

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MNA/8091391

| | | | |
|---------------------------|--|-----------------------|---------|
| Date In: 16/2/18-13:52 | Job description | Date & Time Completed | Done by |
| Ref No: NA/MNA/8012902/24 | SAS e-filing | | |
| Veh No: PU675X | E-mail (within 8hrs, AIC 2hrs) | | |
| D.O.A: 15/2/18-20:30 | 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: LF3469M | 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% P: 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| | | | |
|---------------------------------|---|----------------------|----------------------|
| NA804465 | Invoice Preparation Checklist | Amt (\$) Inc Bill | Amt (\$) Add Bill |
| Claimant's Particulars:- | 1) AR: Accident Reporting (\$30); | | |
| Driver/Owner: | 2) DA: Damage Assessment (\$100); INC (\$80) | | |
| Contact No: | 3) TF: Towing Fee \$40/\$45 | | |
| Damaged Portion: | 4) FT: Follow-Through Survey \$120 | | |
| | 5) RT: 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 | | |
| QC Checked by (Engr-In-Charge): | Invoice dated | Fee Charged | |
| Auditors' Comments:- | Invoice dated | Fee Charged | |
| Dat 1: | | | |
| Dat 2 / 3: | | | |

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 | 16/07/2018 13:52 |
| Date Of Accident | 15/07/2018 20:30 |
| Exact Location Of Accident | BEDOK NORTH AVE 3 TWDS NEW UPP CHANGI RD |
| Country/State of Loss | SINGAPORE |
| DETAILS OF OWN VEHICLE | |
| Vehicle Registration Number | FU675X |
| Insured/Policyholder | |
| Name Of Registered Owner | ROMARIO ARVIN S/O LETCHUMANAN |
| NRIC No | S9500133E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87498246 |
| Alternative Phone No | OFFICE-87498246 |
| Vehicle Particulars | |
| Manufacturer | KAWASAKI |
| Model | KRRZX150 |
| 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/17-372907-CA |
| Cover Note Number | |
| Driver | |
| Name of Driver | ROMARIO ARVIN S/O LETCHUMANAN |
| NRIC No | S9500133E |
| Date Of Birth | 01/01/1995 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/11/2015 |
| Driving Experience | 2 YEARS AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-87498246 |
| Fax Number | |
| Contact Number | OFFICE-87498246 |
| EMail Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 27 NEW UPPER CHANGI ROAD #03-710 |
| Postcode | 462027 |
| 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 TO REAR |
| 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? | 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

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 | SLF3469M |
| 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 | ROMARIO ARVIN S/O LETCHUMANAN |
|------|-------------------------------|

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

ARM & SHOULDER

FU675X

NO

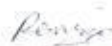
SKETCH PLAN


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:

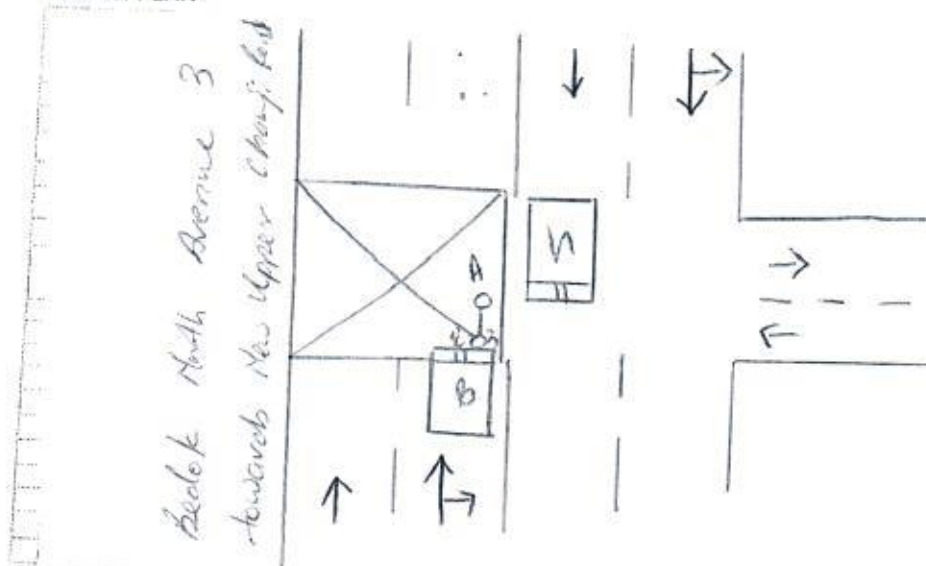
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A: PV675x

B: SLF3469M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Bedok North Ave 3 (towards New Upper Changi Rd) in my vehicle A (PV 675X). I am stationary in the yellow box waiting to turn right as there are vehicle approaching. Suddenly, vehicle B (SLF 3469 M) hit me at my rear and I fell on to the ground. I confront the driver from vehicle B and he admit that he did not have enough time to slow down his vehicle. I suffered injury on my arm and shoulder.

Remy

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.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- ❖ Complete and submit this form to the individual insurance authorised reporting centre.
- ❖ Please report correctly on the details of the accident to speed up the claim process.
- ❖ This form must be filled up by the policy holder and/or authorised driver.
- ❖ Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- ❖ The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- ❖ Any false reporting may be referred to the traffic police department for investigation.

Accident details

| | |
|----------------------------|---|
| Date and time of accident | Date: 15/01/18 (DD/MM/YY) Time: 20:30 (HH:MM) |
| Exact location of accident | Bedok North Ave 3 (towards New Upp Changi Rd) |

Details of vehicle

| | |
|--|--|
| Vehicle registration number | FU 675 X |
| Vehicle make and model | Kawasaki KRP150 |
| Type of vehicle | Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> Others: _____ |
| Vehicle category | Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle <input checked="" type="checkbox"/> |
| Purpose of using at said time | Buy food |
| Are you claiming under your own insurance company? | Yes <input type="checkbox"/> No <input type="checkbox"/> if no, please select: Third part claim <input checked="" type="checkbox"/> Reporting only <input type="checkbox"/> |

Insurance information

| | |
|-------------------|--|
| Insurance company | MSIG |
| Policy number | MSO 1 VMT 1 A-372907-CA |
| Type of policy | Comprehensive <input checked="" type="checkbox"/> Third party fire & theft <input type="checkbox"/> TP only <input type="checkbox"/> |

Insured / Policy holder

| | | |
|------------------------------|---|--|
| Name | Romario Arvin s/o Letchumanan | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | S9500173E | |
| Contact | 8749 8246 | |
| Address | 27 New Upper Changi Road #03-710 (0462027) | |

DriverSame as insured above ☒ (skip to D.O.B)

| | | |
|------------------------------|---|---|
| Name | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| NRIC / Fin / Passport number | | |
| Contact | | |
| Address | | |
| Email address | | |
| Date of birth | 01 Jan 1985 | |
| Occupation | Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/> | |
| Driving date pass | 08 Nov 2015 | |

General information of the accident

| | |
|---|--|
| Was driver an employee of the insured's company? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| If no, relationship of the driver and insured: <u>lth</u> | |
| Accident captured by camera? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| Weather condition | Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others: _____ |
| Road surface | Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> |
| No of passenger | <u>1</u> (Inclusive of driver) |

Passenger 1

| | |
|--------|--|
| Name | <u>Romario Arvin S/O Letchumanan</u> |
| Gender | Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> |

Passenger 2

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 3

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 4

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 5

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Passenger 6

| | |
|--------|---|
| Name | |
| Gender | Male <input type="checkbox"/> Female <input type="checkbox"/> |

Other information

| | |
|----------------------------|---|
| Was anybody injured? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Was other vehicle damaged? | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Details of police action

| | |
|---------------------|--|
| Reported to police? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which police station. |
| Police station name | |

Third party vehicle 1

| | |
|------------------------------|------------|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | SLF 3469 M |
| Vehicle make model | |

Third party vehicle 2

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 3

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 4

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 5

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Third party vehicle 6

| | |
|------------------------------|--|
| Name | |
| Contact number | |
| NRIC / Fin / Passport number | |
| Vehicle registration number | |
| Vehicle make model | |

Witness 1

| | |
|------|--|
| Name | |
|------|--|

Witness 2

| | |
|------|--|
| Name | |
|------|--|

Injured person 1

| | |
|--|---|
| Name | Romario Arvin S/O Letchumanan |
| Injuries sustained | Arm and shoulder |
| Which vehicle person in? | FU 675X |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Injured person 2


| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Injured person 3

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |


Injured person 4

| | |
|--|--|
| Name | |
| Injuries sustained | |
| Which vehicle person in? | |
| Were seat belts worn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was injured conveyed to hospital by ambulance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

 **SINGAPORE ARMED FORCES**
IDENTITY CARD

Name
ROMARIO ARVIN S/O LETCHUMANAN

NRIC No
S9500133E




This card is the property of the Singapore Armed Forces. Any person finding this card is requested to forward it without delay to Central Manpower Base or any Police Station.


REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S9500133E**

Name:
ROMARIO ARVIN S/O LETCHUMANAN

Birth Date: **01 Jan 1995**
Issue Date: **05 Nov 2015**



 002490584D

SG 50

00000050274315

NRIC No/Colour
S9500133E/ PINK

Race
INDIAN

Date Of Birth
01/01/1995

Service Status
NSF


Address
**BLK 27 NEW UPPER CHANGI ROAD
#03-710 SINGAPORE 462027**

Blood Group
A (+)

Country Of Birth
SINGAPORE

Military Rank Status
ENLISTEE


Sex
M



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE
05 Nov 2015

 Licence No: S9500133E

NP 428A



CA 494871
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212D)
4 Shenton Way, # 21-01, SGX Centre 2, 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)
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/17-372907-CA A0074-001/10001

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FU675X**
KAWASAKI **148 C.C.**
2. Name of Policyholder **ROMARIO ARVIN S/O LETCHUMANAN**
3. Effective date of the Commencement of Insurance
for the purposes of the Act **1201AM 26/10/2017**
4. Date of Expiry of Insurance **25/10/2018**
5. Persons or Classes of Persons entitled to drive
a. 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).

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

21/10/2017 (KS)