

NATIONAL Assessment Centre Services

(Self-Insured)

MAH 9061365

Date In: 11/05/2019 17:52	Job description	Date & Time Completed	Done by
Ref No: NAH 9061365	SAS e-filing		
Veh No: FBE 82165	E-mail (within 8hrs, AIG 2hrs)		
D.O.A: 02/05/2019 17:00	i-Motor Claim Form		
OD: TP (Reporting Only)	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	i-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SKH 90475	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:	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

<p>NAH 903396</p> <p>Claimant's Particulars:</p> <p>Driver/Owner:</p> <p>Contact No:</p> <p>Damaged Portion:</p> <p>QC Checked by (Engr-In-Charge):</p> <p>Auditors' Comments:</p> <p>Cat. 1:</p> <p>Cat. 2/3:</p>	<p>Invoice Preparation Checklist</p> <p>1) AR: Accident Reporting (\$30)</p> <p>2) DA: Damage Assessment (\$100); INC (\$80)</p> <p>3) TP: Towing Fee \$40/\$45</p> <p>4) FT: Follow-Through Survey \$120</p> <p>5) RT: Follow-Through Survey (Resurvey) \$30</p> <p>For claiming against INC Only (wef 10 Jan 2005)</p> <p>6) TR: Re-inspection \$75</p> <p>7) N1: Idm DA + SMRT Survey \$160</p> <p>8) NTUC Additional Services:</p> <p>Q11:</p> <p>* N5: Courtesy Car / Tpt Allowance \$5</p> <p>* N6: Repair Co-ordination \$10</p> <p>* N7: Post Repair Inspection \$25</p> <p>* N8: DV / Collect Excess Coordination \$5</p> <p>TP (N11): TP (N-in INC) against INC \$20</p> <p>9) N12 Idm Mobile \$0</p> <p>Invoice dated</p> <p>Fee Charged</p> <p>Fee Charged</p>	<p>Am't (\$)</p> <p>In Bill</p> <p>Am't (\$)</p> <p>Add. Bill</p>
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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	11/05/2019 17:52
Date Of Accident	07/05/2019 17:00
Exact Location Of Accident	ALONG AYE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8216S
Insured/Policyholder	
Name Of Registered Owner	THANGAVEL PILLAI RAMACHANDRAN
NRIC No	S7268316A
Email Address	RAMACHANDRAN.5616@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87266912
Alternative Phone No	OTHERS-87266912

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ150I-150CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME FROM WORK
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	
Cover Note Number	72166170

Driver

Name of Driver	THANGAVEL PILLAI RAMACHANDRAN
NRIC No	S7268316A
Date Of Birth	15/04/1972
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87266912
Fax Number	
Contact Number	OTHERS-87266912
Email Address	RAMACHANDRAN.5616@GMAIL.COM

Address	BLK 662 BUFFALO ROAD #21-19
Postcode	210662
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	CHAIN COLLISION
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	3
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	SKH9047J
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SU ZHEN HUA
NRIC/Passport Number	S8118622G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKD1112C
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Vehicle Make/Model/Colour	KIA
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	THANGAVEL PILLAI RAMACHANDRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE8216S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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: 11 May 2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11 May 2019

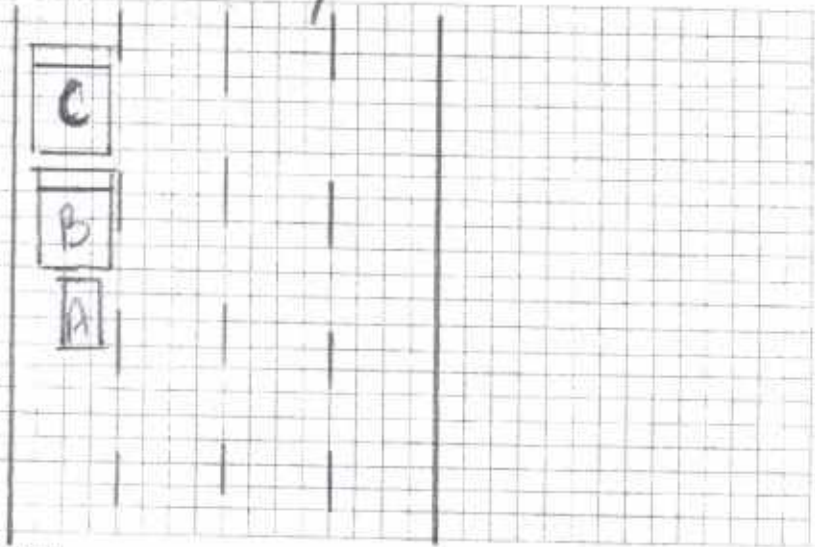
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Aye towards City

- A) FBE 8216S
- B) SKH 9047J
- C) SKD 1112C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7th May around 5PM while return^{back} home from work Drive Aye towards City near NUTH. two cars involve Accident in front of me and I follow but the 2nd car behind, as too near to me.

The First Car SKD1112C lady driver. 2nd car SKH 9047J.

The first car make sudden break on the merging road to AYE 2nd car in front of me unable to control and hit the first car I just follow behind 2m distance apply Jam break and hit the 2nd car.

No major injury. Bike got damage. Due to body Pain Went see doctor and get 1 day MC.

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: 11 May 2019

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

13/05/2019,
Kohli Marjoris

MONDAY 70 AA 70 TAKU RAGURU

ACCIDENT STATEMENT

ACCIDENT DATE: (07/05/2019) (DD/MM/YYYY), TIME: (5 P.M) (HH:MM)

LOCATION: AYE Towards City

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBE 82165
 b) INSURANCE COMPANY: MSI
 c) POLICY NUMBER: 72116170
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: YAMAHA FZ 150i
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Come back from work
 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: Thangavel Pillai Ramachandran (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57268316A CONTACT: 87266912
 c) ADDRESS: BLK-662, 21-19 Buffalo Road

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Thangavel Pillai Ramachandran (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 57268316A CONTACT: 87266912
 c) ADDRESS: BLK-662, 21-19

* d) DATE OF BIRTH: (15/04/1972) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12 DEC 2008

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

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: NO

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: SKH 90477 MODEL: Audi
 b) DRIVER'S NAME: SU ZHEN HUA
 c) NRIC/FIN/PASSPORT: 881186229 CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SKD 1112C MODEL: KIA
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = ramachandra.5616@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7268316A



Name
THANGAVEL PILLAI
RAMACHANDRAN
த ராமச்சந்திரன்

Race
INDIAN

Date of birth
15-04-1972

Sex
M

Country of birth
INDIA




REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S7268316A

Name
THANGAVEL PILLAI
RAMACHANDRAN

Birth Date
15 Apr 1972

Issue Date
12 Dec 2008

001626146C



8883617




NRIC No. S7268316A

Nationality
INDIAN

Date of issue
19-11-2008

Address
APT. BLK 882 BUFFALO ROAD #21-19
SINGAPORE 210682

NRIC No. S7268316A Date: 17/08/2014 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

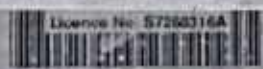
		PASS DATE
Class 2D	Motorcycles <= 200 CC	30 Aug 2018
Class 2	Motor cars <= 3800 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	30 Dec 2003
Class 4	Heavy motor cars and motor tractors > 2500 kg	14 Apr 2008

S7268316A

S / No. 9000129475

NP 428A

Licence No. S7268316A



**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

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72166170

Agency : A0074-001-10124

Date : 25 Mar 2019

Name : THANGAVEL PILLAI RAMACHANDRAN



having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED
in the terms of the Company's usual form of Third Party Policy applicable thereto for the

period from 00:01AM on 14 Apr 2019 to midnight on 13 Apr 2020 unless the
cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of
the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBE8216S	Insured Value	Third Party Liability (TPL)
Engine No.	G372EE009810	C.C.	149
Chassis No.	PMYKG0250A0009810		
Year Manufactured	2010	Year of Registration	2010
Make & Model	YAMAHA [FZ150I]		
Named Rider	ABDUL RAZAK BIN ABDULLAH [DOB: 22 Apr 1959]		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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).

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the
certificate of insurance from the respective agents within 14 days hereof.



Not valid unless countersigned by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

72080100

MSD/VMT/18-380727

(Please read important information on the reverse page.)