

**NATIONAL Assessment Centre Services** (Ref: JAW05)

Date In: <b>25/06/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MSL18011507/13</b>	SAS e-filing		
Veh No: <b>FY3696U</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>25/06/18</b> <b>0840</b>	i-Motor Claim Form		
OD: <b>(IP)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( **MOTO 51** ) Tel: Fax: )

TP Particulars:	Veh No: <b>5J49765L</b>	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

<b>NA1803975</b>	<b>Invoice Preparation Checklist</b>	Ant (\$) 1st Bill	Ant (\$) Add Bill
<b>Claimant's Particulars :-</b>	1) AR : Accident Reporting (\$30);		
<b>Driver/Owner:</b>	2) DA : Damage Assessment (\$100); INC (\$80)		
<b>Contact No:</b>	3) TF : Towing Fee \$40/\$45		
<b>Damaged Portion:</b>	4) FT : Follow-Through Survey \$120		
<b>QC Checked by (Engr-In-Charge):</b>	5) FT : Follow-Through Survey (Resurvey) \$30		
<b>Auditors' Comments :-</b>	For claiming against INC Only (wef 10 Jan 2005)		
<b>Cat. 1:</b>	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. 2 / 3: 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	25/06/2018 15:54
Date Of Accident	21/06/2018 08:40
Exact Location Of Accident	BKE TWDS CHECKPOINT B4 CUSTOM
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY3696U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUSAIRAJ MOHAN
Passport No/FIN	G8191566R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92303408
Alternative Phone No	OTHERS-92303408

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBR150
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
Fleet Policy	NO
Policy Number	MSD/VMT/18-382699-CA
Cover Note Number	

#### Driver

Name of Driver	SUSAIRAJ MOHAN
Passport No/FIN	G8191566R
Date Of Birth	15/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92303408
Fax Number	
Contact Number	OTHERS-92303408
EMail Address	NOEMAIL

Address	BLK 129 LOR AH SOO #08-346
Postcode	530129
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : SARASWATY RAJOO GENDER: : MALE

#### 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 POLICE REPORT:T/20180622/2110

#### 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	SJG9765L
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	SUSAIRAJ MOHAN
Approximate Age	
Injuries Sustain	SLIGH
Injured person in which vehicle?	FY3696U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	SARASWATY RAJOO
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FY3696U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

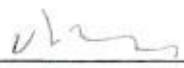
## SKETCH PLAN

### IMPORTANT NOTICE

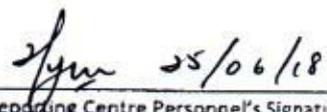
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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:

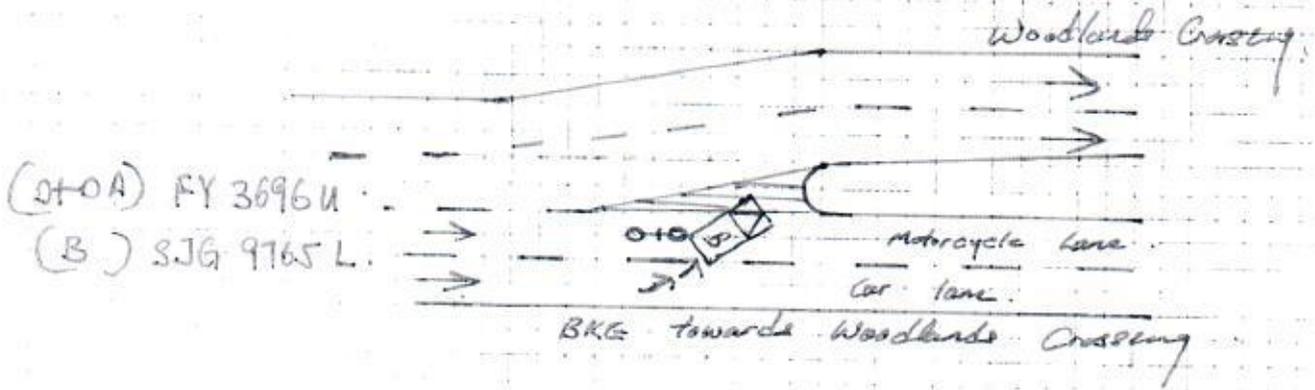
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this {form} and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

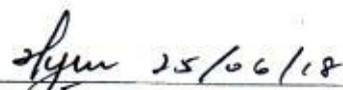
Pls refer to Police Report  
No : 7/2080622/2110

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

 25/06/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180622/2110

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2018 16:34	Vide Report No.: J/20180621/0067	Station Diary No.:
--------------------------------------------	-------------------------------------	--------------------

Informant's Particulars			
Name of Informant: SUSAIRAJ MOHAN		Address: 129 LOR AH SOO #08-346 HDB-HOUGANG SINGAPORE 530129	
ID Type / ID No.: NRIC NO / G8191566R		Contact No.:	Mobile: 92303408
Nationality: INDIAN		Email:	
Sex: Male	Age: 34	Date of Birth: 15/05/1984	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: LIFT TECHNICIAN		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/06/2018 08:40	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY BKE > WOODLANDS CHECKPOINT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY3696U	Motorcycle	HONDA	CBR150R M			0
SJG9765L	Car	NISSAN	LATIO 1.5L A			0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

**CONTINUATION OF REPORT**

Rider			
Name	SUSAIRAJ MOHAN	ID No.	G8191566R
Related Vehicle	FY3696U (Motorcycle)	Contact No.	92303408
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Pillion			
Name	SARASWATY RAJOO	ID No.	G2257125M
Related Vehicle	FY3696U (Motorcycle)	Contact No.	81869447
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS ON THE LEFT OF 2 LANES GOING STRAIGHT UP THE VIADUCT WHEN SUDDENLY A VEHICLE(SJG9765L) WITH NO SIGNAL THEN LANE CHANGE TO THE LEFT AND ENCROACHED INTO MY PATH AND I WAS UNABLE TO BRAKE ON TIME THEN COLLDED TO THE VEHICLE REAR PORTION.

THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20180622/2110

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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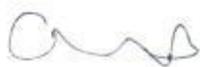
Report No. T/20180622/2110

**CONTINUATION OF REPORT**

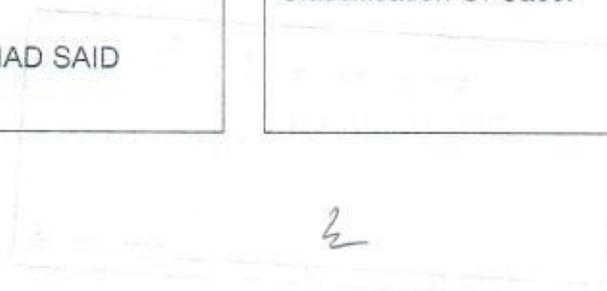
**Sketch Plan**

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: TP / TONG HWEE SIONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/06/2018 16:34
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476365	Classification Of Case:

Authentication Stamp  
NP168



<b>Vehicle No.</b>	FY 3696 U.	Model / Make	HONDA CBR 150RM
Date of Accident	21/06/18		
Time of Accident	0840 HRS		
Location of Accident	BKE towards Checkpoint. before Custom.		
Exact purpose use during accident	Private Used		
<b>Name of Owner</b>	Susairaj Mohan		
Telephone No.	H/P: 92303408	Home:	Office:
NRIC	G8191566R		
Address	BLK 129, Lor Ah Soo #08-346 (3) 530129.		
Claim type	OD	<u>THIRD PARTY</u>	REPORTING ONLY
Insurance Company	MSIG.		
Type of Coverage	Comprehensive	<u>Third Party</u>	Third Party / Fire / Theft
Policy No.	MSD / VMT / 18 - 382699 - CA.		
<b>Name of Driver</b>	<u>As Above</u> If No,		
NRIC	Any Passengers: 01 (F).		
Date of birth	15/05/1984.		
Occupation	<u>Outdoor</u>	/	Indoor
Driving License Pass Date	15/04/2015.		
Gender	<u>Male</u>	Female	
Contact No.	H/P:	Home:	Office:
Address			
Driver have any own vehicle	No,	If yes, Reg No.	<u>Owned</u>
Relationship	Employee,	If no, state	
Weather condition	<u>Clear</u>	Raining	Other
Road Surface	<u>Dry</u>	Wet	Other
Any Injuries	No,	<u>If Yes, Who?</u>	
Name And Contact No.			
Name And Contact No.			
Police Report	No,	<u>If Yes, Where?</u>	<u>Traffic Police HQ</u>
<b>Vehicle B No.</b>	SG 9765 L.	Any Passengers:	04 (3F) (1M)
Name of Driver	Contact No.:		
<b>Vehicle C No.</b>	Any Passengers:		
<b>Vehicle D No.</b>	Any Passengers:		
<b>Vehicle E no.</b>	Any Passengers:		
<b>Vehicle F No.</b>	Any Passengers:		
<b>Vehicle G No.</b>	Any Passengers:		
Witness Name	N.A.		Witness Contact:
Accident Portion	<u>Front and right side.</u>		
Camera Recorder	Yes <u>No</u>		
Email Address			
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes <u>No</u>
<b>PARTICULAR WORKSHOP</b>	<u>MeTo 5-1</u>		
<b>CONTACT NO.</b>	6842 0051 / 6744 0510		
<b>CONTACT PERSON</b>	<u>Jackee</u>		
<b>FAX NO</b>	6741 0510		
<b>WORKSHOP EMAIL ADDRESS</b>	sales@n51.com.sg		



**S PASS**

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

Employer  
**SCHINDLER LIFTS (SINGAPORE) PTE. LTD.**

Sector: **SERVICE**



Name  
**SUSAIRAJ MOHAN**  
Occupation  
**LIFT TECHNICIAN**

S Pass No.  
**0 34163359**

Date of Application  
**06-02-2018**

Date of Issue  
**14-03-2018**

Date of Expiry  
**14-03-2020**



L8648896

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait of Susairaj Mohan

Licence Number: **G8191566R**

**SUSAIRAJ MOHAN**

Birth Date: **15 May 1984**

Issue Date: **04 Nov 2017**

Valid Till: **05/11/2022**

Barcode: 002740305F

**VISIT PASS**  
Immigration Regulations

Name  
**SUSAIRAJ MOHAN**



Date of Birth	Sex	Nationality
15-05-1984	M	INDIAN
File	Date of Issue	Date of Expiry
GB191566R	14-03-2018	14-03-2020

**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)**

	EFFECTIVE DATE
Class 2B Motorcycles $\leq$ 200 cc	15 Apr 2015
Class 3C Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver	04 Nov 2017



Licence No:GB191566R

NP 428A

CA 506053

MSIG Insurance (Singapore) Pte. Ltd., Rn. Reg. No. 2004127126  
4 Shenton Way, # 21-01, SGA Centre 2, Singapore 068807  
Tel +65 6827 7886, Fax +65 6977 7800  
msig.com.sg



**CERTIFICATE OF INSURANCE**

Road Transport Act, 1987 (Malaysia)

The Motor Vehicles (Third Party Risks) Rules, 1959 (Provisional of Malaysia)  
The Motor Vehicles (Third Party Risks and Compensation) Act (CAP. 189 of the Revised Edition) (Rembrandt of Singapore)  
The Motor Vehicles (Third Party Risks and Compensation) Rules, 1996 Edition (Rembrandt of Singapore)  
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/18-382699-CA A0074-001/10085

SUM INSURED : TPL  
EXCESS : NIL

- 1. Insign mark and Registration Number of Vehicle : PTJ696U 150 c.c.
- 2. Name of Policyholder : HONDA SUBARAJ MOBAN
- 3. Effective date of the Commencement of Insurance for the purposes of the Act : 31/05/2018
- 4. Date of Expiry of Insurance : 30/05/2019
- 5. Persons or Classes of Persons entitled to drive : **The Policyholder.**

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.

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).