

# NATIONAL Assessment Centre Services. (wef 1 Jan'05) MNA11900851

Date In: 10/1/05 - 18:00	Job description	Date & Time Completed	Done by
Ref No: MNA/mch 19001208/24	SAS e-filing		
Veh No: P357 672C	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/1/05 - 09:30	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: 6622545C 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 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

## Invoice Preparation Checklist

Amt (\$)  
In Bill Amt (\$)  
Add Bill

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

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:-

QJ:

\*N5: Courtesy Car / Tpl 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

## Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

## Auditors' Comments:-

Ref 1:

Ref 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	18/01/2019 18:00
Date Of Accident	15/01/2019 09:50
Exact Location Of Accident	CTE (SLE) BEFORE MERCHANT RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ7693C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NATARAJAN ASHOKKUMAR
Passport No/FIN	G8207610M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83632846
Alternative Phone No	OFFICE-83632846
<b>Vehicle Particulars</b>	
Manufacturer	ROYAL ENFIELD
Model	BULLET CLASSIC 350 MANUAL
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
<b>Insurance Company</b>	
Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-997834-WTT
Cover Note Number	
<b>Driver</b>	
Name of Driver	NATARAJAN ASHOKKUMAR
Passport No/FIN	G8207610M
Date Of Birth	21/07/1982
Occupation	INDOOR
Date Of Driving Pass	06/07/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83632846
Fax Number	
Contact Number	OFFICE-83632846
Email Address	NOEMAIL

Address	BLK 115 YISHUN RING ROAD #08-503
Postcode	760115
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?	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: : RAMAN VELLAICHAMY GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190115/2128.

#### 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	SLR2525C
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 NATARAJAN ASHOKKUMAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBJ7693C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name RAMAN VELLAICHAMY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBJ7693C

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:



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



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

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



Date of Accident : 15/1/19 Accident Time: 0950 (24-HR-Format)  
 Accident Place : CTE toward SIE before Merchant Road exit  
 Vehicle Reg. No. (Car Plate No.) : FBJ 7693C  
 Vehicle Make/Model : Royal Enfield Bullet classic 350 Manual  
 Insurance Company : MSIG Policy No. 60866450  
 Owner or Company Name / IC No. : Natarajan Ashokkumar G8207610M  
 Owner or Company Contact No. : 83632841 Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
 DRIVER'S Name / IC No. : \_\_\_\_\_  
 DRIVER'S Date Of Birth : 21/07/1982 DRIVER'S License Pass Date 24/12/2014  
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner  
 DRIVER'S Address : Blk 115 Yishun Ring Road H08-503 SGT601157  
 DRIVER'S Contact No. / Alt No. : 1) 83632846 2) \_\_\_\_\_  
 DRIVER'S Occupation : INDOOR OUTDOOR (e.g. working inside or outside office)  
 Email Address : Natarajan @ ashok @ yahoo.com  
 Weather & Road Surface : CLEAR & DRY RAINING & WET \ AFTER RAIN & WET  
 Reporting Type : Reporting Only Claim Other Party Claim Own Insurance  
 Number of Passengers (Including Driver): 02 , male  
 Was there any video Captured by car camera: YES NO  
 Exact purpose for which vehicle was being used at the time of accident: Private use Work purpose

Other Party Driver's Particular (if any)

Vehicle Reg. No: SLR 2525C  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver: \_\_\_\_\_  
 Driver's Contact & Add: \_\_\_\_\_

Vehicle Reg. No: \_\_\_\_\_  
 Vehicle Make/Model: \_\_\_\_\_  
 Name Driver: \_\_\_\_\_  
 IC No. Driver: \_\_\_\_\_  
 Driver's Contact & Add: \_\_\_\_\_



**SINGAPORE  
POLICE FORCE**



T/20190115/2128

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20190115/2128

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2019 18:07	Vide Report No.:	Station Diary No.: 159
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**Informant's Particulars**

Name of Informant: NATARAJAN ASHOKKUMAR			Address: APT BLK 115 YISHUN RING ROAD #08-503 SINGAPORE 760115		
ID Type / ID No.: FIN NO / G8207610M			Contact No.: Home/Office: Mobile: 83632846		
Nationality: INDIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 21/07/1982	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: LIFT TECHNICIAN			Driving Licence Information: Class: 2B,2A,3 Date of Expiry: 14/01/2020		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2019 09:40	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Central Expressway towards SLE before Clemenceau Avenue				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7693C	Motorcycle	ROYAL ENFIELD	BULLET CLASSIC 350 MANUAL	Black		1
SLR2525C	Car	BMW	218i	Grey		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20190115/2128

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20190115/2128

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7693C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60836450	31/12/2018	30/12/2019

**Details of Person Involved**

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

**Pillion**

Name	Raman Vellaichamy	ID No.	G7412293R
Related Vehicle	FBJ7693C (Motorcycle)	Contact No.	93360043
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	NATARAJAN ASHOKKUMAR	ID No.	G8207610M
Related Vehicle	FBJ7693C (Motorcycle)	Contact No.	83632846
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: 14/01/2020
Date Treatment	15/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL

**Driver**

Name	Chern Mei Ying Linda	ID No.	S7012947G
Related Vehicle	SLR2525C (Car)	Contact No.	82288836
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



**SINGAPORE  
POLICE FORCE**



T/20190115/2128

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20190115/2128

**CONTINUATION OF REPORT**

**Brief Details.**

On 15/01/2019 at about 0940hrs, I was travelling along Central Expressway on the left lane when a car (SLR2525C) suddenly tried to cut into my lane. The car was initially travelling at the most right lane. As a result, the left head of the car knocked into the middle of my bike (FBJ7693C), causing me to fall off my bike.

I managed to stand up and spoke to the driver, informing her that I had already contacted the traffic police about the matter. She exchanged particulars with me and left before the traffic police arrive. Subsequently, I was conveyed to the hospital.

I would like to state that my friend, the pillion informed that he suffered slight injuries due to the accident.





**SINGAPORE  
POLICE FORCE**



T/20190115/2128

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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20190115/2128

**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:

A /

Sgt 1 CHIN SOOK PING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI ONG CHEE HIEN

Contact No.: 65476437



Signature Of Informant:

Date/Time:

15/01/2019 18:07

Classification Of Case:

Authentication Stamp

NP168

**REPUBLIC OF SINGAPORE**

**DRIVING LICENCE**



Licence Number: **G 8 2 0 7 6 1 0 M**  
Name:

**NATARAJAN ASHOKKUMAR**

Birth Date: **21 Jul 1982**

Issue Date: **24 Dec 2014**

Valid Till **14 Jan 2020**



**002379543C**



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	15 Jan 2010
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	06 Jul 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	15 Jan 2010

S / No.9000227394

G8207610M

NP 428A





## S PASS

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

Employer

**E M SERVICES PRIVATE LIMITED**



Name

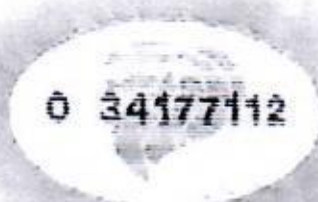
**NATARAJAN ASHOKKUMAR**

S Pass No.

**0 34177112**

Sector:

**CONSTRUCTION**



**K0561853**



**VISIT PASS**  
**Immigration Regulations**

06-07-2018

Name  
**NATARAJAN ASHOKKUMAR**

FIN  
**G8207610M**

Date of Birth  
**21-07-1982**

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**





# 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, 1996 Edition (Republic of Singapore)  
Or any Amendment, Act or Acts passed in substitution thereof.


CERTIFICATE NO : MSD/VMT/19-997834-WTT A0633-001/W0840

SUM INSURED : TPL

EXCESS : NIL

G8207610M

FBJ7693C

1.  mark and Registration Number of Vehicle  
ROYAL ENFIELD 350

346 c.c.

2. Name of Policyholder NATARAJAN ASHOKKUMAR

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

1504PM 31/12/2018


4. Date of Expiry of Insurance

30/12/2019

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.  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).