

NATIONAL Assessment Centre Services

(Appt. Jan 2005)

NA/18048699300

Date In: 01/08/2008 12:49	Job description	Date & Time Completed	Done by
Ref No: NA/18048699300/13955/1	SAS e-filing		
Veh No: 1B2 31D	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 31/07/2008 10:00	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: 875 797M	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

NA/18048699300	Invoice Preparation Checklist		Amt (\$) Est. 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) FT: Follow-Through Survey (Resurvey) \$30			
	For claiming against INC Only (wef 10 Jan 2005)			
	6) TR: Re-inspection \$75			
	7) N1: Idno 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: Idno Mobile 30			
Auditors' Comments:-	Invoice dated	Fee Charged		
Dat. 1:	Invoice dated	Fee Charged		
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	01/08/2018 12:40
Date Of Accident	31/07/2018 10:00
Exact Location Of Accident	ALONG PETIR RD FILTER LANE TOWARDS DAIRY FARM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD321D
Insured/Policyholder	
Name Of Registered Owner	KANNAN MANIKANDAN
NRIC No	S8082969H
Email Address	CHEFMANNI3372@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87871235
Alternative Phone No	OTHERS-87871235

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR RS 200-200CC
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	
Cover Note Number	72109690

Driver

Name of Driver	KANNAN MANIKANDAN
NRIC No	S8082969H
Date Of Birth	14/09/1980
Occupation	INDOOR
Date Of Driving Pass	04/10/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87871235
Fax Number	
Contact Number	OTHERS-87871235
Email Address	CHEFMANNI3372@GMAIL.COM

Address	BLK 137 PETIR ROAD #04-430
Postcode	670137
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180731/2093

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	SJJ797M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIANG YEW MENG
NRIC/Passport Number	S1742881J
Contact Number	82010468
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name KANNAN MANIKANDAN

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBD321D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

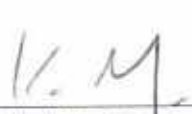
SKETCH PLAN

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:

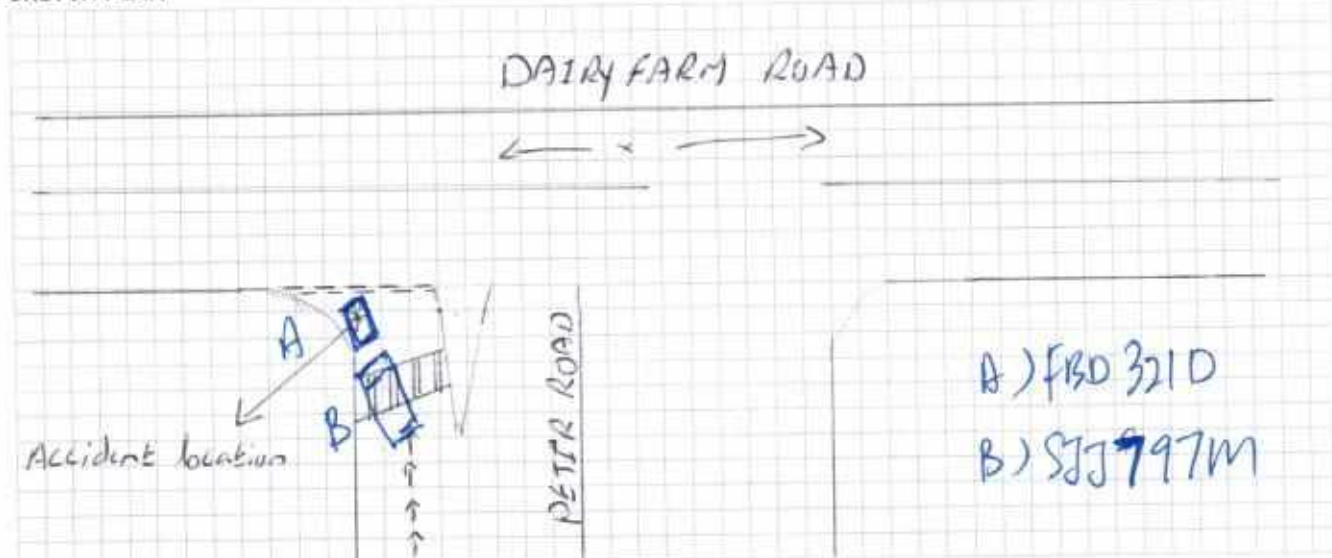
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 01-08-18

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 31st July around 1000 AM I was riding along Peter Road towards Dairy Farm. While I stop and wait for my turn to enter dairy farm. Suddenly a car hit from behind and I fallen down. My bike was damaged and I was injured on my neck area.

I went to Raffles Medical and I was given 3 days medical leave. I Reported to police after my Medical check up.

Police Report T/20180731/2093

DECLARATION

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

Policyholder's Signature
Date & Time: 01-08-18

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

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



SINGAPORE POLICE FORCE



T/20180731/2093

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No: T/20180731/2093

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/07/2018 15:39	Vide Report No.:	Station Diary No.: 91
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Informant's Particulars

Name of Informant: KANNAN MANIKANDAN			Address: APT BLK 137 PETIR ROAD #04-430 SINGAPORE 670137		
ID Type / ID No.: NRIC NO / S8082969H			Contact No.: Home/Office: Mobile: 87871235		
Nationality: INDIAN			Email:		
Sex: Male	Age: 37	Date of Birth: 14/09/1980	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: CHEF			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Additional Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/07/2018 10:00	Type of Location: Bend
Location: Along Road 1 PETIR ROAD DAIRY FARM ROAD Along Petir Road filter lane towards Dairy Farm Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD321D	Motorcycle	BAJAJ CHETAK	PULSAR RS 200	Yellow	Slightly Damaged	0
SJJ797M	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD321D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72109690	23/07/2018	22/07/2019



SINGAPORE POLICE FORCE



T/20180731/2093

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180731/2093

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KANNAN MANIKANDAN	ID No.	S8082969H
Related Vehicle	FBD321D (Motorcycle)	Contact No.	87871235
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	31/07/2018	Date Discharge	31/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Liang Yew Meng	ID No.	S1742881J
Related Vehicle	SJJ797M (Car)	Contact No.	82010468
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.

V1) FBD321D
V2) SJJ797M

On the 31st July 2018 at about 1000hrs, I was riding along Petir Road towards Dairy Farm road. When I enter the filter lane, I stop behind the give way line and waited for my turn to enter the main road. All of a sudden, V2 from behind had failed to stop on time in the filter lane and had collided to the rear of my vehicle. My bike fell and I was injured on my neck area. We had exchange particulars and left. I am given 3 days of MC from RafflesMedical. No police nor ambulance came to my scene. I am not sure of the repair cost.



**SINGAPORE
POLICE FORCE**



T/20180731/2093

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20180731/2093

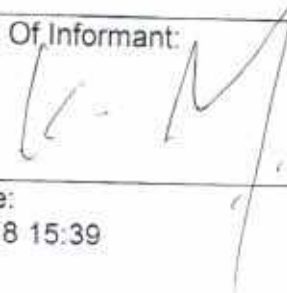
CONTINUATION OF REPORT

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: J / Sgt 2 AUSTIN TAN RI QUAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414
Authentication Stamp NP168

Signature Of Informant: 
Date/Time: 31/07/2018 15:39
Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: 31/07/18 (DD/MM/YYYY), TIME: 10:00 (HH:MM)

LOCATION: ALONG PETIR ROAD DAIRY FARM EXIT

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBD 321D
b) INSURANCE COMPANY: MSIA
c) POLICY NUMBER: 72109690
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: PULSAR RS200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: 10:00
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: KANNAN MANIKANDAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8082969H CONTACT: 87871235
c) ADDRESS: BLK-137, PETIR ROAD #04-430 - 670137

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: KANNAN MANIKANDAN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8082969H CONTACT: 87871235
c) ADDRESS: BLK-137, PETIR ROAD #04-430 - 670137

*d) DATE OF BIRTH: 14/09/1980 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 04-10-2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: BUKIT PANTAN, SEMBANG ROAD

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: 535797M MODEL: CAR
b) DRIVER'S NAME: LIAW JEN MING JERRY
c) NRIC/FIN/PASSPORT: 517428813 CONTACT: 82010468

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: 535797M MODEL: CAR
e) DRIVER'S NAME: LIAW JEN MING JERRY
f) NRIC/FIN/PASSPORT: 517428813 CONTACT: 82010468

Email = chefmarni3372@gmail.com

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8082969H



Name
KANNAN MANIKANDAN

Race
INDIAN

Date of birth
14-09-1980

Sex
M

Country of birth
INDIA




REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number **S8082969H**

Name
KANNAN MANIKANDAN

Birth Date **14 Sep 1980**

Issue Date **04 Oct 2010**





8658011




NRIC No. **S8082969H**

Nationality
INDIAN

Date of issue
26-06-2007

APT BLK 137 PETIR ROAD #04-430
SINGAPORE 670137

S8082969H **20/09/2013**

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc 04 Oct 2010

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 04 Oct 2010



Licence No. **S8082969H**

NP 429A


MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co Reg No. 2004122126)
 4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
 Tel +65 6827 7888, Fax +65 6827 7800
 www.msig.com.sg

For any enquiries, please call the Underwriting agent: Commercial Agency Pte Ltd
 23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel: 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72109690

Excess: \$300 (FIRE&THEFT) \$600 (ENDT 2K)

Agency : A0074-001-10225

Date : 23 Jul 2018

Name : KANNAN MANIKANDAN

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED in the terms of the Company's usual form of Third Party Fire & Theft Policy applicable thereto for the period from 17:25PM on 23 Jul 2018 to midnight on 22 Jul 2019 unless the cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBD321D	Insured Value	Prevailing Market Value
Engine No.	JLZCGA27406	C.C.	200
Chassis No.	MD2A55FZ3GCA12979		
Year Manufactured	2016	Year of Registration	2018
Make & Model	BAJAJ [PULSAR RS 200]		
Rider Type	Policyholder		

Use only for the following purpose: social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.


For MSIG Insurance (Singapore) Pte. Ltd.


 Not valid unless countersigned by Authorized Person
UNIVERSAL MOTORS PTE LTD

BLK 1006 BUKIT MERAH LANE 2

#01-04 SINGAPORE 159762

TEL: 62782029 FAX: 62732039


 Approved Insurer

(Please read important information on the reverse page.)