) NI: 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 (N-on INC) against INC \$20	
	9) N12: Idac Mobile \$0	
	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	04/06/2018 19:49
Date Of Accident	02/06/2018 23:45
Exact Location Of Accident	ALONG BKE TOWARDS PIE AFTER WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9798X
Insured/Policyholder	
Name Of Registered Owner	S NAGARAJAN S/O SADAYAPPAN
NRIC No	S2726608H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88136330
Alternative Phone No	OTHERS-88136330

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-988687-WTT
Cover Note Number	

Driver

Name of Driver	S NAGARAJAN S/O SADAYAPPAN
NRIC No	S2726608H
Date Of Birth	03/12/1964
Occupation	INDOOR
Date Of Driving Pass	29/10/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88136330
Fax Number	
Contact Number	OTHERS-88136330
Email Address	NOEMAIL

Address	BLK 112 JURONG EAST STREET 13 #02-360
Postcode	600112
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180603/2055

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 Witness 1

Name	HANAFEE MAJID
Phone Number	97210979
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP53S
Vehicle Make/Model/Colour	HINO
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)

1

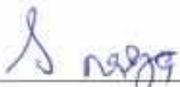
SKETCH PLAN

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:

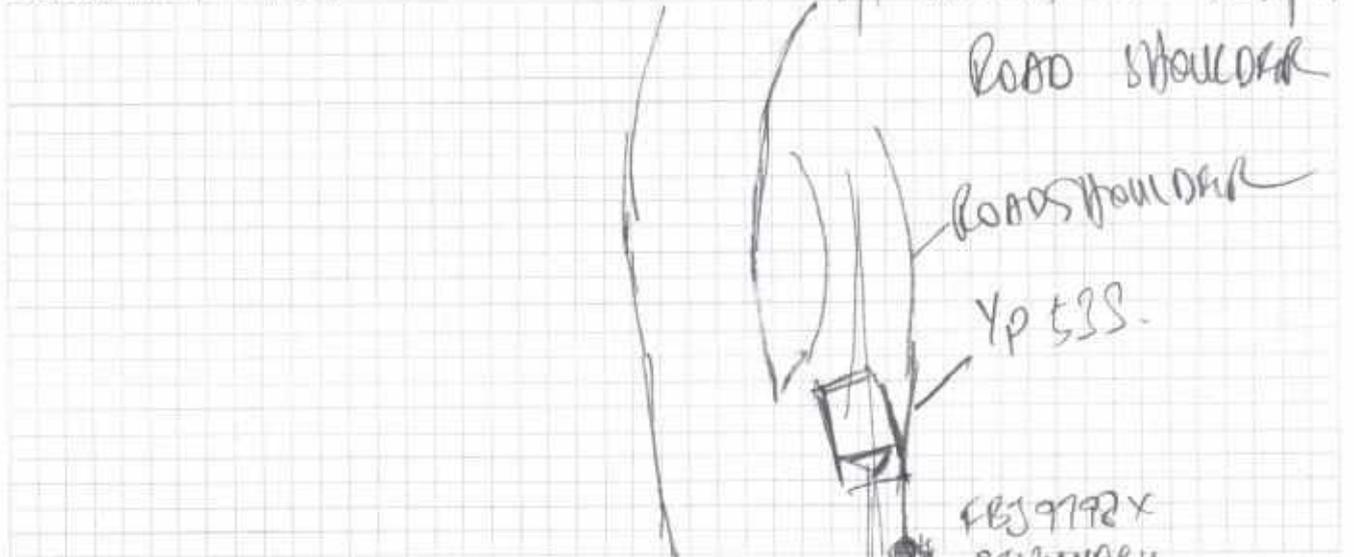
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

Alongside Bike Downed? Pipe A/F WOODLANDS CHECKPOINT!



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
170180603/2055

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

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



**SINGAPORE
POLICE FORCE**



T/20180603/2055

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20180603/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2018 14:50	Vide Report No.: J/20180602/0308	Station Diary No.: 66
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Informant's Particulars

Name of Informant: S NAGARAJAN S/O SADAYAPPAN		Address: APT BLK 112 JURONG EAST STREET 13 #02-360 SINGAPORE 600112	
ID Type / ID No.: NRIC NO / S2726608H		Contact No.: Home/Office: Mobile: 88136330	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 53	Date of Birth: 03/12/1964	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: STORE ASSISTANT		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: Yes	Date/Time of Accident: 02/06/2018 23:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUKIT TIMAH EXPRESSWAY PAN ISLAND EXPRESSWAY Along BKE towards PIE after Woodlands Checkpoint on the road shoulder				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9798X	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Seriously Damaged	0
YP53S	Lorry				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ9798X	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT18988687	21/01/2018	20/01/2019



**SINGAPORE
POLICE FORCE**



T/20180603/2055

2 of 3

Report No. T/20180603/2055

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	S NAGARAJAN S/O SADAYAPPAN	ID No.	S2726608H
Related Vehicle	FBJ9798X (Motorcycle)	Contact No.	88136330
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/06/2018 at about 2345hrs, I stopped at the road shoulder along BKE towards PIE just after Woodlands Checkpoint as there were some issues with my motorcycle. While I was waiting for my brother in-law to come, I saw that there was a blue Hino lorry, bearing registration plate number YP53S, coming into my direction and was not slowing down. I then managed to evade and the lorry then collided into my motorcycle, a blue Yamaha Jupiter, bearing registration plate number FBJ9798X. I then called for police assistance.

After the accident, the driver offered to settle the matter privately but I refused. I asked for the driver's particulars but he refused to exchange. Subsequently the driver left. I wish to state that the driver smell of alcohol. There was also a witness and his name is Hanafee Majid, HP: 97210979. No one was injured.



**SINGAPORE
POLICE FORCE**



T/20180603/2055

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20180603/2055

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: D / Sgt 2 MUHAMMAD ZAINULARIFFIN BIN MOHD ZAINUDIN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246

Signature Of Informant: 
Date/Time: 03/06/2018 14:50
Classification Of Case:

Authentication Stamp
NP168


SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 02 06 2018 (DD/MM/YYYY), TIME: 23:45 (HH:MM)

LOCATION: ALAM PKR. TOWARDS PKR OFF WOODLANDS OFFICE PARK

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRJ 9798X
b) INSURANCE COMPANY: INSIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA SUPRA
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
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: S. SUGARAJAM S/O SADAYAPPAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 88136330
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

3. DRIVER

- a) NAME: AR. ABUVA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: _____

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) NO

7. a) REPORTED TO POLICE (YES / NO) YES
IF YES, PLEASE STATE WHICH POLICE STATION: JURONG EAST MPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: YP 53 S MODEL: LORRY
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

WITNESS: HANAFI: 97210979

1) EMAIL: NO FORM

2) VIDEO:

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER

(1)
NUMBER OF
PASSENGER
INCLUDING DRIVER
()
NUMBER OF
PASSENGER
INCLUDING DRIVER

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2726608H



Name
S NAGARAJAN S/O
SADAYAPPAN

சு நாஜன்

Race
INDIAN

Date of birth
03-12-1964

Country of birth
MALAYSIA

Sex
M




REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S2726608H



Name
S NAGARAJAN S/O
SADAYAPPAN

Birth Date 03 Dec 1964

Issue Date 29 Oct 2011

002013226G



9642004



NRIC No. S2726608H



Nationality
MALAYSIAN

Date of issue
09-09-2004

APT BLK 112 JURONG EAST STREET 13 #02-360
SINGAPORE 600112

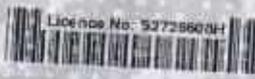
NPIC No: S2726608H Date: 31/12/2010 (R) No: 0570353

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	29 Oct 2011
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	29 Oct 2011

NP 42EA

License No: S2726608H





MSIG Insurance (Singapore) Pte. Ltd. (Incorporated in Singapore)
 4 Shenton Way, # 21-01, SCX Centre2, Singapore 068807
 Tel +65 6627 7888, Fax +65 6627 7800
 www.msig.com.sg

W 701734

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)
 The Motor Vehicles (Third Party Risks and Compensation) Rules, 1966 Edition (Republic of Singapore)
 Or any Amendment, Act or Acts passed in substitution thereof.*

CERTIFICATE NO : MSD/VNS/18-988687-WTT A0633-001/W0862

INSURED : FWV

EXCESS : \$300 (FIRE&THEFT) \$600 (ENDT 2K)
 52726608H

1. Index mark and Registration Number of Vehicle : PBJ9798X
 YAMAHA 134 c.c.

2. Name of Policyholder : S NAGARAJAN S/O SADAYAPPAN

3. Effective date of the Commencement of Insurance:
 for the purposes of the Act 0001AM 21/01/2018

4. Date of Expiry of Insurance 20/01/2019

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. CHANDBASEGAR S/O MUNUSAMY ONLY
 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. Use for hire or reward.
2. Use for racing, pace-making, reliability trial or speed-testing.
3. Use for the carriage of goods (other than samples) in connection with any trade or business.
4. 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.

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).

03/01/2018 (L)
 WTT 03/2018

WTT INSURANCE AGENTS PTE. LTD
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.