NATIONAL Assessment C	Entre Services	120'05  M	NA119109456		
Date In: 2/8/19-15:4	Jeb description	1	Date & Time Completed	Done	e by
Res No: NA MUGGOLY36/29	SAS e-filing				
Veli No: FISHERM	E-mail (within	Shrs. AIC 2hrs)		Profession of the second	
D.O.A: 108/19-17:20	i-Motor Clai				
	i-Motor W/C	O (Within: OD 2hrs	, TP 4hrs)		
OD / P Reporting Only	i-Photo Upic		1		
TDI	Assessment/S	urvey Report			
TP Insurer:	Ass't Report l	y Fax / Hand t	o Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QV	N: (		Tel:	Fax:	)
TP Particulars: Veh No:	りんな8830 .	. INC(	)/Non-INC( )	Accordance (March 1997)	
Owner / Driver: (		-	Tel:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	#37110 15.000
Insured/Driver Liability: (	%) [Note-Est Status (	WO): N: 0-20	0%; P: 21-79%. F: 80-	100%]	
Year of Registration: (	) Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading	:\$1,000()/\$2,000	( )			
General Remarks:-		(		STATE OF THE STATE	
( ) Walk-In Customer : Customer				Mario Maria	
( ) Total Loss Case : to e-mail					
	nvoice: YES ( ) / I	NO( );T	owing Co: (		)
			- 1	Done	SET.
Remarks: (INC hotline: 6788 66	AND ADDRESS OF STREET, SALES AND ADDRESS OF STREET, SALES		Date & Time Completed	- Septembone	py
1) Apply for Transport Allowance (	)/Courtesy Car (	)	<del></del>		
2) QC Check / Post Repair Inspection	( )	)	<u> </u>		
3) Upload Resurvey Photo [Repair Cos	st>\$3000] (	)			
Injury:					
Date Time Actions	1		a plante		er - 1 (14), (8), (1)
Actions .		1270,000	<b>.</b>	PROMOCOUNT RE	
- Vay		Invoice Pro-	aration Checklist	Anit (\$)	Amt (1)
141436307 '.				In Bill	Add Bill
aimant's Particulars :-		1) AR : Accident 2) DA : Damege /	Reporting (\$30); Assessment (\$100); INC (\$	(80)	
iver/Owner:		3) TF : Towing Fe 4) FT : Follow-Th	se . Se	\$120	
ntact No:		5) FT : Follow-Th	rough Survey (Resurvey)	530	
		6) TR : Re-inspec	ainst INC Only (wef 10 Jan 200	\$75	
maged Portion:		7) N1 : Idae DA +	SMRT Survey	\$160	
		8) NTUC Addition	nel Services:-		-
Checked by (Engr-In-Charge):		*N5: Courtesy	Car / Tpt Allowance	\$5	
Chipe, and Explain of Arthred March 180	S S. TWALEST AND A PLACE	*N6: Repair Co *N7: Post Repa		\$10 \$25	
ditors! Comments :-		*N8: DV / Coll	ect Excess Coordination	\$3	
1:		TP (N11): TP ( 9) N12: Idne Mob	(Non INC) against INC	30	
2/3:		Invoice dated	Fee Charged		ata Jak
1000 P		Involve dated	Fee Charged	SEA WEST	

Expense tore

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding 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	20/08/2019 15:45
Date Of Accident	10/08/2019 17:20
Exact Location Of Accident	JURONG WEST AVE 1 TWDS JURONG WEST ST 42
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBG668M
Insured/Policyholder	
Name Of Registered Owner	SIVAGNANAM VAIRAVASANTHAN
NRIC No	S7862808A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96412190
Alternative Phone No	OFFICE-96412190
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF150
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/19-998843-WTT
Cover Note Number	
Driver	
Name of Driver	SIVAGNANAM NAGANANDAN
Passport No/FIN	G5824258L
Date Of Birth	13/05/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/05/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96412190
Fax Number	
SERVICE STORY AND REPORTED AND	OFFICE 00440400

OFFICE-96412190

NOEMAIL

BLK 835 JURONG WEST STREET 81 Address

#04-47 640835

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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 DRY Road Surface

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

3

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

NO

1

If Yes, Please state which Police Station

JURONG NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2659999 - FAX NO: 62664987

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190810/2111.

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

SJQ5883C

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 14

#### Nature Of Damage

#### No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SLJ575M

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category 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 SIVAGNANAM NAGANANDAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG668M

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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.
- 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)

l 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:
  - 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				Co. Village Comp. 2 down <b>2</b> Orac Science Folker		
veh A: FBG 66	3M			(Ic)		
Veh B: \$55058	83C					#
Veh C: SLJ575	M			S 7 7 2		
DESCRIBE CIRCUMSTANCES OF		11	4 4	Turong Wes		
Section to see 1 above 2 days in the History Section 1 and	police	report				
	70-					
				***		
						_
					***************************************	
DECLARATION						
DECLARATION  I/We declare the foregoin particula	rs are true in every res	spect.		_	Ma	
Policyholder's Signature	Driver's Signature	4	Repo	rting Centre Perso	nnel's Signature	

reason a menor of a vit-

Date & Time:

(If driver is not the policyholder)

Date & Time:

Name: NRIC/FIN No.:

2

# Personal Particulars of Owner & Driver (Vehicle A)

Date of Accident: 10 / 03/2019(dd/mm/yy) Time of Accident: 17: 20 (24-HR-FORM	(AT)
Vehicle No.: FBG 663M Vehicle Make & Model:	
Exact location of Accident: Jurong West Avel towards Jurong West St 42	
Policyholder's Name / IC No.: Sivagnanam Vaira Va Banthan	
Driver's Name / IC No. : Swagnanam Naganandan / G5824258L (As	s Above)
Driver's Contact No.: 96412190 Company Contact No.	
Driver's Address: BIH 835 to Jurong West St 81 #04-47 (5) 64088	5
Insurance Company: MSIG Email address (if any):	
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents Sibling / Relative / Employee / Hirer or Others specify:	
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Po	urpose)
Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job) Indoor/ Outdo	oor
Private use / Work purpose No. of Passengers (Including Driver);	
Weather condition & Road conditions? (On the day of accident)	
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:	
Was there any video captured by your Car Camera? Yes / No	1
Anv Injuries: Ves / No (If YES) Injured Person' Name: Sivagnan am Nagar	landan
Injuries Sustain:Injured Person in Which Vehicle:	
Police Report filed: Yes / No (If YES) Which Police Station: Juring NPP	
The Other Party(s) Details:	
1. Driver's Name / IC No:	15883 C
Driver's Contact No:Insurance Company (If any):	
2. Driver's Name / IC No:	575M
Driver's Contact No:Insurance Company (If any):	
*Independent Witness (If Any): Contact No:	
Preferred Workshop Name: Contact No:	

<sup>\*</sup>If no proper documents are produced, IDAC should not file the report. Information will be discarded after one week





1 of 3

Report No. T/20190810/2111

Police Station Of Origin:

Jurong NPP

158 Yung Loh Road #01-58 SINGAPORE

610158

Tel No: 1800-2659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/08/2019 20:29			Vide Report No.: J/20190810/0119	Station Diary No.: 45	
Informar	t's Particu	ılars	不是一个社会的发生的社会		
Name of	Informant:	SANANDAN	Address: APT BLK 835 JURONG WES SINGAPORE 640835	T STREET 81 #04-47 HDB	
ID Type / ID No.: FIN NO / G5824258L		BL	Contact No.: Home/Office: Mobile: 96412190		
Nationali INDIAN			Email:		
Sex: Male	Age:	Date of Birth: 13/05/1974	Type of Informant: Rider		
Race:			Language:	Institution / School Name:	
Occupation: SITE MANAGER			Driving Licence Information: Class: 2B,3C	Date of Expiry:	

eneral Infor Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/08/2019 17:15	Type of Location Straight Road
L/P 13	1 EST AVENUE 1 Jumber: 13			Road Speed Limit:
		Road Surface:		Road opeca similar
Weather: Clear Traffic Flow:		Dry Traffic Control: Traffic Light - Wo		Traffic Volume:

Details of V	ehicle Involve		1000000	Color	Condition	No of Passenge
Vehicle No.	Туре	Make	Model	COIOI	The state of the s	0
FBG668M	Motorcycle				Slightly Damaged	10.00
		-			No	0
SJQ5883C	Car				Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	L. Contries Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





T/20190810/2111

2 of 3

Report No. T/20190810/2111

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE

Tel No: 1800-2659999

#### CONTINUATION OF REPORT

Rider	Constitution of the last of th			19 LANGE AV	04 - 514	
Name	SIVAGNANAM NAGANANDAN		ID No.		G5824258L	
Related Vehicle	FBG668M (Motorcycle)		Conta	ct No.	96412190	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class Driving Licent Expiry	g ce &	Class: 2B,3C Date of Expiry: NIL	
Date Treatment	10/08/2019 Date Di		scharge		3/2019	
No. of Days granted Medical Leave 03		Degree	Degree of Injury Slight			
Driver		S. William Co.	<b>中央联门</b>	公 医	\$15E+100	trial, the service that the services
Name	Unknown Driver		ID No		NIL	
Related Vehicle	SJQ5883C (Car)		Conta	ct No.	NIL	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis			scharge	NIL	
No of Days gran	ted Medical Leave	NIL	Degree	of Injury	NIL	

#### Brief Details.

On the 10/08/2019 at about 05:20pm, I was riding my Singapore registered motorcycle FBG668M along Jurong West Avenue 1 towards Jurong West Street 42. I am from the direction of Corporation Road.

After I have stopped my motorcycle before the traffic junction between Jurong West Avenue 1 and Jurong West Street 42, suddenly I felt a strong impact from the rear of my motorcycle and I have subsequently fall down. I then realised that I was hit from the rear, by a car, who drove off after the collision without stopping. I was conveyed to the Ng Teng Fong General Hospital after the accident and granted with 03days of MC.

I wish to add on that there is a video footage captured by another vehicle, and the said driver contact number is 81238080. I am not sure whether any CCTV around the vicinity. Traffic Police was at scene after the accident, and a Police Case Card was given to me, under Traffic Police IO Esmond Phua (Tel: 65472077).





3 of 3

Report No. T/20190810/2111

Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158

# Tel No: 1800-2659999

# Sketch Plan

NP168

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  J /  Sgt 3 PERRY P NG WEE PHONG	Signature of Informant.
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2019 20:29
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	

REPUBLIC OF SINGAPORE DRIVING LICENCE

Carbonner G 5824258L

SIVAGNANAM NAGANANDAN



S PASS

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

DOUBLE S CONSTRUCTION PTE, LTD,



SIVAGNANAM NAGANANDAN S Pars No. 0 33399731

CONSTRUCTION Sector

arts Date: 13 May sue bate: 27 An

K0990286

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES! EFFECTIVE DATE

20 May 2014 27 Apr 2019 Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver Class 2B Class 3C

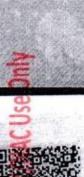
Download SGWorkPass App to check status

25-45-20W

Immigration Regulations

Name SIVAGNANAM NAGANANDAN

VISIT PASS



Sex M

13-05-1974

Nationality INDIAN

G5824258L Date of Birth MULTIPLE JOURNEY VISA ISSUED TO

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

NP 428A

IFF!

A MERL SAM ARRESTANCE A LEGISLAND



Leonor Parison S 7 8 6 2 8 0 8 A secue Date 31 May 2013 Berth Date: 04 May 1978 SIVAGNANAM 002186585



OF THE STREET STREET, STREET,

REPUBLIC OF SINGAPORE

S7862808A

IDENTITY CARD NO.

Name

cc 26 Jan 2012 kg with =<7 passengers, exclusive 01 Sep 2004 ngers and the unladen weight > 2500kg her motor vehicles =< 2500kg are constructed to carry Class 28 Cass 4

Class 5

17 Nov 2009

30 Apr 2008

சி வைரவசந்தன் 04-05-1978 Date of birth INDIAN

SIVAGNANAM VAIRAVASANTHAN

S7862808A

Country/Place of birth

NP 428A

The same of the sa



W713673

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 2004122126) 4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807 Tel +65 6827 7888, Fax +65 6827 7800 msig.com.sg

# 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 :

HSD/VHS/19-998843-WTT A0633-001/W0803

SUM INSURED :

PHV

EXCESS

\$300(FIRELTHEFT) \$600(ENDT 2K)

S7862808A

1. Index mark and Registration Number of Vehicle

PBG668N

HONDA

149 c.c.

2. Name of Policyholder

SIVAGNANAN VAIRAVASANTHAN

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

0001AN 09/03/2019

4. Date of Expiry of Insurance

08/03/2020

5. Persons or Classes of Persons entitled to drive a. The Policyholder.

b. SIVAGNAHAN NAGANANDAN 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.

6. High ration social and pleasure purposes and in connection with the Policyholder's business or profession.

7.1 The Policy does not coverard.

- 2. Use for racing, pace-making, reliability trial or speed-testing.
- 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).

WTT INSURANCE A CNCIES PTE LTI

28/02/2019 (CT)

F. MSIG Insurance (Singapore) Pte. Ltd.