

**NATIONAL Assessment Centre Services** [wef 1 Jan 09] **MANROUSSIN 9**

Date In: 16/12-16:04	Job description	Date & Time Completed	Done by
Ref No: 401M3620064059/24	SAS e-filing		
Veh No: P3A18852	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 14/3/10-17:15	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/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars: Veh No: **SMR21C** 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: ( )

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

	Invoice Preparation Checklist	Am't (\$) Int Bill	Am't (\$) Add Bill	
<b>MANROUSSIN</b> Claimant's Particulars :- Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors' Comments :- Cat. 1: Cat. 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 2009)			
	6) TR: Re-inspection \$75			
	7) N1: Idac DA + SMRT Survey \$160			
	8) NTUC Additional Services:-			
Q1)*				
*N5: Courtesy Car / Tpl Allowance	\$5			
*N6: Repair Co-ordination	\$10			
*N7: Post Repair Inspection	\$25			
*N8: DV / Collect Excess Coordination	\$5			
TP (N11): TP (N:in INC) against INC	\$20			
9) N12: Idac Mobile	\$0			
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	16/03/2020 16:04
Date Of Accident	14/03/2020 17:15
Exact Location Of Accident	PIE (TUAS) TWDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA1385D
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#### Insured/Policyholder

Name Of Registered Owner	AH HUA KIAN TEOK PTE LTD
Co Reg No	2XXXXX438G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90230412
Alternative Phone No	OFFICE-90230412

#### 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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MSD/VMT/19-998597-WTT
Cover Note Number	

#### Driver

Name of Driver	KANNAN KARTHIK
Passport No/FIN	GXXXX459U
Date Of Birth	21/01/1990
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90476678
Fax Number	
Contact Number	OFFICE-90476678
Email Address	NOEMAIL

Address 215 UBI AVENUE 4  
03 INTREPID WAREHOUSE COMPLEX

Postcode 408809

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 MACPHERSON NEIGHBOURHOOD POLICE POST

Police Station Address **ROAD:** BLK 54 PIPIT ROAD #01-82/84 , **POSTCODE:** 370054 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-7449999 - **FAX NO:** 65476366

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20200315/2034.

#### 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 SLU183C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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 KANNAN KARTHIK

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBA1385D

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.

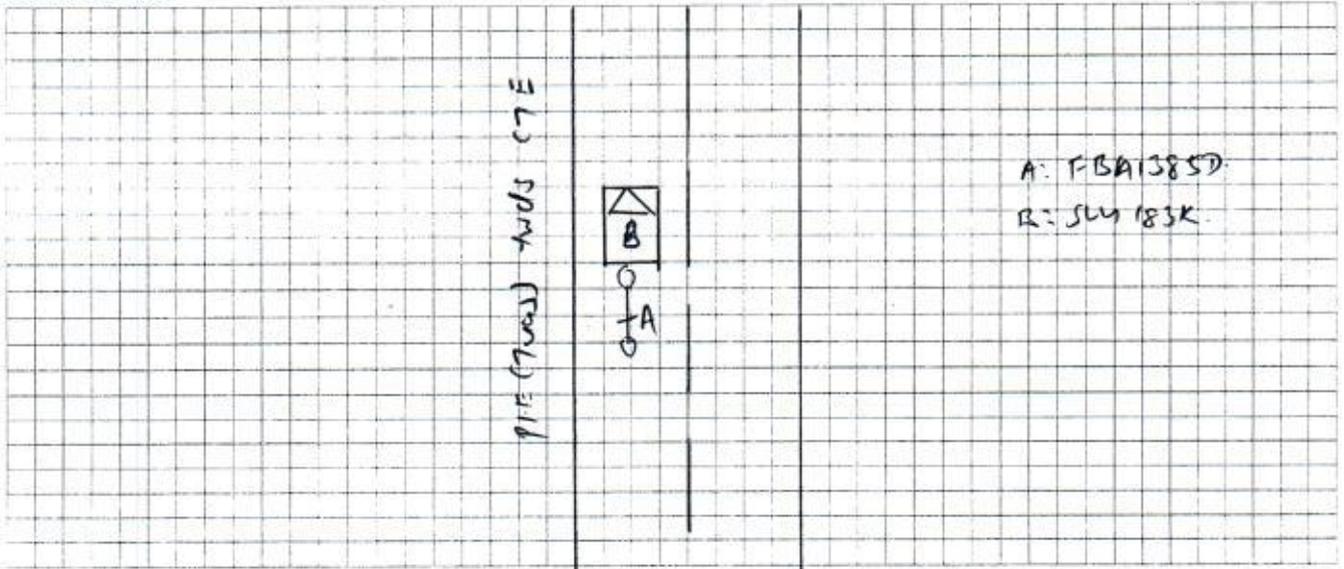


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20200315/2034.

DECLARATION

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



Policyholder's Signature  
Date & Time:

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

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

# ACCIDENT STATEMENT

ACCIDENT DATE: (14 / 3 / 20) (DD/MM/YYYY), TIME: (12 : 15) (HH:MM)

LOCATION: PIEC TANG TUDS (7E)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBA 1385D  
b) INSURANCE COMPANY: M3/4  
c) POLICY NUMBER: M3D/KM7/19-998597-477  
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: 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: Ab Hua Kuan Teok Pte Ltd. (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 90230412  
c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: Kannan Karthick (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 467924894 CONTACT: 90476678  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (21 / 1 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

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) - Driver involved.

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLU 183C MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

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

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

Email = andy@jintan.com.sg / nrc@jintan.com.sg

fax =

video =



**SINGAPORE  
POLICE FORCE**



T/20200315/2034

1 of 3

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

Report No. T/20200315/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/03/2020 12:32	Vide Report No.: E/20200314/0127	Station Diary No.: 12
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Informant's Particulars			
Name of Informant: KANNAN KARTHIK		Address: 215 UBI AVENUE 4 03 INTREPID WAREHOUSE COMPLEX SINGAPORE 408809	
ID Type / ID No.: FIN NO / G6792459U		Contact No.: Home/Office:	Mobile: 90476678
Nationality: INDIAN		Email:	
Sex: Male	Age: 30	Date of Birth: 21/01/1990	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: Working proprietor (construction)		Driving Licence Information: Class: 2B,3C	Date of Expiry: 13/02/2024

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2020 17:15	Type of Location: Bend
Location: Along Road 1 PAN-ISLAND EXPRESSWAY (PAYA LEBAR WAY)				
PIE into lor toa payoh				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA1385D	Motorcycle				Seriously Damaged	0
SLU183C	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/20200315/2034

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20200315/2034

**CONTINUATION OF REPORT**

Rider			
Name	KANNAN KARTHIK	ID No.	G6792459U
Related Vehicle	FBA1385D (Motorcycle)	Contact No.	90476678
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 13/02/2024
Date Treatment	14/03/2020	Date Discharge	14/03/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On 14/03/2020 at around 1715hrs, I was riding my bike on the most left lane . While riding, I kept a distance from the vehicle in front, I then turn my took a look at the sign board on the right for a short while. suddenly the vehicle in front slow down and I could not brake in time.



**SINGAPORE  
POLICE FORCE**



T/20200315/2034

3 of 3

Report No. T/20200315/2034

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

**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: G / Sgt 2 LING JUNXIAN	Signature Of Informant:  
Signature Of Interpreter: Not applicable	Date/Time: 15/03/2020 12:32
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65474882 SINGAPORE POLICE FORCE	Classification Of Case:
Authentication Stamp NP168   <hr/> SIGNATURE	



**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](http://msig.com.sg)

**MOTORCYCLE INSURANCE SCHEDULE**

**DATE OF ISSUE:** 22/02/2019

**AGENCY:** A0633-001-W0857  
WTT Insurance Agencies Pte Ltd

**POLICY NO:** MSD/VMT/19-998597-WTT

**INSURED:**

**NAME:** AH HUA KIAN TEOK PTE LTD  
**ADDRESS:** BLK 850 HOUGANG CENTRAL  
#03-49  
S530850

**NRIC NO:** 201202438G  
**DATE OF BIRTH:** (-1 yrs)  
**DRIVING EXP:** (0 yr)  
**CONTACT NO:** 96614190

**BUSINESS OR PROFESSION:** CONSTRUCTION

**PERIOD OF INSURANCE FROM:** 13/04/2019 **TO** 12/04/2020  
00:01AM

**REGISTRATION NUMBER:** FBA1385D

**CUBIC CAPACITY:** 135

**MAKE OF VEHICLE:** YAMAHA

**YEAR OF REGISTRATION:** 2006

**INSURED ESTIMATE OF VALUE:** TPL

**SEATING CAPACITY:** 2

**AUTHORISED DRIVERS:**

ANY PERSON WHO IS DRIVING ON THE INSURED'S ORDER  
OR WITH THEIR PERMISSION.

**ENDORSEMENTS APPLICABLE:** 3P MEMO MCFM

**EXCESS:**

**PREMIUM:** 328.00  
**GST @ 7%:** 22.96  
**TOTAL :** 350.96

**NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER:** NIL (82.00)

**NO CLAIM BONUS OF 20% IS ALLOWED**

**REPLACING POLICY NO:** MSD/VMT/18-990592-WTT

**MSIG Insurance (Singapore) Pte. Ltd.**

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

**Approved Insurers**