

NATIONAL Assessment Centre Services.

(wef 1 Jan 2005)

MHA419023470

Date In: 19/02/2009 19:11	Job description	Date & Time Completed	Done by
Ref No: N84/M8419003134/Y	SAS e-filing		
Veh No: FBN 19182	E-mail (w/da 3hrs, AIC 3hrs)		
D.O.A: 13/02/2009 18:00	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:	Veh No: SJR 46180	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: ()		

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

Injury:	
Date/Time:	
Action:	

NA1901336	Invoice Particulars		
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100)	INC (\$80)	
Damaged Portion:	3) TP: Towing Fee	\$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey	\$120	
	5) FT: Follow-Through Survey (Resurvey)	\$30	
	Forclaiming against INC Only (wef 10 Jan 2005)		
	6) TR: Re-inspection	\$75	
	7) NI: Idao DA + SMRT Survey	\$160	
	8) NTUC Additional Services:-		
	ON:		
	*N5: Courtesy Car / Tpt Allowance	\$3	
	*N6: Repair Co-ordination	\$10	
	*N7: Post Repair Inspection	\$25	
	*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	19/02/2019 19:11
Date Of Accident	13/02/2019 18:00
Exact Location Of Accident	UPP SERANGOON ROAD TOWARDS SENGKANG EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1918Z
Insured/Policyholder	
Name Of Registered Owner	KUNCHITHAPATHAM SUNTHAR
NRIC No	S6863090H
Email Address	VEENASUN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98533244
Alternative Phone No	OTHERS-98533244

Vehicle Particulars

Manufacturer	HONDA
Model	CB190R-184CC
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	THIRD PARTY
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/18-387317-CA
Cover Note Number	

Driver

Name of Driver	KUNCHITHAPATHAM SUNTHAR
NRIC No	S6863090H
Date Of Birth	15/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98533244
Fax Number	
Contact Number	OTHERS-98533244
Email Address	VEENASUN@YAHOO.COM

Address	BLK 180 BUKIT BATOK WEST AVENUE 8 #04-185
Postcode	950180
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 - MAJOR/MINOR RD
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: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190218/2129

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	SJR4618D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BITAER
NRIC/Passport Number	
Contact Number	96883917

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KUNCHITHAPATHAM SUNTHAR

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FBN1918Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode


SKETCH PLAN

IMPORTANT NOTICE


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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:

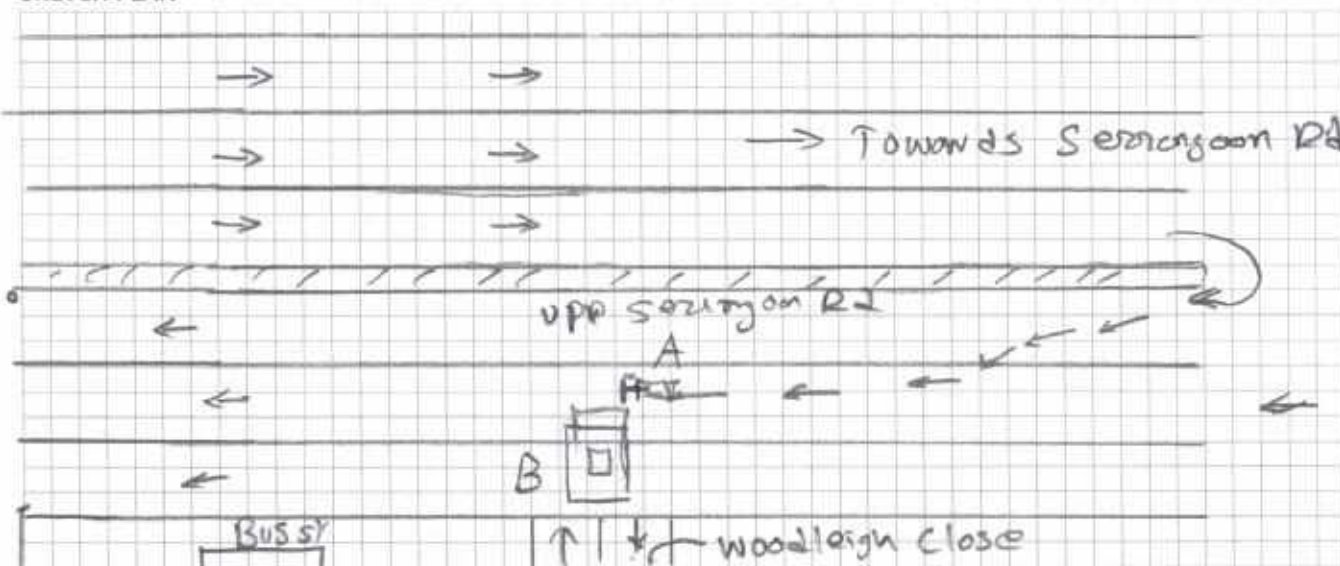
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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: Ros L. Loo
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) FBV 1918 Z

B) SJR 4618 D

PLS REFER TO POLICE REPORT T/20190218/2129

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190218/2129

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20190218/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2019 16:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KUNCHITHAPATHAM SUNTHAR			Address: APT BLK 180 BUKIT BATOK WEST AVENUE 8 #04-185 SINGAPORE 650180		
ID Type / ID No.: NRIC NO / S6863090H			Contact No.: Home/Office: Mobile: 98533244		
Nationality: INDIAN			Email:		
Sex: Male	Age: 50	Date of Birth: 15/04/1968	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2019 19:00	Type of Location:
Location: Along Road 1 UPPER SERANGOON ROAD TWDS SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1918Z	Motorcycle	HONDA	CB190R MANUAL	Maroon		1
SJR4618D	Car	NISSAN	LATIO SPORT BASE 1.5L AT ABS D/AB 2WD 5D			0



SINGAPORE POLICE FORCE



T/20190218/2129

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20190218/2129

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN1918Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72114390	10/08/2018	09/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KUNCHITHAPATHAM SUNTHAR		ID No.	S6863090H
Related Vehicle	FBN1918Z (Motorcycle)		Contact No.	98533244
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2019		Date Discharge	15/02/2019
No. of Days granted Medical Leave	31		Degree of Injury	NIL
Driver				
Name	BITAER		ID No.	NIL
Related Vehicle	SJR4618D (Car)		Contact No.	96883917
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.

AS STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MOST RIGHT LANE WANTED TO MAKE A PROPER U-TURN. AFTER I MADE THE U-TURN, I DROVE STRAIGHT ABOUT 20 -30 KM/H APPROACHING THE YELLOW BOX. SUDDENLY, THERE WAS A CAR CAME OUT FROM WOODLIEGH CLOSE ENTERING THE UPPER SERANGOON RD WITHOUT SEE ANY ONCOMING VEHICLE. AS A RESULT, THE CAR HIT ONTO MY LEFT PART OF MY LEG UNTIL MY BIKE WABBLLED. MY PILLION FELL DOWN ON THE ROAD BECAUSE I MAKE A SUDDEN BRAKE. THE DRIVER CALLED FOR AMBULANCE AND WAS CONVEYED TO THE SAID HOSPITAL AND GIVEN 31 DAYS OF MEDICAL LEAVES.



**SINGAPORE
POLICE FORCE**



T/20190218/2129

3 of 4

Police Station Of Origin:
Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190218/2129

CONTINUATION OF REPORT

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6863090H



Name
KUNCHITHAPATHAM SUNTHAR

குஞ்சிதபாதம் சுந்தர்

Race
INDIAN

Date of birth
15-04-1968

Sex
M

Country of birth
INDIA




REPUBLIC OF SINGAPORE DRIVING LICENCE




License Number S6863090H

Name
KUNCHITHAPATHAM SUNTHAR

Birth Date 15 Apr 1968

Issue Date 21 Mar 2014

002285294C



8682231



NRIC No. S6863090H



Nationality
INDIAN

Date of issue
23-12-2004

APT BLK 180 BUKIT BATOK WEST AVENUE 6 #04-185
SINGAPORE 650180

NRIC No: S6863090H Date: 25/01/2011 No: 6717470

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

EFFECTIVE DATE
14 Apr 2014

Class 2B Motorcycle <= 200 CC

Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2000 kg

94 Jan 1997

S6863090H

S / No. 9000196626

NP 429A

License No: S6863090H



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412213G)
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:** 29/08/2018**AGENCY:** A0074-001-10225
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/18-387317-CA**INSURED:**

NAME: KUNCHITHAPATHAM SUNTHAR
ADDRESS: 180 BUKIT BATOK WEST AVE 8
#04-185
SE 650180

NRIC NO: S6863090H
DATE OF BIRTH: 15/04/1968 (50 yrs)
DRIVING EXP: 14/04/2014 (4 yrs)
CONTACT NO: 98533244

BUSINESS OR PROFESSION: ENGINEER

PERIOD OF INSURANCE FROM: 10/08/2018 **TO** 09/08/2019
03:48PM

REGISTRATION NUMBER: FBN1918Z**CUBIC CAPACITY:** 184**MAKE OF VEHICLE:** HONDA**YEAR OF REGISTRATION:** 2018

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2**AUTHORISED DRIVERS:**

THE INSURED
NARAYANASAMY CHIDAMBARA NATHAN ONLY.

NRIC: S2684244A DOB: 14/06/1967 EXP: 05/06/2012 OCCP: TECHNICIAN

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 94 97 - INSURED**PREMIUM:** 265.00**EXCESS:** \$300(FIRE&THEFT) \$600(ENDT 2K)**GST @ 7%** 18.55**TOTAL :** 283.55**NO CLAIM BONUS OF 0% IS ALLOWED**

NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER: UNIVERSAL MOTORS PTE LTD

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**