

NATIONAL Assessment Centre Services

AP-1 Jan-12

NA/1805351

Date In: 07/08/2018 18:35	Job description	Date & Time Completed	Done by
Ref No: NBA/m86180/53704	SAS e-filing		
Veh No: FN 78142	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 26/07/2018 11:55	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: SBY 64845	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/1805351	Invoice Preparation Checklist		Ant (\$) In Bill	Ant (\$) 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			
QC Checked by (Engr-In-Charge):	5) FT: Follow-Through Survey (Resurvey) \$30			
Auditors' Comments:	For claiming against INC Only (wef 10 Jan 2005)			
Dat. 1:	6) TR: Re-inspection \$75			
Dat. 2 / 3:	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
	ON*			
	*N3: Courtesy Car / Trip 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 \$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	07/08/2018 18:35
Date Of Accident	26/07/2018 11:55
Exact Location Of Accident	ALONG AYE TOWARDS CTE AT EXIT 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FN7814C
Insured/Policyholder	
Name Of Registered Owner	SURISH S/O KUTTAN
NRIC No	S1576877J
Email Address	BOYEFIRST@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-84885487
Alternative Phone No	HOME-84885487

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	72007020/E01

Driver

Name of Driver	SURISH S/O KUTTAN
NRIC No	S1576877J
Date Of Birth	29/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	20/10/1998
Driving Experience	19 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84885487
Fax Number	
Contact Number	HOME-84885487
Email Address	BOYEFIRST@YAHOO.COM.SG

Address	BLK 29 TANGLIN HALT ROAD #08-140
Postcode	141029
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180807/2100 (PHOTOS ONLY GIVEN BY THE OWNER BIKE SOME ALREADY REPAIRED)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBY6484S
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 SURISH S/O KUTTAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FN7814C

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.

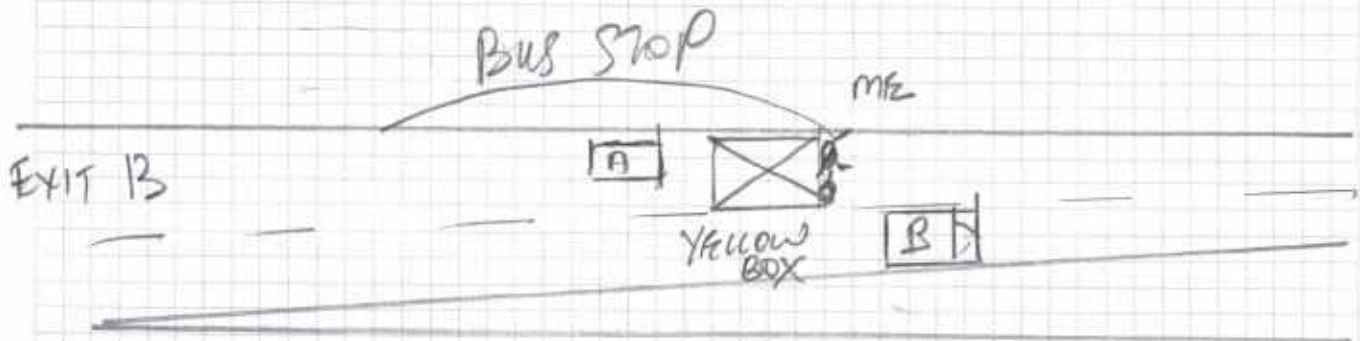
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

Along AYE TOWARDS CITY AT EXIT 13



A) FNI 7814C

B) SBY 6484S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
1/2018007/2100

DECLARATION

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

07/08/2018 1410h

Policyholder's Signature
Date & Time:

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

10/08/2018
Reporting Centre Personnel's Signature
Name: Rasdi WATARS
NRIC/FIN No.:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2018 15:13		Vide Report No.		Station Diary No. 53
Informant's Particulars				
Name of Informant: SURISH S/O KUTTAN		Address: APT BLK 29 TANGLIN HALT ROAD #08-140 SINGAPORE 141029		
ID Type / ID No. NRIC NO / S1576877J		Contact No: Home/Office: Mobile: 84885487		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 29/10/1963	Type of Informant: Rider	
Race: Indian		Language:		Institution / School Name
Occupation: Motorcycle delivery man		Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/07/2018 11:55	Type of Location: HIGHWAY
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CENTRAL EXPRESSWAY EXIT 13				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FN7814C	Motorcycle	HONDA	CB400S.F V/S	Silver	Seriously Damaged	0
SBY6484S	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FN7814C	MSIG INSURANCE (SINGAPORE) PTE LTD	72007020	17/06/2017	11/09/2018



**SINGAPORE
POLICE FORCE**



T/20180807/2100

2 of 3

Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20180807/2100

CONTINUATION OF REPORT

Brief Details.

On 26/07/2018 at about 1155hrs, I was riding in my motorvehicle registration plate number FN7814C from AYE Towards City exiting number 13 of the expressway, when I was riding at the most left lane of the expressway, while I was checking out for oncoming vehicle from my right. The next moment I could react was, I had been hit and fell onto the left most lane in front of the bus stop right in front of the yellow box. The vehicle that was involved in a collision with mine was registration plate number SBY6484S. Shortly after the collision, the driver had alighted and check my wellbeing and immediate render medical assistance. The cost of repair to my damages is around 1500 Singapore dollars only. The damage to my motorvehicle is Signal light, fork, handle bar, fork oil seal, spocket and chain, foot rest, meter, tyres and clutch level, mirror and tubervalva. I am lodging this police report as I wish to make insurance claims



**SINGAPORE
POLICE FORCE**



T/20180807/2100

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180807/2100

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:

D /

Sgt 1 GABRIEL CHAN WEE KEEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/08/2018 15:13

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Classification Of Case:



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 6225 7402
www.msig.com.sg

Your Ref : FN7814C
Our Ref : MSCV/18-001018 (Please quote our reference when replying)

30 Jul 2018

URGENT

SURISH S/O KUTTAN
29 TANGLIN HALT ROAD
#08-140
SINGAPORE 141029

Dear Sir/Madam

Accident involving FN7814C and SBY6484S along AYE TOWARDS CITY AT EXIT 13
Policy No : MSD/VM/17-367454-CA
Date of Accident : 26 Jul 2018

We have received a property damage claim from solicitor acting on behalf of the owner of SBY6484S. However, we have yet to receive your report on the accident.

Under the Motor Claims Framework, motorists are required to report any traffic accident involving their insured vehicles to their insurers within 24 hours of the accident or by the next working day. Any non-reporting may affect the motorist's No Claim Discount and their rights to seek indemnity under their policy.

We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

1. Driving license
2. Identity card
3. Police report, if any

If you have already filed an accident report, please accept our thanks and ignore this reminder.

Thank you.

Yours sincerely


Jasmine Lok Kheng Kwei
Executive
Claims Services (Motor)
Tel : 6594 2550
Fax : +65 6225 7402
Email : jasmine_lok@sg.msig-asia.com

cc C.A.

A Member of MS & AD INSURANCE GROUP



POLICE REPORT

ACCIDENT STATEMENT

ACCIDENT DATE: 26/7/2018 (DD/MM/YYYY), TIME: 11:55 (HH:MM)
 LOCATION: AYE Towards city AT Exit 13

1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: FN 7814C
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER: _____
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda
 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: Sunish Kuttan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S15768741 CONTACT: 84885487
 c) ADDRESS: 29 Tanglein Road
#08-140 S141029

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 29/10/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 18 June 1997

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

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: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SBY 6484 S MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

* No of passenger
 (including driver)
 ()

Email = boyefirst@yahoo.com.sg

VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1576877J



SURISH S/O KUTTAN

INDIAN
Date of Birth: 29-10-1963
Country of Birth: SINGAPORE

84885487

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1576877J



SURISH S/O KUTTAN

Birth Date: 29 Oct 1963
Issue Date: 19 Oct 2011

0020124120

1291022



S1576877J



07-10-1993

APT BLK 29 TANGLIN HALT ROAD #08-140
SINGAPORE 141029

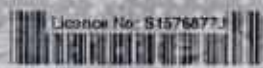
NRIC No: S1576877J Date: 07/02/2017

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

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	18 Jun 1997
Class 2A	Motorcycles between 201 cc and 400 cc	20 Oct 1968
Class 2	Motorcycles > 400 cc	17 Nov 1999
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	04 May 1985
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	10 Oct 2003
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	18 Aug 2004

NP 428A

License No: S1576877J



**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
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 : 72007020/E01

Agency : A0074-001-10223

Date : 29 Mar 2018

Name : SURISH S/O KUTTAN

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** Policy applicable thereto for the

period from **00:00AM** on **17 Jun 2018** to midnight on **11 Sep 2018** 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.	FN7814C	Insured Value	Third Party Liability (TPL)
Engine No.	NC23E1754022	C.C.	399
Chassis No.	NC311454017		
Year Manufactured	1996	Year of Registration	1996
Make & Model	HONDA [CB400S.F V/S]		
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.

Approved Insurer

Not valid unless countersigned by Authorized Person

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: MNA48702296 Vehicle Registration No: FN7814C
Name (as shown in NRIC): SURESH S/O KUTIAM NRIC/FIN/Passport No: _____
(*Vehicle Driver / Vehicle Owner) () Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 84885487
Email Address: _____
Date of Accident: 26/07/2018 Time of Accident: 11:55
Place of Accident: At Blomh Aye Towards CTE EXIT 13
Insurance Company: M&L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

① DATE OF ACCIDENT. To 26/07/2018

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Reshi WAFAR
NRIC/FIN No.: _____
Date: 23/08/2018