

# NATIONAL Assessment Centre Services

(wef 1 Jan 2005)

Date In: 08/11/2018 09:38	Job description	Date & Time Completed	Done by
Ref No: NA/MSG18020263/KY	SAS e-filing		
Veh No: FBA9898M	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 29/10/2018 16:30	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: E-Bike

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

NA1807211

## Invoice Preparation Checklist

Am't (\$)

Am't (\$)

Est Bill

Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Pat 1:

Pat 2/3:

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$30
- 6) TR: Re-inspection \$75
- 7) N1: Idau DA + SMRT Survey \$160
- 8) NTUC Additional Services:-
- 9) N12: Idau Mobile \$0

Invoice dated

Fee Charged

NA1807211



**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	08/11/2018 09:38
Date Of Accident	29/10/2018 16:30
Exact Location Of Accident	LORONG 12 GEYLANG / CROSS / GEYLANG RD
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	FBA9898M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHILAMBAN GURUNATHAN
Passport No/FIN	G7776661N
Email Address	GURUNATHAN.CPM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97851562
Alternative Phone No	OTHERS-97851562

**Vehicle Particulars**

Manufacturer	YAMAHA
Model	T135
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	MSD/VMT/18-381241-CA
Cover Note Number	

**Driver**

Name of Driver	CHILAMBAN GURUNATHAN
Passport No/FIN	G7776661N
Date Of Birth	04/05/1980
Occupation	INDOOR
Date Of Driving Pass	03/07/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97851562
Fax Number	
Contact Number	OTHERS-97851562
Email Address	GURUNATHAN.CPM@GMAIL.COM

Address JD CARGO EXPRESS PTE LTD  
 Postcode  
 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 -  
 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? NO  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2  
 Passenger 1  
 NAME: : MR. IRUDAYARAJ  
 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181030/2102

#### 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 INJURED PERSON 1

Name CHILAMBAN GURUNATHAN  
 Approximate Age  
 Injuries Sustain SERIOUS  
 Injured person in which vehicle? FBA9898M  
 Were seat belts worn?  
 Was this injured conveyed to hospital by ambulance?  
 Address  
 Postcode

#### DETAILS OF INJURED PERSON 2

Name MR. IRUDAYARAJ  
 Approximate Age  
 Injuries Sustain SERIOUS

Injured person in which vehicle?

FBA9898M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode



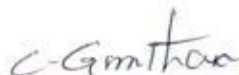
## SKETCH PLAN

### IMPORTANT NOTICE

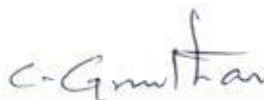
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.



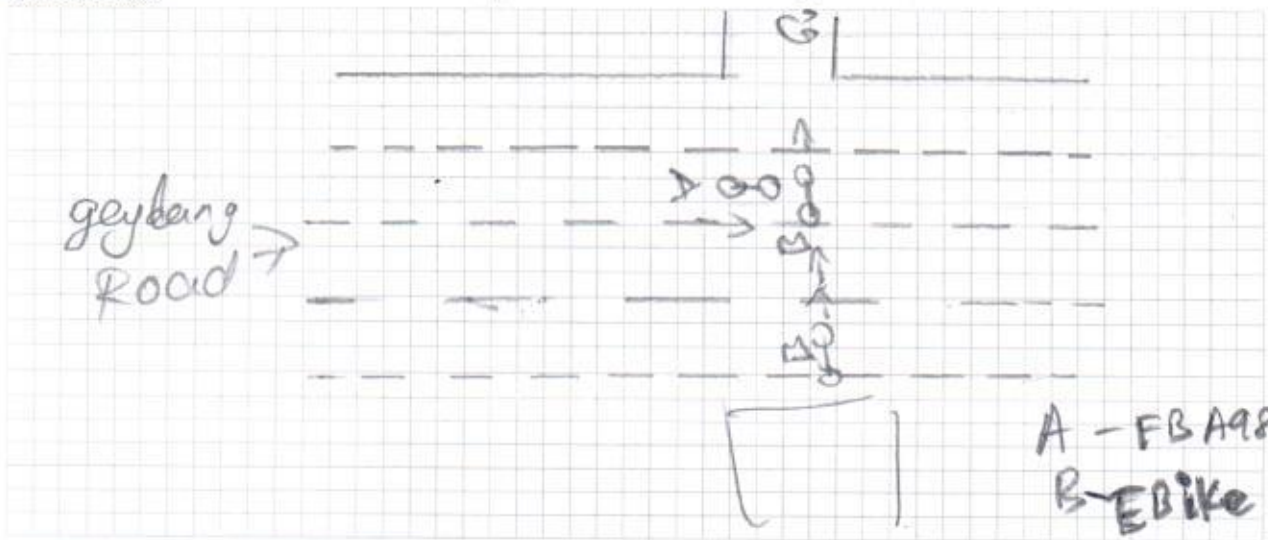
Policyholder's Signature  
Date & Time:



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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report  
T/20181030/2102

DECLARATION

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

C-Gunther

Policyholder's Signature  
Date & Time:

C-Gunther

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

8/11/2018

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





# SINGAPORE POLICE FORCE



T/20181030/2102

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20181030/2102

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 30/10/2018 15:50	Vide Report No.: G/20181029/0157	Station Diary No.: 90
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**Informant's Particulars**

Name of Informant: CHILAMBAN GURUNATHAN			Address: APT BLK 7 JALAN BATU #10-117 DI TANJONG RHU SINGAPORE 431007		
ID Type / ID No.: FIN NO / G7776661N			Contact No.: Home/Office: Mobile: 97851562		
Nationality: INDIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 04/05/1980	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Logistic			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/10/2018 16:30	Type of Location:
Location: Along Road 1 LORONG 12 GEYLANG  Lorong 12 Geylang Cross Geylang Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA9898M	Motorcycle	YAMAHA	T135	Black	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA9898M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18381241	07/04/2018	27/04/2019



**SINGAPORE  
POLICE FORCE**



T/20181030/2102

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20181030/2102

**CONTINUATION OF REPORT**

**Brief Details.**

On 29/10/2018 at about 4.30pm, I was travelling along Geylang Road on my motorcycle, FBA9898M with my pillion, Mr Irudayaraj, 83128361. Suddenly, a e bike dash out from the minor road of Lorong 12 Geylang. we had and collision with the said bike, resulting my bike to have fallen and the said e bike rider was conveyed to the hospital by the ambulance. I would like to state that I was given 2 weeks of MC from CGH and my pillion was given one day of MC from a nearby poly clinic. That's all.





**SINGAPORE  
POLICE FORCE**



T/20181030/2102

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3

Report No. T/20181030/2102

**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:

G /

Staff Sgt KANG BAO LONG, JAMIE

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

30/10/2018 15:50

Classification Of Case:



TRAFFIC INVESTIGATION BRANCH  
TRAFFIC POLICE  
10 UBI AVENUE 3  
SINGAPORE 408865  
Fax: 65474749

G/20181028/0157

CASE CARD

REPORT NO.:

Traffic Accident along

involving vehicles:

on

22/10/18

at about

8

am/pm

With reference to the above, you are advised to lodge an accident report online via the SPF Electronic Police Centre website (<http://www.police.gov.sg/epc>) within 24 hours.

You are required to be present at Traffic Police on \_\_\_\_\_  
at about \_\_\_\_\_ am/pm to see the Investigation Officer to assist in the  
investigation to the traffic accident.

2. Please bring along your :-

- a) Identity card/Passport/Work Permit
- b) Driving Licence/Vocational Licence
- c) Vehicle Insurance/Medical Certificate
- d) Any video footage
- e) Any other relevant documents/Witnesses (if any)

3. If you are unable to keep to the appointment, kindly contact the Investigation Officer:

Name:

Sofian

Contact:

6547

6390



\*

Reported on 01/11/2018  
@ 1325 HRS.

## ACCIDENT STATEMENT

ACCIDENT DATE: 29/10/2018 (DD/MM/YYYY), TIME: 16:30 (HH:MM)

LOCATION: Lorong 12 Geylang Cross Geylang Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 9898M  
b) INSURANCE COMPANY: \_\_\_\_\_  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97851562  
c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER  
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) Serious

7. a) REPORTED TO POLICE (YES / NO)  
IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: E-Bike 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 passengers  
(including driver)  
(2)

1-male  
Mr. Irudayaraj

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)  
(1)

EMAIL = gurunathan.cpm@gmail.com

VIDEO = gurunathan.cpm@gmail.com

At compound

Waiting for Motorcycle Photos?  
Some Photos taken from Phone? OK

**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**JD CARGO EXPRESS PTE. LTD.**



Name  
**CHILAMBAN GURUNATHAN**

FIN  
**G7776661N**




**K0541073**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number **G7776661N**

**CHILAMBAN GURUNATHAN**

Birth Date: **04 May 1980**  
Issue Date: **07 Sep 2018**  
Valid Till: **06/09/2023**



**002643097D**



**VISIT PASS**  
Immigration Regulations

Passive  
**CHILAMBAN GURUNATHAN**

FIN  
**G7776661N**

Date of Birth: **04-05-1980** Sex: **M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**

Download SGWorkPass App to check status





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

	EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc 03 Jul 2008
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg 03 Jul 2008
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg 03 Feb 2015
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg

NP 428A







**CA 504403**  
**MSIG Insurance (Singapore) Pte. Ltd.** (Co. Reg. No. 200412212G)  
 4 Shenton Way, # 21-01, SGX Centre2, 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, 1994 Edition (Republic of Singapore)  
 Or any Amendments, Act or Acts passed in substitution thereof.

CERTIFICATE NO : MSD/VMT/18-381241-CA A0074-001/10021

SUM INSURED : TPL  
 EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FBA9898W**  
**YAWARA** 135 c.c.
2. Name of Policyholder **CHILAMBAN GURUNATHAN**
3. Effective date of the Commencement of Insurance  
 for the purposes of the Act 1044AM 07/04/2018
4. Date of Expiry of Insurance 27/04/2019
5. Persons or Classes of Persons entitled to drive  
 a. The Policyholder.

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).



07/04/2018 (CG)  
 CACI-03 (05/13)

**COMMERCIAL AGENCY PTE. LTD.**  
 Underwriting Agent  
 For MSIG Insurance (Singapore) Pte. Ltd.

