

**NATIONAL Assessment Centre Services.** [ver 1 Jan'05] **MMR/48/47666**

Date In: 14/11/2018 16:52	Job description	Date & Time Completed	Done by
Ref No: NBA/m861802063614	SAS e-filing		
Veh No: FY28762	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 03/05/2018 00:10	I-Motor Claim Form		
OID: 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: Vch No: **SLK 9112B** 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 6788 6616)

1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

**Injury:** \_\_\_\_\_

Date/Time	Action

**NA/807486**

Client Particulars	Invoice Description	Amount	Balance
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$50)		
Damaged Portion:	3) TP: Towing Fee	\$40.245	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
Auditors Comments:	For claiming against INC Only (ver 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
Tel: 1:	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
2/3:	OD:		
	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$23	
	*N8: DV / Collect Excess Coordination	\$3	
	TP (N11): TP (Non 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	14/11/2018 16:52
Date Of Accident	03/05/2018 00:10
Exact Location Of Accident	LENG KEE TOWARDS QUEENSTOWN MRT
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY2876Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THENESH S/O S MANIAM
NRIC No	S9648435F
Email Address	DANGERBOI21@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83895317
Alternative Phone No	OFFICE-83895317

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	YBX125-124CC (M)
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/18-380867-CA
Cover Note Number	

#### Driver

Name of Driver	THENESH S/O S MANIAM
NRIC No	S9648435F
Date Of Birth	17/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2015
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83895317
Fax Number	
Contact Number	OFFICE-83895317
EMail Address	DANGERBOI21@GMAIL.COM

Address	BLK 141 JALAN BUKIT MERAH #03-1198
Postcode	160141
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SLK9112B
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	THENESH S/O S MANIAM
------	----------------------

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FY2876Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

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:

14 Nov 18

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

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

Roshni Wadhvani

SKETCH PLAN

LONG KEE TOWARDS (UNKNOWNS) MRF



A) FY2876Z  
 B) SLK 9112B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My tyre the air was coming out I was going to park near shell. My bike was wobbling the car from behind horn me. It gave me a shock because the horn was very loud I move the right side of the lane when the car hit me from behind. I lost consciousness.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]* 14/11/2018

Reporting Centre Personnel's Signature  
Name: *Rishi Waffors*  
NIC/FIN No.:



ACCIDENT STATEMENT

ACCIDENT DATE: 03/03/18 (DD/MM/YYYY), TIME: 00:10 (HH:MM)

LOCATION: Lang Kee towards Seremban Mt

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FY28762
- b) INSURANCE COMPANY: MSI
- c) POLICY NUMBER: \_\_\_\_\_
- d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
- e) MAKE & MODEL: YBR BSE
- f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
- g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
- h) PURPOSE OF USING AT ACCIDENT TIME: travel
- i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) YES  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Theresh (MALE / FEMALE)
- b) NRIC/FIN/PASSPORT: S7148435F CONTACT: 83595317
- c) ADDRESS: Blk 141 Jalan Bukit Merah #03-1195

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

\* d) DATE OF BIRTH: 17/12/1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: Dec 2015

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) 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)
- IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FY28762 MODEL: Yutaba
- b) DRIVER'S NAME: Theresh
- c) NRIC/FIN/PASSPORT: S7148435F CONTACT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLK 9112B MODEL: \_\_\_\_\_
- e) DRIVER'S NAME: \_\_\_\_\_
- f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

No of passengers  
(including driver)  
(1)

No of passengers  
(including driver)  
( )

No of passengers  
(including driver)  
( )

email = DBNCRB0121@gmail.com

fax =

V1060

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO: S9648435F



Name  
THENESH S/O S MANIAM



Race  
INDIAN  
Date of birth  
17-12-1996  
Sex  
M  
Country/Place of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Identification Number S9648435F

Name  
THENESH S/O S MANIAM

Birth Date: 17 Dec 1996

Valid Date: 18 Dec 2015



002904605G

SG  
50

5520644



NRIC No: S9648435F



Date of issue  
12-08-2015

Address  
APT BLK 141 JALAN BUKIT MERAH  
#03-119B  
SINGAPORE 160141

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class	Effective Date
Class 2A Type 2A	18 Dec 2015

Effective Date  
18 Dec 2015

S9648435F

S I No 9000311020



Licence No S9648435F

NP 428A





CA 503972

MSIG Insurance (Singapore) Pte. Ltd. (In Reg. No. 209472212K)  
 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) Act, 1959 (Federation of Malaya)  
 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, 1996 (Edition: Republic of Singapore)  
 (In any Amendment, Act or Act passed in substitution thereof)

CERTIFICATE NO: NSD/VMT/13-380867-CA A0074-001/10001

SUMINSURED : TPL  
 EXCESS : Nil

1. Index mark and Registration Number of Vehicle: FY2876Z  
 Name of Policyholder: YAWARA 124 c.c.  
 THENESH S/O S MANIAM
3. Effective date of the Commencement of Insurance  
 for the purposes of the Act: 1201AM 31/03/2018
4. Date of Expiry of Insurance: 30/03/2019
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.

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).

29/03/2018 (KS)  
 CA-CI-02 (05/13)

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