

NATIONAL Assessment Centre Services [wef 1 Jan 05] **MNA11808357**

Date In: 28/6/18 - 15:21	Job description	Date & Time Completed	Done by
Ref No: NA/MSH18011862/24	SAS e-filing		
Veh No: PAM 6592B	E-mail (within 3hrs, AIC 2hrs)		
D.O.A : 8/6/18 09:30	i-Motor Claim Form		
OD / TP / Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	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: **5JT 346D** 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

	Invoice Preparation Checklist	Am't (\$) Est Bill	Am't (\$) Add Bill
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
	2) DA : Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
Contact No:	5) FT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
QC Checked by (Engr-In-Charge):	8) NTUC Additional Services:-		
	OD*		
Auditors' Comments :-	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
Cat. 1:	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Cat. 2 / 3:	TP (N11) : TP (Non 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	28/06/2018 15:21
Date Of Accident	08/06/2018 09:30
Exact Location Of Accident	PIE (CHANGI) BEFORE BUKIT TIMAH RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBM6592B
Insured/Policyholder	
Name Of Registered Owner	SARAVANAMURTHY BHARATHI
Passport No/FIN	G5370432N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93216664
Alternative Phone No	OFFICE-93216664
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR 200 NS FI
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MSD/VMC/18-378183-CA
Cover Note Number	
Driver	
Name of Driver	SARAVANAMURTHY BHARATHI
Passport No/FIN	G5370432N
Date Of Birth	03/06/1979
Occupation	INDOOR
Date Of Driving Pass	16/07/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93216664
Fax Number	
Contact Number	OFFICE-93216664
EEmail Address	NOEMAIL

Address	BLK 685C JURONG WEST CENTRAL 1 #02-168
Postcode	643685
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	CHAIN 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?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO 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	SJT346D
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKD1752E
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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) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN

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)

SKETCH PLAN

IMPORTANT NOTICE

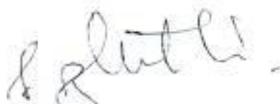
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material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

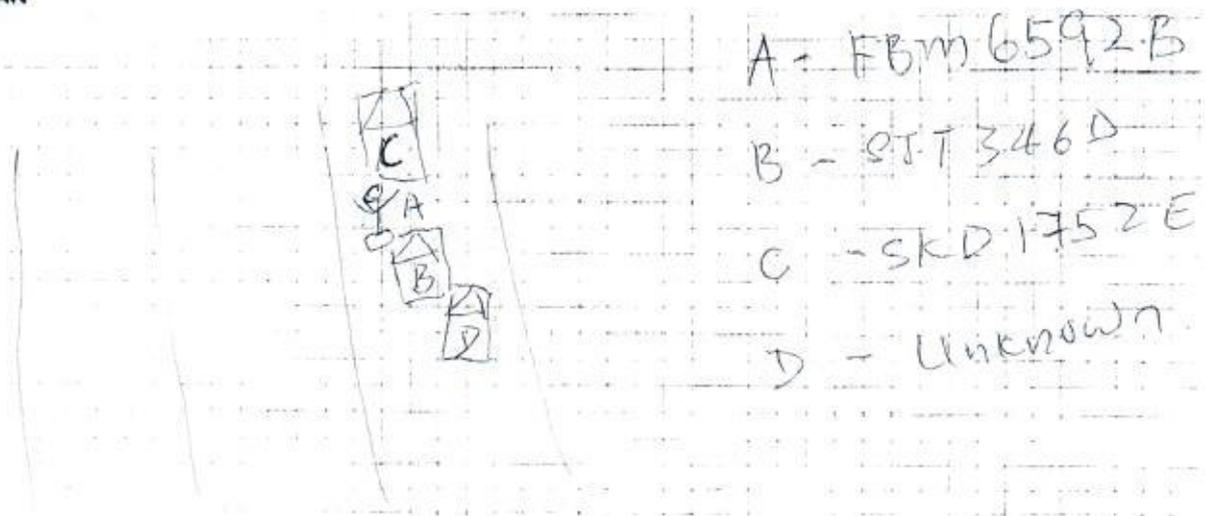


Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 08.06.2018 at 9:30 AM Travelling along PIE to Changi before Bukit Timah Exit. Heavy Rainy so traffic was heavy front car applied break and stopped I could't stop in time and hit on to the back of front car and I can't balanced and hit and fall down. Upon fall down there was another car hit on my bike. After the accident I realised there was chain collision happant.

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:

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

Vehicle No.	PBM 6592B	Model / Make	Bajaj (Pulsar 200NSFI)
Date of Accident	08/06/2018		
Time of Accident	9.30 am HRS		
Location of Accident	PIE toward changi before Bukit Timah Exit		
Exact purpose use during accident	Pte Use		
Name of Owner	Saravangmurthy Bharathi		
Telephone No.	H/P : 93216664	Home :	Office :
NRIC	F 5370432N		
Address	B1K 685C #02-168 Jurong West Cr 1		
Claim type	OD	THIRD PARTY	(REPORTING ONLY) 5'643685
Insurance Company	MSIG		
Type of Coverage	(Comprehensive)	Third Party	Third Party / Fire / Theft
Policy No.	72063650		
Name of Driver	(As Above) If No,		
NRIC	F 5370432N	Any Passengers :	0
Date of birth	03/06/1979		
Occupation	Outdoor	/	Indoor
Driving License Pass Date	16/07/2016		
Gender	(Male) / Female		
Contact No.	H/P : 93216664	Home :	Office :
Address	as above		
Driver have any own vehicle	(No) If yes, Reg No.		
Relationship	Employee,	If no, state	
Weather condition	Clear	(Raining)	Other
Road Surface	Dry	(Wet)	Other
Any Injuries	(No) If Yes, Who?		
Name And Contact No.			
Name And Contact No.			
Police Report	(No) If Yes, Where?		
Vehicle B No.	SJT 346D	Any Passengers :	0
Name of Driver		Contact No. :	
Vehicle C No.	SKD 1752E	Any Passengers :	0
Vehicle D No.		Any Passengers :	
Vehicle E no.	UNKNOWN	Any Passengers :	
Vehicle F No.		Any Passengers :	
Vehicle G No.		Any Passengers :	
Witness Name		Witness Contact :	
Accident Portion			
Camera Recorder	Yes / (No)		
Email Address	bharathi1980@gmail.com		
HAVE YOU BEEN APPROACH BY UNKNOWN PERSON SOLICITING / OFFERING ACCIDENT CLAIMS ASSISTANCE?			
			Yes / (No)
PARTICULAR WORKSHOP			
CONTACT NO.	/		
CONTACT PERSON			
FAX NO			
WORKSHOP EMAIL ADDRESS			

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5370432N**
 Name: **SARAVANAMURTHY BHARATHI**

Birth Date: 03 Jun 1979
 Issue Date: 16 Jul 2016
 Valid Till 15/07/2021

002589134G




REPUBLIC OF SINGAPORE

FIN **G5370432N**

Name: **SARAVANAMURTHY BHARATHI**

Date of Birth: 03-06-1979
 Sex: M
 Nationality: INDIAN





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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	16 Jul 2016
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	16 Jul 2016

NP 428A

Licence No: G5370432N



FA1914307

VISIT PASS
 Immigration Regulations

FIN **G5370432N**

MULTIPLE JOURNEY VISA ISSUED

Date of Issue: 17-06-2017
 Date of Expiry: 17-06-2019




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

MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 20/02/2018

AGENCY: A0074-001-10225
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMC/18-378183-CA

INSURED:NAME: SARAVANAMURTHY BHARATHI
ADDRESS: 685C JURONG WEST CENTRAL 1
#02-168
SE 643685NRIC NO: G5370432N
DATE OF BIRTH: 03/06/1979 (38 yrs)
DRIVING EXP: 26/12/1997 (20 yrs)
CONTACT NO: 93216664

BUSINESS OR PROFESSION: BUSINESS CONSULTANT

PERIOD OF INSURANCE FROM: 15/01/2018 TO 14/01/2019
03:18PM

REGISTRATION NUMBER: FBM6592B

CUBIC CAPACITY: 200

MAKE OF VEHICLE: BAJAJ

YEAR OF REGISTRATION: 2018

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

The Insured Only

ENDORSEMENTS APPLICABLE: INSURED

EXCESS: \$400/- SECT I \$800(ENDT 2K)

PREMIUM: 500.00

GST @ 7% 35.00

TOTAL : 535.00

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: UNIVERSAL MOTORS PTE LTD

NO CLAIM BONUS OF 0% IS ALLOWED

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.



Approved Insurers