

NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In 07/01/19	Job description	Date & Time Completed	Done by
Ref No NA/MS619000097/12	SAS e-filing		
Veh No FBJ6038B	E-mail (within 8hrs, AIC 2hrs)		
DOA 15/11/18 1000	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: SH03550B	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

NA1900188

Claimant's Particulars :-	Invoice Preparation Checklist	Amt (\$) 1st Bill	Amt (\$) Add Bill
Driver/Owner:	1) AR : Accident Reporting (\$30);		
Contact No:	2) DA : Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF : Towing Fee \$40/\$45		
	4) FT : Follow-Through Survey \$120		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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: Idac Mobile 30		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments :-

Cat 1:

Cat 2 / 3:

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	07/01/2019 10:45
Date Of Accident	15/11/2018 10:00
Exact Location Of Accident	CTE(BRADDELL FLYOVER)B4 BRADDELL RD & PIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ6038B
Insured/Policyholder	
Name Of Registered Owner	KEERTHIVARMAN KESAVAN
NRIC No	S7983976J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94997701
Alternative Phone No	OTHERS-94997701
Vehicle Particulars	
Manufacturer	YAMAHA
Model	-
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-385923-CA
Cover Note Number	
Driver	
Name of Driver	KEERTHIVARMAN KESAVAN
NRIC No	S7983976J
Date Of Birth	28/12/1979
Occupation	INDOOR
Date Of Driving Pass	30/08/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94997701
Fax Number	
Contact Number	OTHERS-94997701
EMail Address	NOEMAIL

Address	BLK 889 WOODLANDS DRIVE 50 #03-264
Postcode	730899
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: J/20181115/7042

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	SHD3530B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

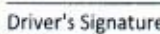
IMPORTANT NOTICE

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:

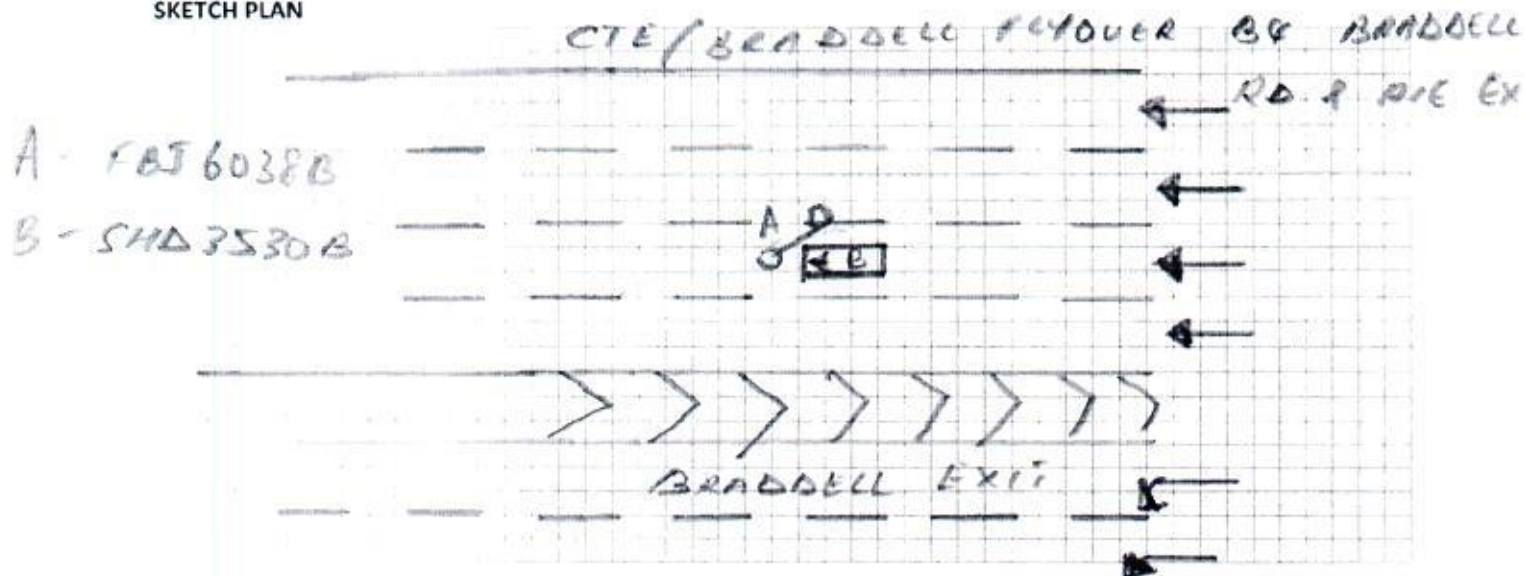
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

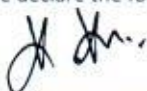


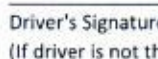
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report: 5/2018115/7042

DECLARATION

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


 Policyholder's Signature
 Date & Time:


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

 07/01/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



J/20181115/7042

1 of 2

POLICE REPORT (NP299)

Report No. J/20181115/7042

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 15/11/2018 16:20	Vide Report No.	Station Diary No.
Name Of Informant KEERTHIVARMAN KESAVAN	Address APT BLK 899A WOODLANDS DRIVE 50 #03-264 SINGAPORE 730899	
ID Type / ID No. NRIC NO / S7983976J	Contact No. Home/Office:	Mobile: 94997701
Nationality INDIAN	Email Address kkj2831@gmail.com	
Occupation Semi-conductor technician	Sex Male	Age 38
Institution/School Name	Date of Birth 28/12/1979	Race Indian
Date/Time Of Incident 15/11/2018 10:10 - 15/11/2018 10:15	Language English	
	Location Of Incident APT BLK 899A WOODLANDS DRIVE 50 #03-264 SINGAPORE 730899	

Brief details.

The incident happen in CTE(SLE) 9km the Police Report Details E/20181115/0050 I want to change lane to left I have put the indicator the Taxi driver slightly hit my bike but nothing happen to me I have balance to stabile but I haven't stop my bike on the incident place due to heavy rain I just go the nearest shelter and stop but taxi driver has stop on the incident place but I can't able stop there because of heavy rain is my fault for not stopping my bike there next time will not happen again.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2018 16:20
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



J/20181115/7042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20181115/7042

I am lodging this report as Traffic police told me to lodge one.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

15/11/2018 16:20

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7983976J**

Name **KEERTHIVARMAN KESAVAN**

Birth Date **28 Dec 1979**

Issue Date **30 Aug 2010**

001887835C



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7983976J**

Name **KEERTHIVARMAN KESAVAN**

கீ கேசவன்

Race **INDIAN**

Date of birth **28-12-1979** Sex **M**

Country of birth **INDIA**



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

	EFFECTIVE DATE
Class 2B Motorcycles \leq 200 cc	30 Aug 2010
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	30 Aug 2010

NP 428A

Licence No: **S7983976J**

8828660



NRIC No **S7983976J**

Nationality **INDIAN**

Date of issue **26-01-2007**

APT BLK 899A WOODLANDS DRIVE 50 #03-264
SINGAPORE 730899

NRIC No: **S7983976J** Date: **15/08/2018**



**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
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 28/07/2018**AGENCY:** A0074-001-10147
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/18-385923-CA**INSURED:****NAME:** KEERTHIVARMAN KESAVAN
ADDRESS: 899C WOODLANDS DRIVE 50
#04-294
SE 732899**NRIC NO:** S7983976J
DATE OF BIRTH: 28/12/1979 (38 yrs)
DRIVING EXP: 30/08/2010 (7 yrs)
CONTACT NO: 94997701**BUSINESS OR PROFESSION:** ENGINEER**PERIOD OF INSURANCE FROM:** 30/07/2018 12:01AM **TO** 29/07/2019**REGISTRATION NUMBER:** FBJ6038B**CUBIC CAPACITY:** 124**MAKE OF VEHICLE:** YAMAHA**YEAR OF REGISTRATION:** 2014**INSURED ESTIMATE OF VALUE:** PMV
PREVAILING MARKET VALUE**SEATING CAPACITY:** 2**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 97 - INSURED**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**PREMIUM:** 164.00**GST @ 7%** 11.48**TOTAL :** 175.48

NO CLAIM BONUS OF 20% IS ALLOWED

NAME OF EMPLOYER AND/OR**HIRE PURCHASE OWNER:** BAN HON BROTHERS (AGENCIES) PTE LTD**REPLACING POLICY NO:** MSD/VMS/17-367523-CA

MSIG Insurance (Singapore) Pte. Ltd.

Sanction Limitation and Exclusion Clause

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers