

# NATIONAL Assessment Centre Services.

(ver 1 Jan 2003)

17/09/2009

Date In: 17/09/2009 13:54	Job description	Date & Time Completed	Done by
Ref No: N/A/189190/6388/4	SAS e-filing		
Veh No: FBF 8817D	E-mail (Include Sire, AIC Sire)		
DOA: 17/09/2009 01:K	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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: 86J 527C	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 repair.
( ) Total Loss Case: to e-mail Insurer URGENTLY.
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

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

Injury:
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Date/Time:	Action:

NA/1907/03	1) AL: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$10)	
Contact No:	3) TP: Towing Fee \$40/\$45	
Damaged Portion:	4) PT: Follow-Through Survey \$120	
QC Checked by (Engn-In-Charge):	5) PT: Follow-Through Survey (Resurvey) \$30	
	For claiming against INC Only (ver 10 Jan 2003)	
	6) TR: Re-inspection \$75	
	7) NI: Idao DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	ON:	
	*N5: Courtesy Car / Tpl Allowance \$5	
	*N6: Repair Co-ordination \$10	
	*N7: Post Repair Inspection \$25	
	*N8: DV / Collect Excess Coordination \$5	
	TP (NI): TP (Non INC) against INC \$20	
	9) NI: Idao Mobile \$30	
	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	17/09/2019 13:54
Date Of Accident	17/09/2019 07:15
Exact Location Of Accident	ALONG CLEMENTI ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBF8317D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BALASUBRAMANIAN ARIVAZHAGAN
NRIC No	S7769480C
Email Address	ARIVUBARATH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93877647
Alternative Phone No	OTHERS-93877647
<b>Vehicle Particulars</b>	
Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO 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
<b>Insurance Company</b>	
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/18-392760-CA
Cover Note Number	
<b>Driver</b>	
Name of Driver	BALASUBRAMANIAN ARIVAZHAGAN
NRIC No	S7769480C
Date Of Birth	25/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2009
Driving Experience	10 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93877647
Fax Number	
Contact Number	OTHERS-93877647
Email Address	ARIVUBARATH@GMAIL.COM

Address	BLK 113 TECK WHYE LANE #03-664
Postcode	680113
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 - HEAD TO REAR
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190917/2043

#### 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	SLJ527C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MANICKAM MANOGAR S/O KANNAPPAN
NRIC/Passport Number	S2190906H
Contact Number	97316573
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	BALASUBRAMANIAN ARIVAZHAGAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF8317D
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: 17-09-2019  
12-20

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

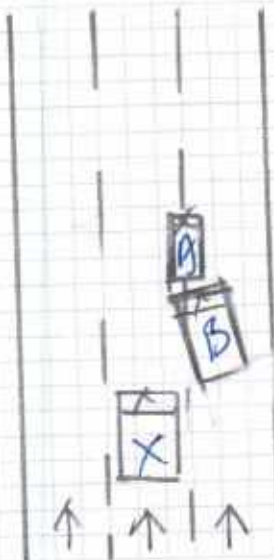
Name:

NRIC/FIN No.:

# SKETCH PLAN

A) FBF 8317D

B) SLJ 527C



Along Cameron Road

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*AS REFERR TO POLICE REPORT  
1/20/9/2017/2043*

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 17/09/2017

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

*[Signature]* 17/09/2017  
Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20190917/2043

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190917/2043

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/09/2019 10:46	Vide Report No.:	Station Diary No.: 22
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<b>Informant's Particulars</b>		
Name of Informant: BALASUBRAMANIAN ARIVAZHAGAN		Address: APT BLK 113 TECK WHYE LANE #03-664 SINGAPORE 680113
ID Type / ID No.: NRIC NO / S7769480C		Contact No.: Home/Office: Mobile: 93877647
Nationality: INDIAN		Email:
Sex: Male	Age: 42	Date of Birth: 25/06/1977
Race: Indian		Type of Informant: Rider
Occupation: QC Engineer		Language: English
		Institution / School Name:
		Driving Licence Information: Class: 2B,3
		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI ROAD				
Travelling towards Clementi MRT, outside of Sunset Way.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF8317D	Motorcycle	BAJAJ CHETAK	PULSAR DTS-I 180 MANUAL	Red	Seriously Damaged	0
SLJ527C	Car				Slightly Damaged	0

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective Expiry Date



Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF8317D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72141930	31/12/2018	30/12/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	BALASUBRAMANIAN ARIVAZHAGAN		ID No.	S7769480C
Related Vehicle	FBF8317D (Motorcycle)		Contact No.	93877647
Hospital/Clinic	THE DUBLIN CLINIC		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	17/09/2019		Date Discharge	NIL
No. of Days granted Medical Leave		03	Degree of Injury	Slight
Driver				
Name	Manickam Manogar S/O Kannappan		ID No.	S2190906H
Related Vehicle	SLJ527C (Car)		Contact No.	97316573
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.**

On 17/09/2019 at around 0715hrs, I was riding my motorbike (FBF8317D) on the second lane along Clementi Road (traavelling towards Clementi MRT, near to Sunset Way) and a car (SLJ527C) hit me from the rear. I am not sure how the accident happened but I flew out from my motorbike. The other party stopped his car and helped me. He even took me to a clinic to seek treatment and we exchanged particulars. According to the doctor, I suffered multiple superficial abrasion over my right lower limb and right wrist and also contusion on my upper abdomen. I was given 3 days medical leave by the doctor.





**SINGAPORE  
POLICE FORCE**



T/20190917/2043

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20190917/2043

**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:

D /

Staff Sgt WENDY YEO WEN DI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

17/09/2019 10:46

Classification Of Case:

SN 50

Authentication Stamp

NP168

SIGNATURE

# ACCIDENT STATEMENT

ACCIDENT DATE: (17/09/2019) (DD/MM/YYYY), TIME: (7:15) (HH:MM)

LOCATION: Clementi road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBPS377 D  
 b) INSURANCE COMPANY: NSIC  
 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: on a way back  
 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: BASUBRAMANIAN ARIVAZHAGAN (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S7769480C CONTACT: 93877647  
 c) ADDRESS: Blk 113 #03-664  
 Teck Whye Lane

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

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

\* d) DATE OF BIRTH: (25/06/1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 03

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

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: Queenstown N.P.C

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLT527C MODEL:  
 b) DRIVER'S NAME: Manickam Mangar  
 c) NRIC/FIN/PASSPORT: S2190906H CONTACT: 97316573

## 9. THIRD PARTY VEHICLE

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

email = arivubarath@gmail.com  
 VIDEO





CA 517458  
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  
msg.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 : MSD/VMS/18-392760-CA A0074-001/19225

SUM INSURED : PMV  
EXCESS : \$300 (FIRE & THEFT) \$600 (ENDT 2K)

1. Index mark and Registration Number of Vehicle F8F8317D  
BAJAJ 179 C.C.
2. Name of Policyholder BALASUBRAMANIAN ARIVAZHAGAN
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AM 31/12/2018
4. Date of Expiry of Insurance 30/12/2019

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

b. BASANT SINGH S/O GIAN SINGH 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. 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. 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.

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).

Repl CN: 72141930  
15/12/2018 (KP)  
CA/C1-03 (00/13)

COMMERCIAL AGENCY PTE. LTD.  
Underwriting Agent  
For MSIG Insurance (Singapore) Pte. Ltd.