

NATIONAL Assessment Centre Services.

(wef 1 Jan/05)

May 18/4/20

Date In: 31/01/08 12:30	Job description	Date & Time Completed	Done by
Ref No: NCA/M89/1801/9800/4	SAS e-filing		
Veh No: FBM 5371M	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 17/12/2017 12:30	i-Motor Claim Form		
OD (T) : 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: 864 5471L

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:

)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time

Actions

N/A 1807059

Clientant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref 1:

Ref 2/3:

Invoice Preparation Checklist	Amount (\$)	Remarks
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100); INC (\$50)		
3) TP: Towing Fee \$40/\$45		
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) NI: Idao DA + SMRT Survey \$160		
8) NTUC Additional Services:		
ON*		
*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: Idao 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 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. 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	31/10/2018 12:30
Date Of Accident	17/12/2017 12:30
Exact Location Of Accident	NEAR BLOCK 451 CLEMENTI AVENUE 3 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5377M
Insured/Policyholder	
Name Of Registered Owner	PARMJIT SINGH
NRIC No	S2765020A
Email Address	PARMJITSING17@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94455770
Alternative Phone No	OTHERS-94455770

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-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	72052560

Driver

Name of Driver	PARMJIT SINGH
NRIC No	S2765020A
Date Of Birth	20/06/1966
Occupation	INDOOR
Date Of Driving Pass	23/03/2009
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94455770
Fax Number	
Contact Number	OTHERS-94455770
EMail Address	PARMJITSING17@YAHOO.COM

Address	BLK 327 TAH CHING ROAD #10-10
Postcode	610327
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 - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : PARDEEP KAUR (WIFE) GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NPP
Police Station Address	ROAD: 158 YUNG LOH #01-58 , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171221/2105

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	SLG5471L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHENG SIM
NRIC/Passport Number	S1368364F
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name PARMJIT SINGH

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBM5377M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

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.

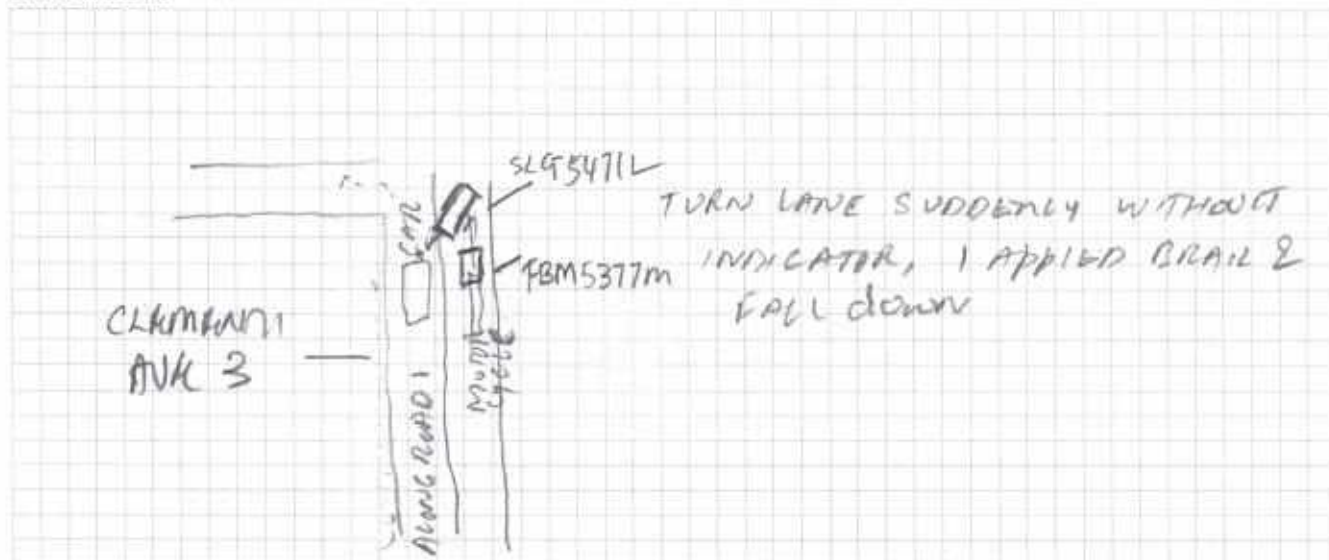
Policyholder's Signature
Date & Time:

31/10/2018

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

31/10/2018
Reporting Centre Personnel's Signature
Name: *Keethi Wairons*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ms REFER to Police Report
T/2071221/2105

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time:

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 31/10/2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]



**SINGAPORE
POLICE FORCE**



T/20171221/2105

1 of 4

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

Report No: T/20171221/2105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/12/2017 16:41	Vide Report No.:	Station Diary No.: 44
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Informant's Particulars

Name of Informant: PARMJIT SINGH			Address: APT BLK 327 TAH CHING ROAD #10-10 SINGAPORE 610327		
ID Type / ID No.: NRIC NO / S2765020A			Contact No.: Home/Office: Mobile: 94455770		
Nationality: INDIAN			Email:		
Sex: Male	Age: 51	Date of Birth: 20/06/1966	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/12/2017 12:30	Type of Location: Straight Road
Location: Along Road 1 CLEMENTI AVENUE 3 NEAR 451 CLEMENTI AVE 3, CARPARK ENTRANCE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume:
Type of Collision: SELF SKIDDED				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5377M	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS FI	Red		0
SLG5471L	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5377M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72052560	08/12/2017	07/12/2018



**SINGAPORE
POLICE FORCE**



T/20171221/2105

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Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

Report No. T/20171221/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	PARDEEP KAUR	ID No.	S7169931E
Related Vehicle	FBM5377M (Motorcycle)	Contact No.	NIL
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
Rider			
Name	PARMJIT SINGH	ID No.	S2765020A
Related Vehicle	FBM5377M (Motorcycle)	Contact No.	94455770
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/12/2017	Date Discharge	21/12/2017
No. of Days granted Medical Leave	15	Degree of Injury	Slight
Driver			
Name	LEE CHENG SIM	ID No.	S1368364F
Related Vehicle	SLG5471L (Car)	Contact No.	NIL
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 17/12/2017 at about 1230hrs, I was riding my vehicle FBM5377M along Clementi Ave 3 towards Commonwealth Ave on the right lane. At that point of time, there were many cars queueing up on the left lane to enter the carpark of B/451 Clementi Ave 3. As I was riding, a vehicle, SLG5471L, which was in the line of cars queueing to enter the carpark suddenly swerved out into my lane, out of the queue without signaling. I jam braked and fell off my motorcycle.

Ambulance and Traffic Police were at scene. I am unsure if there are CCTVs at the vicinity. I was conveyed to the hospital and was hospitalized for 5 days. I suffered a broken left side collar bone and



**SINGAPORE
POLICE FORCE**



T/20171221/2105

3 of 4

Police Station Of Origin:

Jurong NPP

Report No. T/20171221/2105

158 Yung Loh Road #01-58 SINGAPORE

610158

CONTINUATION OF REPORT

Tel No: 1800-2659999

broke 3 rib bones on my left side.



**SINGAPORE
POLICE FORCE**



T/20171221/2105

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20171221/2105

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report:
J /
Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
21/12/2017 16:41

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408665
Tel +65 6547 0000
Fax +65 6547 6259
www.police.gov.sg

Our Ref : TP/IP/ 66699/2017
Date : 12 January, 2018

PARAMJIT SINGH
BLK 327 TAH CHING ROAD
#10-10
SINGAPORE 610327


Dear Sir/Madam

**ACCIDENT INVOLVING FBM5377M / SLG5471L ON 17/12/2017 AT 1222 HRS ALONG
CLEMENTI AVENUE 3**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of **SLG5471L** has committed an offence of Inconsiderate Driving under Section 65(b) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
3. If you have any queries, please contact the Investigation Officer, MOHAMED SUFIAN at telephone number 6547 6247 or email Mohamed_Sufian_Mohamed_Junid@spf.gov.sg.

Yours faithfully


Roslan Ahmad, Stn Insp
For Head Investigation
Traffic Police
Singapore Police Force

ACCIDENT STATEMENT

ACCIDENT DATE: 17/12/2017 (DD/MM/YYYY), TIME: 12:30 (HH:MM)

LOCATION: NEAR 451 CLEMENTI AVE 3; CARPARK ENTRANCE

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 5377M
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 72052560
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: BAJAJ (PUSHAAR 200 NS F1)
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: PARMIT SINGH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S2762020A CONTACT: 94455770
c) ADDRESS: Block 327, #10-10, TAN CHIN SENG ROAD
SINGAPORE 610327

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER AS ABOVE

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

*d) DATE OF BIRTH: 20/06/1966 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING PASS 2009

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: JURONG NPP

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLG 5471L 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: _____

email = PARMIT SINGH 17@YAHOO.COM
VIDEO NO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2765020A



Name

PARMJIT SINGH

Race

INDIAN

Date of birth

20-06-1966

Sex

M

Country of birth

INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S2765020A

NAME

PARMJIT SINGH

Birth Date 20 Jun 1966

Issue Date 19 Jun 2013



9088051

NRIC No. S2765020A



Nationality

INDIAN

Date of issue

21-04-2010

APT BLK 327 TAH CHING ROAD #10-10
SINGAPORE 610327

NRIC No. S2765020A

Date: 2011/06/10/01

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

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc 23 Mar 2009
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 23 Mar 2009



NP 426A

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd. (IC 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 : 72052560

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

Agency : A0074-001-10225

Date : 08 Dec 2017

Name : PARMJIT SINGH

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 **09:18AM** on **08 Dec 2017** to midnight on **07 Dec 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.	FBM5377M	Insured Value	Prevailing Market Value
Engine No.	JLZCGF64107	C.C.	200
Chassis No.	MD2A36FZ8GCF47169		
Year Manufactured	2016	Year of Registration	2017
Make & Model	BAJAJ [PULSAR 200 NS FI]		
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.


UNIVERSAL MOTORS PTE LTD Authorized Person
BLK 1006 BUKIT MERAH LANE 2
#01-04 SINGAPORE 159762
TEL: 62782029 FAX: 62732039

For MSIG Insurance (Singapore) Pte. Ltd.


Approved Insurer

(Please read important information on the reverse page.)