

# NATIONAL Assessment Centre Services. [ver 1 Jan 2005]

17/09/2019 15:06

Date In: 17/09/2019 15:06	Job description	Date & Time Completed	Done by
Ref No: M88/M891901640414	SAS e-filing		
Veh No: 4AM 537M	E-mail (by email share, AIC 2hrs)		
D.O.A: 17/09/2019 17:50	I-Motor Claim Form		
OD (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/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SC76788	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: (\$	Lodging: \$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: (	

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

Injury: \_\_\_\_\_

Date/Time:	Location:

Driver/Owner:	Invoice No: 17/09/2019
Contact No:	1) AR: Accident Reporting (\$30)
Damaged Portion:	2) DA: Damage Assessment (\$100) INC (\$10)
QC Checked by (Engr-In-Charge):	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	6) TR: Re-inspection \$70
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:
	On:
	*NS: Courtesy Car / Tpl Allowance \$5
	*NG: Repairs Coordination \$10
	*NT: Post Repair Inspection \$25
	*ND: DV / Collect Excess Coordination \$5
	TP (NI): TP (Non INC) against INC \$20
	NI: Idao Mobile \$0
	Invoice dated
	Invoice dated



## 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 15:06
Date Of Accident	02/09/2019 17:50
Exact Location Of Accident	ALONG WEST COAST ROAD TOWARDS ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5377M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PARMJIT SINGH
NRIC No.	S2765020A
Email Address	PARMJITSINGH17@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94455770
Alternative Phone No	OTHERS-94455770

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	
Cover Note Number	72133560

### Driver

Name of Driver	PARMJIT SINGH
NRIC No	S2765020A
Date Of Birth	20/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	23/03/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94455770
Fax Number	
Contact Number	OTHERS-94455770
Email Address	PARMJITSINGH17@GMAIL.COM

Address	BLK 327 TAH CHING ROAD #10-10
Postcode	610327
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190905/2149

#### 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	SKT678J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH JUN QIANG
NRIC/Passport Number	S8924214B
Contact Number	94885346
Address	
Postcode	
Insurance Company Name	



## 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

VENUE: alexandra road

VEH A: FBM 5377m

VEH B: SKT 678 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to ~~Police~~ Report.  
7/20190905/2149

## 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: Col de L...  
NRIC/FIN No.: ...

Name: \_\_\_\_\_

NRIC/FIN No.:





**SINGAPORE  
POLICE FORCE**



T/20190905/2149

1 of 3

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

Report No. T/20190905/2149

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/09/2019 21:13	Vide Report No.:	Station Diary No.: 42
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**Informant's Particulars**

Name of Informant: PARMJIT SINGH	Address: APT BLK 327 TAH CHING ROAD #10-10 SINGAPORE 610327		
ID Type / ID No.: NRIC NO / S2765020A	Contact No.:	Home/Office: 94455770	Mobile:
Nationality: INDIAN	Email:		
Sex: Male	Age: 53	Date of Birth: 20/06/1966	Type of Informant: Rider
Race: Indian	Language:		Institution / School Name:
Occupation: ENGINEER	Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/09/2019 17:50	Type of Location: Straight Road
Location: Along Road 1 WEST COAST ROAD				
Towards Alexander Road			Road Surface: Dry	Road Speed Limit:
Weather: Clear	Traffic Control:		Traffic Volume:	
Traffic Flow: One Way	Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5377M	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS FI	Red	Seriously Damaged	0
SKT678J	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBM5377M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72133560	08/12/2018	07/12/2019



**SINGAPORE  
POLICE FORCE**



T/20190905/2149

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20190905/2149

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	PARMJIT SINGH	ID No.	S2765020A
Related Vehicle	FBM5377M (Motorcycle)	Contact No.	94455770
Hospital/Clinic	NUHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	02/09/2019	Date Discharge	05/09/2019
No. of Days granted Medical Leave	32	Degree of Injury	Serious
<b>Name</b>			
Name	GOH JUN QIANG	ID No.	S8924214B
Related Vehicle	SKT678J (Car)	Contact No.	94885346
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 the 02/09/2019 at about 1715hrs, I was riding my motorcycle FBM5377M along West Coast Road heading into Alexander Road.

I was on the First lane of a two lane road heading straight when suddenly a car (SKT678J) collided onto me from the left side. The point of impact was quite strong that I fell down onto the road and my motorcycle was turned upside down.

I was conscious but I couldn't move my left leg and shoulders as I think it was fractured. The driver came out and approach me. Soon enough ambulance came and I was conveyed to NUH. I was given 32 days of Hospitalization leave due to my fractured toe, ribs and shoulder blade.



**SINGAPORE  
POLICE FORCE**



T/20190905/2149

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

3 of 3

Report No. T/20190905/2149

**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:  
J/  
Sgt 1 AHMAD HAIKAL BIN AHMAD FIRDAUS

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
05/09/2019 21:13

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt CHONG GUAN FATT  
Contact No.: 65476083

Classification Of Case:

Authentication Stamp  
NP168



# ACCIDENT STATEMENT

ACCIDENT DATE: (02/09/2019) (DD/MM/YYYY), TIME: (5.50 PM) (HH:MM)

LOCATION: ALEXANDRA ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 5377M  
 b) INSURANCE COMPANY: MSIG  
 c) POLICY NUMBER:  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BAJAJ (PULSAR 200 NS FI)  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: private use  
 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: PARMIT SINGH (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S2765020A CONTACT: 94455770  
 c) ADDRESS: BLOCK 327, #10-10, TBM CHING ROAD SINGAPORE

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

### DRIVER

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

\* d) DATE OF BIRTH: (20/06/1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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) CLEAR  
 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: SKT 678J MODEL:  
 b) DRIVER'S NAME: S99242148 GEN SUN BIAN  
 c) NRIC/FIN/PASSPORT: S99242148 CONTACT: 9488 5346

## 9. THIRD PARTY VEHICLE

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

Email =

VIDEO

PARMIT SINGH 17@ymco.com

**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)

MISCN No : 72133560

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

Agency : A0074-001-10225

Date : 31 Oct 2018

Name : PARMJIT SINGH

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 Fire & Theft** Policy applicable thereto for the period from **00:01AM** on **08 Dec 2018** to midnight on **07 Dec 2019** 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.	FBM5377M	Insured Value	Prevailing Market Value
Engine No.	JLZCGF64107	C.C.	200
Chassis No.	MD2A36FZ8GCF47169		
Year Manufactured	2016	Year of Registration	2017
Make & Model	BAJAJ [PULSAR 200 NS FI]		
Rider Type	Policyholder		

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.

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

Not valid unless countersigned by Authorized Person

UNIVERSAL MOTORS PTE LTD

BLK 1006 BUKIT MERAH LANE 2

720404 SINGAPORE 159762

TEL: 62782029 FAX: 62732039

MSD/VMS/17-375771

(Please read important information on the reverse page.)