

NATIONAL Assessment Centre Services

Date In: 16/05/2019 13:40	Job description	Date & Time Completed	Done by
Ref No: NA/MSG19008686/F4	SAS e-filing		
Veh No: FBL 5028B	E-mail (within 8hrs, Alt: 2hrs)		
DOA: 14/5/2019 19:30	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: Vch No: SLA8129M 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

NA1903609

Invoice Preparation Checklist

Ant (\$)
1st Bill

Ant (\$)
Add Bill

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Ref: L

Ref: 2 / 3

- 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) NI: 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 date:

Fee Charged

16/05/2019

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	16/05/2019 13:40
Date Of Accident	14/05/2019 19:30
Exact Location Of Accident	PIE TWDS TUAS 18 KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL5028B
Insured/Policyholder	
Name Of Registered Owner	KRISHNAMOORTHY IYYAPPAN
Passport No/FIN	G3332845T
Email Address	IYYAPPANRSK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83101337
Alternative Phone No	OTHERS-83101337

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150
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

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/19-500882-WTT
Cover Note Number	

Driver

Name of Driver	KRISHNAMOORTHY IYYAPPAN
Passport No/FIN	G3332845T
Date Of Birth	15/03/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/07/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83101337
Fax Number	
Contact Number	OTHERS-83101337
EMail Address	IYYAPPANRSK@GMAIL.COM

Address	2002 ELEVATOR
Postcode	
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?	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	TRAFFIC POLICE DIVISION HQ
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

PLS REFER TO THE POLICE REPORT : T/20190515/2122

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	SLA8129M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHONG KOK POH (ZHONG GUOBAO)
NRIC/Passport Number	S7709418J
Contact Number	91050501
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KRISHNAMOORTHY IYYAPPAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL5028B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE

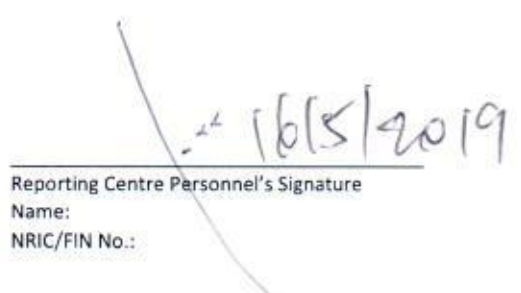
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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.:

SKETCH PLAN

PIE towards Tuas 18KM

city

road

A-FBL5028B

B-SLA8129M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer to the Police Report
T/20190515/2122

DECLARATION

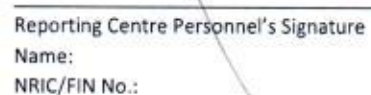
I/We declare the foregoing particulars are true in every respect.



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.:

16/5/2019



SINGAPORE POLICE FORCE



T/20190515/2122

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

1 of 3

Report No. T/20190515/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2019 15:11		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: KRISHNAMOORTHY IYYAPPAN			Address: 613 BEDOK RESERVOIR ROAD #02-1184 EUNOS GROVE SINGAPORE 470613		
ID Type / ID No.: FIN NO / G3332845T			Contact No.: Home/Office: Mobile: 83101337		
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 15/03/1993	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: ELEVATOR ENGINEER			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/05/2019 19:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY PIE TOWARDS TUAS 18KM				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL5028B	Motorcycle				Seriously Damaged	0
SLA8129M	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190515/2122

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3

Report No. T/20190515/2122

CONTINUATION OF REPORT

Rider			
Name	KRISHNAMOORTHY IYYAPPAN	ID No.	G3332845T
Related Vehicle	NIL	Contact No.	83101337
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE DATE TIME AND LOCATION,

I WAS TRAVELLING BETWEEN LANE 1 AND LANE 2, THE CAR (SLA 8129 M) FROM LANE 2 SUDDENLY CHANGE TO LANE 1 WITHOUT SIGNALLING. THEN THE FRONT OF MY MOTORCYCLE GOT HIT BY THE BACK RIGHT SIDE OF THE CAR BUMPER. YOU FELL DOWN AND INJURED ON MY LEFT BACK SIDE. THERES WAS A TOWING VEHICAL (TOW TRUCK ID: 118059/112713) WAS ON THE ROAD, THE DRIVER STOPPED AND HELPED ME. THEN HE CALLED THE AMBULANCE. THE AMBULANCE FIRST AIDER SAID THAT MY INJURY WASN'T SERIOUS SO THEY GAVE ME FIRST AID AND LEFT. THE TRAFFIC POLICE OFFICER ASKED ME FOR A VERBAL STATEMENT, THEN HE ASKED FOR MY CONTACT NUMBER AND HE SAID THAT HE WILL CONTACT ME. THEN THE TOWING VEHICAL DRIVER TOWED MY MOTORCYCLE TO DUNEARN CL ADAM FOOD CENTER (LOT: -2). I TAGGED ALONG WITH THE TOWING VEHICAL. BUT I STILL FELT PAIN SO I CALLED A TAXI AND WENT TO CHANGI GENERAL HOSPITAL, AND I GOT A 4 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20190515/2122

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 3

Report No. T/20190515/2122

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:

TP /

NG RUI TONG

Signature Of Informant:

Signature Of Interpreter: re:

Not applicable

Date/Time:

15/05/2019 15:11

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Classification Of Case:

Authentication Stamp

NP168

Reported on 16/5/2019
@ 11:05 AM

ACCIDENT STATEMENT

ACCIDENT DATE: 14/5/2019 (DD/MM/YYYY), TIME: 19.30 (HH:MM)
LOCATION: PE towards Tuas 18 km

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL5028B
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
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: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 83101337
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) OWNER
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

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: SLA 8129M MODEL: _____
b) DRIVER'S NAME: CHONG KOK POH (ZHONG GUOBAO)
c) NRIC/FIN/PASSPORT: S7709418J CONTACT: 91050501

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = iyyappantsk@gmail.com

fax = iyyappantsk@gmail.com ✓

VIDEO =

Waiting for Certificate? (MSIA)
& Motorcycle Photo?

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

Employer
2002 ELEVATOR

Sector: **CONSTRUCTION**

Name
KRISHNAMOORTHY IYYAPPAN

Occupation
ELEVATOR ENGINEER

S Pass No.
0 3739596-

Date of Application
20-12-2017

Date of Issue
15-02-2018

Date of Expiry
15-02-2020

L8613673

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G3332845T**

Name
KRISHNAMOORTHY IYYAPPAN

Birth Date: **15 Mar 1993**

Issue Date: **03 Jul 2017**

Valid Till **02/07/2022**

002699844K

VISIT PASS
Immigration Regulations

Name
KRISHNAMOORTHY IYYAPPAN

Date of Birth: **15-03-1993** Sex: **M** Nationality: **INDIAN**

FIN: **G3332845T** Date of Issue: **15-02-2018** Date of Expiry: **15-02-2020**

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.

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	03 Jul 2017
Class 3C	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver	03 Jul 2017

NP 428A

Licence No: **G3332845T**

LOOI'S MOTOR ENT P/L

67422284

RECEIVED 16/05/2019 12:52

16-05-19;12:37



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

W716005

CERTIFICATE OF INSURANCE

Road Transport Act, 1987 (Malaysia)
The Motor Vehicles (Third Party Risks) Rules, 1959 (Federation of Malaysia)
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/VMS/19-500882-WTT A0633-001/W0844

INSURED : PMV

CESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

G3332845F

Index mark and Registration Number of Vehicle 78L5828B

YAMAHA

149 c.c.

Name of Policyholder KRISHNAMOORTHY IYAPPAN

Effective date of the Commencement of Insurance

for the purposes of the Act

1126AM 04/05/2019

Date of Expiry of Insurance

06/05/2020

Persons or Classes of Persons entitled to drive

1. The Policyholder.

2. THIVAGAR MUNIANDY ONLY

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.

Limitation as to Use

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

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).

pi CN: 60056530
/05/2019 (CT)

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.