

# NATIONAL Assessment Centre Services.

(over 1 Jan 2003) **MAY 19 166720**

Date In: <b>18/11/19 - 17.30</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NDA/MUH/2002/214</b>	SAS e-filing		
Veh No: <b>PC3810D</b>	E-mail (3-4 hrs, A/C 2 hrs)		
DOA: <b>17/11/19 - 17.15</b>	I-Motor Claims Form		
OID: <b>TP</b> Reporting Only	I-Motor W/O (within: OD 2 hrs, TP 4 hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whan		

Preferred Wkep / INC Assign Wkep / QW: (	Tel:	Fax:
TP Particulars:	Veh No: <b>PC3810D</b>	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 repairer.  
 ( ) 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: \_\_\_\_\_

Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Engr-In-Charge):	

LA 90084	Invoice/Receipt	
Driver/Owner:	1) AR: Accident Reporting (\$30)	
Contact No:	2) DA: Damage Assessment (\$100) INC (\$10)	
Damaged Portion:	3) TP: Towing Fee \$40/\$45	
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120	
	5) FT: Follow-Through Survey (Resurvey) \$30	
	6) TR: Re-inspection \$75	
	7) NI: 100% DA + SMRT Survey \$160	
	8) NTUC Additional Services:	
	• NS: Courtesy Car / Tpt Allowance \$3	
	• NG: Repair Coordination \$10	
	• NT: Post Repair Inspection \$25	
	• ND: DV / Collect Excess Coordination \$3	
	TP (NI) / TP (NG) INC against INC \$20	
	9) NI: 100% Mobile \$30	
	Invoice dated	Pee Charged
	Invoice dated	Pee 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	18/12/2019 12:32
Date Of Accident	17/12/2019 13:15
Exact Location Of Accident	JUNC SOUTH BUONA VISTA RD & KENT RIDGE RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3810D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANAGAVIJAYAN S/O TAMILMARAN
NRIC No	S8312979D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98770050
Alternative Phone No	OFFICE-98770050

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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/19-396867-CA
Cover Note Number	

### Driver

Name of Driver	KANAGAVIJAYAN S/O TAMILMARAN
NRIC No	S8312979D
Date Of Birth	19/04/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2001
Driving Experience	18 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98770050
Fax Number	
Contact Number	OFFICE-98770050
EMail Address	NOEMAIL

Address	BLK 543 ANG MO KIO AVENUE 10 #04-2304
Postcode	560543
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	WET

#### 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?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191218/2034.

#### 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	PC3867R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	FONG MEE SIN
NRIC/Passport Number	S2125670F
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

21

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

FR5870G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

SUHAIMI

NRIC/Passport Number

Contact Number

93894386

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

## DETAILS OF INJURED PERSON 1

Name

KANAGAVIJAYAN S/O TAMILMARAN

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

FBF3810D

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.



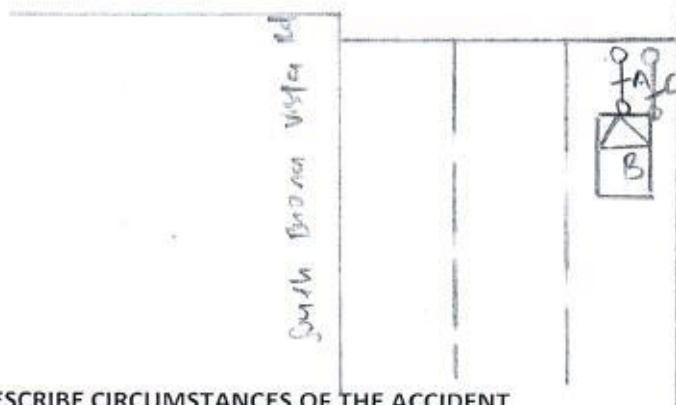
Policyholder's Signature  
Date & Time:

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



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

# SKETCH PLAN



A: FBF38102.  
B: PC3867R.  
C: FR58706.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/19/218/2034.

## 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.:





# SINGAPORE POLICE FORCE



T/20191218/2034

1 of 4

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20191218/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2019 11:11	Vide Report No.:	Station Diary No.: 34
<b>Informant's Particulars</b>		
Name of Informant: KANAGAVIJAYAN S/O TAMILMARAN	Address: APT BLK 543 ANG MO KIO AVENUE 10 #04-2304 SINGAPORE 560543	
ID Type / ID No.: NRIC NO / S8312979D	Contact No.: Home/Office: Mobile: 98770050	
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 36	Date of Birth: 19/04/1983
Type of Informant: Rider		
Race: Indian	Language:	Institution / School Name:
Occupation: Motorcycle delivery man	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/12/2019 13:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 SOUTH BUONA VISTA ROAD KENT RIDGE ROAD				
Weather: Clear	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: Two 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
FBF3810D	Motorcycle	YAMAHA	T135	White	Slightly Damaged	0
FR5870G	Motorcycle				Slightly Damaged	0
PC3867R	Bus/Coach/Mi nibus				No Damage	20

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------





# SINGAPORE POLICE FORCE



T/20191218/2034

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

2 of 4

Report No. T/20191218/2034

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3810D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19396867	20/03/2019	19/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KANAGAVIJAYAN S/O TAMILMARAN		ID No.	S8312979D
Related Vehicle	FBF3810D (Motorcycle)		Contact No.	98770050
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/12/2019		Date Discharge	17/12/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Rider				
Name	SUHAIMI		ID No.	NIL
Related Vehicle	FR5870G (Motorcycle)		Contact No.	93894386
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	Slight
Driver				
Name	FONG MEE SIN		ID No.	S2125670F
Related Vehicle	PC3867R (Bus/Coach/Minibus)		Contact No.	NIL
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





**SINGAPORE  
POLICE FORCE**



T/20191218/2034

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

3 of 4

Report No. T/20191218/2034

**CONTINUATION OF REPORT**

**Brief Details.**

On 17 December 2019 at about 1315 hours, I was travelling road along South Buona Vista Road towards West Coast Highway on the extreme right lane of 3 lane road. While approaching the junction of Kent Ridge Road, traffic light was red. I was stationary together with another motorcycle, FR5870G, on my right. Subsequently, a bus, PC3867R collided onto the rear of our motorcycles. Both of us fell from our motorcycle. I have no video camera on my motorcycle. There is no police and ambulance attended. We exchanged particulars and left.

At about 1400 hours, I felt pain. I seek treatment from Ng Teng Fong General Hospital and was given 3 days MC.



**SINGAPORE  
POLICE FORCE**



T/20191218/2034

4 of 4

Report No. T/20191218/2034

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**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:  
F /  
Sgt 3 ZULAIKHA BINTE MOHAMED NASIR

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt ONG YONG HOCK  
Contact No.: 65476436

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
18/12/2019 11:11

Classification Of Case:





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

CA 522190

**CERTIFICATE OF INSURANCE**

Road Transport Act, 1987 (Malaysia)  
The Motor Vehicles (Third Party Risks) Rules, 1969 (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/19-396867-CA A0074-001/10223

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

1. Index mark and Registration Number of Vehicle **FBF3810D**
2. Name of Policyholder **YAMAHA** **135 c.c.**  
**KANAGAVIJAYAN S/O TAMILMARAN**
3. Effective date of the Commencement of Insurance  
for the purposes of the Act
4. Date of Expiry of Insurance **0312PM 20/03/2019**  
**19/03/2020**
5. Persons or Classes of Persons entitled to drive  
**a. The Policyholder,**

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 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).

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

20/03/2019 (CG)  
CA/C1-03 (05/13)