

NATIONAL Assessment Centre Services

Date In: 17/08/18	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18015012/13	SAS e-filing		
Veh No: FL84334	E-mail (within 8hrs, A/C 2hrs)		
D.O.A: 13/07/18 1100	i-Motor Claim Form		
OD: (11) 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: PC905	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

NA1805165	Invoice Preparation Checklist		Amt (\$)	Amt (\$)
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		Inc Bill	Add Bill
river/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)			
ontact No:	3) TP: Towing Fee \$40/\$45			
amaged Portion:	4) FT: Follow-Through Survey \$120			
C Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
nditors' Comments:-	For claiming against INC Only (wef 10 Jan 2005)			
it 1:	6) TR: Re-inspection \$75			
it 2/3:	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			
	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 17/08/2018 17:01
 Date Of Accident 13/07/2018 11:00
 Exact Location Of Accident KAKI BUKIT TWDS CHANGI
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FL8433Y
Insured/Policyholder
 Name Of Registered Owner V K GANISON S/O V KARUPPIAH
 NRIC No S1205947G
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-96669833
 Alternative Phone No OTHERS-96669833

Vehicle Particulars

Manufacturer PIAGGIO
 Model SKIPPER
 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/17-371448-CA
 Cover Note Number

Driver

Name of Driver V K GANISON S/O V KARUPPIAH
 NRIC No S1205947G
 Date Of Birth 08/12/1955
 Occupation INDOOR
 Date Of Driving Pass 10/11/1976
 Driving Experience 41 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96669833
 Fax Number
 Contact Number OTHERS-96669833
 EMail Address NOEMAIL

Address	BLK 436B FERNVALE ROAD #03-184
Postcode	792436
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	SIDE SWIPE
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?	YES
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180713/2171

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	PC90J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAY LIANG CHIANG
NRIC/Passport Number	S1549292I
Contact Number	98186550
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	V K GANISON S/O V KARUPPIAH
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FL8433Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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:

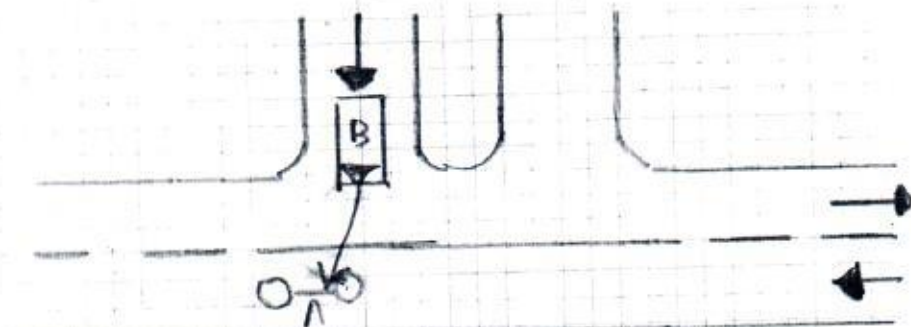
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

KAKI BUKIT TUNDS CHANGI

A - FL84334

B - PC905



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180713/2171

DECLARATION

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

Policyholder's Signature
Date & Time:

[Signature]
14/8

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

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

[Signature] 17/08/18



SINGAPORE POLICE FORCE



T/20180713/2171

1 of 3

Report No. T/20180713/2171

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2018 22:02	Vide Report No.:	Station Diary No.: 177
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Informant's Particulars

Name of Informant: V K CANISON S/O V KARUPPIAH	Address: APT BLK 436B FERNVALE ROAD #03-184 SINGAPORE 792436
Id Type / ID No.: NRIC NO / S1205947G	Contact No.: Home/Office: Mobile: 96669833
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 62 Date of Birth: 08/12/1955	Type of Informant: Rider
Race: Indian	Language: English
Occupation: Unemployed	Institution / School Name:
	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/07/2018 11:00	Type of Location: Straight Road
Location: Along Road 1 KAKI BUKIT PLACE				
Along Kaki Bukit towards Changi				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL8433Y	Motorcycle	PIAGGIO	SKIPPER12 5	Grey	Seriously Damaged	0
PC90J	Van				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL8433Y	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT17371448	01/10/2017	30/09/2018



**SINGAPORE
POLICE FORCE**



T/20180713/2171

2 of 3

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE

545025

Tel No: 1800-343 8999

Report No. T/20180713/2171

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	V K GANISON S/O V KARUPPIAH	ID No.	S1205947G
Related Vehicle	FL8433Y (Motorcycle)	Contact No.	96669833
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	TAY LIANG CHIANG	ID No.	S1549292I
Related Vehicle	PC90J (Van)	Contact No.	98186550
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 13/07/2018 at about 1100hrs, I was riding my motorcycle bearing registration number FL8433Y along Kaki Bukit towards Changi on the 2nd lane. Out of a sudden, I saw a Van bearing registration number PC90J coming towards my direction from the right and hit on to me causing me to fell on to the ground. I suffered injuries on my face, fingers and both legs. Both Police and Ambulance attended to me and I was conveyed to Changi General Hospital and was given a 7 days MC.



**SINGAPORE
POLICE FORCE**



T/20180713/2171

3 of 3

Report No. T/20180713/2171

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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:

F /

Sgt 3 YE WEIJIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

Date/Time:

13/07/2018 22:02

Classification Of Case:

SN 154

Authentication Stamp

NP168



Signature:

Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 13 / 07 / 18 (DD/MM/YYYY), TIME: 11 : 00 (HH:MM)

LOCATION: KARI BUKIT TWOS CHANGI

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FL8433Y
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: PIAGGIO SKIPPER
 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: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

* No of passenger
 (including driver)
(1)

- a) NAME: V K GANISON S/O V KARUPPIAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S12059476 CONTACT: 96669833
 c) ADDRESS: _____

* d) DATE OF BIRTH: (08 / 12 / 1955) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10 / 11 / 1976

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) CONVEYED

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passenger
 (including driver)
()

- a) VEHICLE NUMBER: PC905 MODEL: _____
 b) DRIVER'S NAME: TAY LIANG CHIANG
 c) NRIC/FIN/PASSPORT: S15492921 CONTACT: 98186550

9. THIRD PARTY VEHICLE

* No of passenger
 (including driver)
()

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

14/08/18

wanting for civil veh.

Email =

fax =

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1205947G



Name

V K GANISON S/O V
KARUPPIAH

Race

INDIAN

Date of birth

08-12-1955

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1205947G

Name

V K GANISON S/O V
KARUPPIAH

Birth Date 08 Dec 1955

Issue Date 21 Sep 2010



001892916A



4637494

NRIC No. S1205947G



Date of issue

21-09-2010

APT BLK 436B FERNVALE ROAD #03-184
SINGAPORE 792436

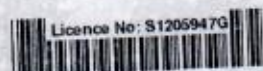
NRIC No: S1205947G

Date: 25/04/2018

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	10 Nov 1976
Class 2A	Motorcycles between 201 cc and 400 cc	10 Nov 1976
Class 2	Motorcycles > 400 cc	10 Nov 1976
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	30 Sep 1976
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	18 Feb 1981



Licence No: S1205947G

NP 428A


MSIG

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

MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 29/09/2017

AGENCY: A0074-001-10001
 COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/17-371448-CA

INSURED:
NAME: V K GANISON S/O V KARUPPIAH
ADDRESS: APT BLK 436B FERNVALE ROAD
 #03-184
 SE 792436

NRIC NO: S1205947G
DATE OF BIRTH: 08/12/1955 (61 yrs)
DRIVING EXP: 10/11/1976 (40 yrs)
CONTACT NO: 96669833
 94606645

BUSINESS OR PROFESSION: TAXI DRIVER

PERIOD OF INSURANCE FROM: 01/10/2017 **TO** 30/09/2018
 12:01AM

REGISTRATION NUMBER: FL8433Y

MAKE OF VEHICLE: PIAGGIO

INSURED ESTIMATE OF VALUE: TPL

CUBIC CAPACITY: 124

YEAR OF REGISTRATION: 1994

SEATING CAPACITY: 2

AUTHORISED DRIVERS:

The Insured Only

ENDORSEMENTS APPLICABLE: 3P

EXCESS:

PREMIUM: 130.40

GST @ 7% 9.13

TOTAL: 139.53

NO CLAIM BONUS OF 20% IS ALLOWED

**NAME OF EMPLOYER AND/OR
 HIRE PURCHASE OWNER:**

REPLACING POLICY NO: MSD/VMT/16-351628-CA

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