

NATIONAL Assessment Centre Services

Ref: JAR003

MAY 18/4/2003

Date In: 01/11/2018 06:15	Job description	Date & Time Completed	Done by
Ref No: NCA/M8G/8019897/1	SAS e-filing		
Veh No: FBE 619R	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/10/2018 08:30	I-Motor Claim Form		
OD: TP <u>Reporting Only</u>	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:

GBH 580P

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 repaler.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In () ; Invoice: YES () / NO () ; Towing Co: ()

Remarks:

(INC Hotline: 0788 6616)

Date:

Time:

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:

NA1807892

Claimant's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:

Ref: 1

2/3

Invoice/Repairation/Charges	Amount (\$)	Amount (\$)	Amount (\$)
1) AR: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100)		INC (\$80)	
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 2003)			
6) TR: Re-inspection		\$75	
7) NI: Idao DA + SMRT Survey		\$160	
8) NTUC Additional Services:-			
Q1:			
*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 (N-in INC) against INC		\$20	
9) N12: Idao 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 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	01/11/2018 16:15
Date Of Accident	26/10/2018 08:30
Exact Location Of Accident	ALONG YISHUN AVENUE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE619R
Insured/Policyholder	
Name Of Registered Owner	DEVENDIRAN S/O GANASEN
NRIC No	S7718285C
Email Address	DEVENDIRAN@SINGTEL.COM
Mobile Phone No	(LOCAL) +65-97767937
Alternative Phone No	OTHERS-97767937

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MSD/VMT/18-382268-CA
Cover Note Number	

Driver

Name of Driver	DEVENDIRAN S/O GANASEN
NRIC No	S7718285C
Date Of Birth	04/07/1977
Occupation	INDOOR
Date Of Driving Pass	04/02/1997
Driving Experience	21 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97767937
Fax Number	
Contact Number	OTHERS-97767937
Email Address	DEVENDIRAN@SINGTEL.COM

Address	BLK 317A YISHUN AVENUE 9 #09-100
Postcode	761317
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181026/2063

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	GBH5180P
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMAD SURIADI BIN MOHD AMRAN
NRIC/Passport Number	S8215492B
Contact Number	87489884
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	DEVENDIRAN S/O GANASEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE619R
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:

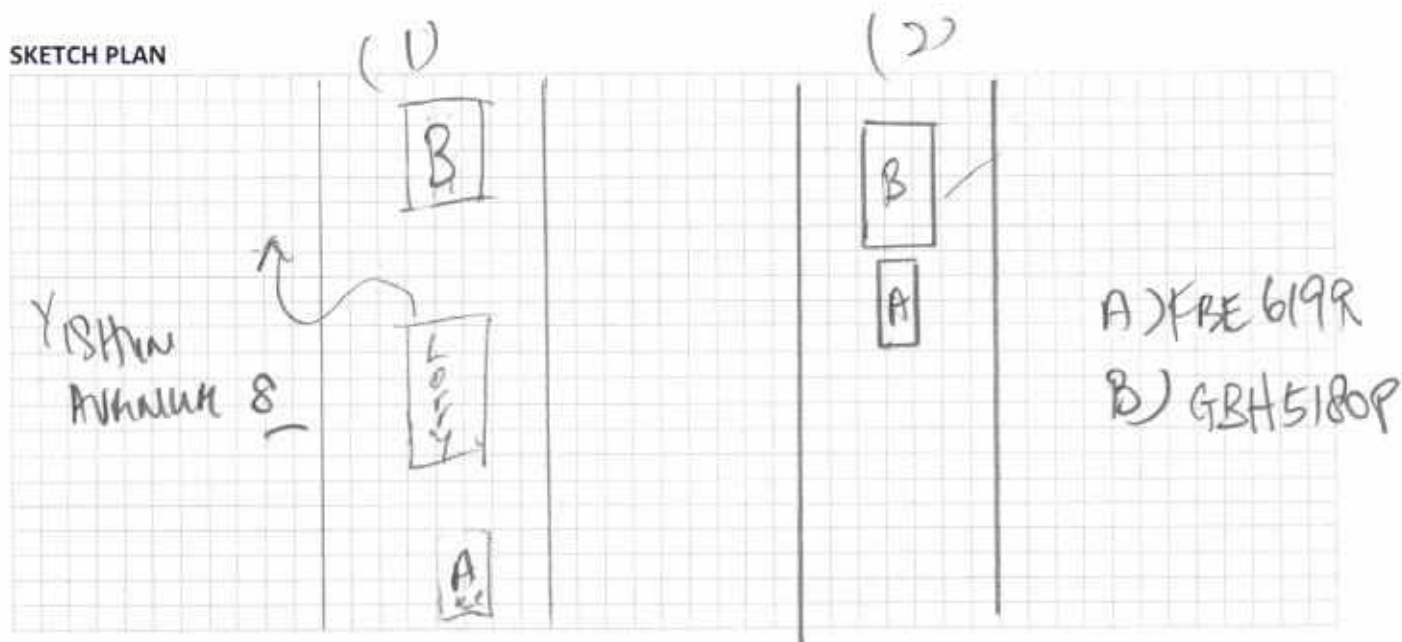
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: 1/1/2018

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20181026/2063

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time: 1/11/2018

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

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



SINGAPORE POLICE FORCE



T/20181026/2063

1 of 3

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20181026/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 13:15		Vide Report No.:		Station Diary No.: 82	
Informant's Particulars					
Name of Informant: DEVENDIRAN S/O GANASEN			Address: APT BLK 317A YISHUN AVENUE 9 #09-100 SINGAPORE 761317		
ID Type / ID No.: NRIC NO / S7718285C			Contact No.: Home/Office: Mobile: 97767937		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 04/07/1977	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Network/Infrastructure architect and engineer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/10/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 1 Yishun Avenue 8 heading towards Junction of Yishun Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBE619R	Motorcycle	HONDA	WAVE 125X SMT	White	Slightly Damaged	0
GBH5180P	Van				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE619R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18382268	06/05/2018	05/05/2019



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20181026/2063

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	DEVENDIRAN S/O GANASEN		ID No.	S7718285C
Related Vehicle	FBE619R (Motorcycle)		Contact No.	97767937
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	26/10/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	MUHAMAD SURIADI BIN MOHD AMRAN		ID No.	S8215492B
Related Vehicle	GBH5180P (Van)		Contact No.	87489884
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 the 26/10/2018 at around 0830hrs, I was riding my motorcycle (FBE619R) on the second lane of a three lane road along Yishun Avenue 8 moving towards junction of Yishun Avenue 1. Directly in front of my vehicle was a lorry (unknown plate number) who at that moment made an abrupt lane change to the first lane on my left. As the lorry was obstructing my view, i did not notice a van (GBH5180P) who was stationary in front of the said lorry. As such, i applied emergency brake but could not stop in time thus colliding with the rear side of the van. Due to the impact of the collision, i suffered bruises on the right side of my right leg and swelling right arm. I then went to take pictures of the incident and exchange particulars with the driver of the van. I wish to state that there is no damage on government property no traffic police or ambulance at scene. I wish to also state that i noticed that the van brake lights was not working.

Shortly after, i went to Khoo Teck Puat Hospital to check on my injuries and received 3 days MC (KHANE181461265) from 26/10/2018 to 28/10/2018.

**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

Your Ref : FBE619R
Our Ref : FBE619R (Please quote our reference when replying)

30 Oct 2018

URGENT

DEVENDIRAN S/O GANASEN
BLK 317A YISHUN AVE 9
#09-100
SINGAPORE 761317

Dear Sir/Madam

Accident involving FBE619R and GBH5180P along ALONG YISHUN AVE 8
Policy No : MAS/VMT/18-382268
Date of Accident : 26 Oct 2018

We have received a property damage claim from Car City Auto Centre Pte Ltd acting on behalf of the owner of GBH5180P. 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.

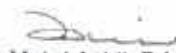
We urge you to make a report immediately at any of our authorized workshops or IDAC centres. The list is enclosed for your reference. Please bring your vehicle and the following documents with you:

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


Mhd Ashik B Madi
Executive
Claims Services

Tel : 6594 2548
Fax : +65 6827 7800
Email : ashik_madi@sg.msig-asia.com

A Member of MS & AD INSURANCE GROUP

ACCIDENT STATEMENT

ACCIDENT DATE: (26/10/2018) (DD/MM/YYYY), TIME: (08:30) (HH:MM)

LOCATION: Yishun Ave 8

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE619R
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: MSD/VMT/18-382268-CA
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: HONDA WAVE 125cc
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: work
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: DEVENDIRAN % GANASEN (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7718285C CONTACT: 97767937
c) ADDRESS: Blk 317A Yishun Ave 9 #09-100

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: (04/07/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING PASS 04/02/1997

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) Yes

IF YES, PLEASE STATE WHICH POLICE STATION: Yishun North N.P.C

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GBH5180P 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 = deverdiran@singtel.com
VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7718285C



Name

DEVENDIRAN S/O GANASEN

க தேவேந்திரன்

Race

INDIAN

Date of birth

04-07-1977

Sex

M

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Service Number S7718285C

DEVENDIRAN S/O GANASEN

Birth Date 04 Jul 1977

Issue Date 30 Jan 2003



NRIC No S7718285C



Date of issue
16-08-2007

APT BLK 317A YISHUN AVENUE 9 #09-100
SINGAPORE 761317

NRIC No: S7718285C

Date: 24/11/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 2B	Motorcycles not exceeding 200 cc
Class 2A	Motorcycles between 201 cc and 400 cc
Class 2	Motorcycles exceeding 400 cc
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

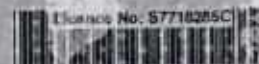
PASS DATE

04 Feb 1997

10 Nov 1998

29 Aug 2000

26 Nov 1999



NP 4000



CA 505549
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212C)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
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, 1979 Edition (Republic of Singapore)
Or any Amendment, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/18-382268-CA A0074-D01/1900

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle FFE014R

2. Name of Policyholder HONDA
DEVENDIRAN S/O GANASEN 125 c.c.

3. Effective date of the Commencement of Insurance
for the purposes of the Act

4. Date of Expiry of Insurance 1201AM 06/05/2018
05/05/2019

5. Persons or Classes of Persons entitled to drive
a. The Policyholder.

b. SUBRAMANIAM THANADAL ONLY
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.

27/04/2018 (KP)
CA/CI-03 (05/13)