

NATIONAL Assessment Centre Services

[wef 1 Jan'05]

MMA 120055750

Date In: 30/6/20 14:55	Job description	Date & Time Completed	Done by
Ref No: MA/FWD 20006826/h4	SAS e-filing		
Veh No: FBK 97545	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/6/20 16:30.	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: SLW 3117P.	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% F: 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: 67886616)	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

Claimant's Particulars:-	Invoice Preparation Checklist	Amf (\$)	Amf (\$)
Driver/Owner:	1) AR: Accident Reporting (\$30);	20.00	
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	Q1:		
	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac 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	30/06/2020 14:55
Date Of Accident	29/06/2020 16:30
Exact Location Of Accident	UPP BUKIT TIMAH RD TWDS BUKIT TIMAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9754S
Insured/Policyholder	
Name Of Registered Owner	SUJESH GUNASEGRAN
NRIC No	SXXXX947F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92316604
Alternative Phone No	OFFICE-92316604

Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE-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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNMC2020-00002465
Cover Note Number	

Driver

Name of Driver	SUJESH GUNASEGRAN
NRIC No	SXXXX947F
Date Of Birth	30/05/1997
Occupation	INDOOR
Date Of Driving Pass	27/10/2018
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92316604
Fax Number	
Contact Number	OFFICE-92316604
EEmail Address	NOEMAIL

Address	BLK 780D WOODLANDS CRES #05-65
Postcode	734780
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)	2
Passenger 1	NAME: : POVANESWARI PRADEEP KUMAR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200630/2037

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	SLW3117P
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 SUJESH GUNASEGRAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK9754S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name POVANESWARI PRADEEP KUMAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBK9754S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

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.:

A) SLW3117P

B) FBK9754S

B:) FBK 9754S

Refer to the attached Police Report No : T/20200630/2037.

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/20200630/2037

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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Report No. T/20200630/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/06/2020 12:58		Vide Report No.:		Station Diary No.: 9
Informant's Particulars				
Name of Informant: SUJESH GUNASEGRAN		Address: APT BLK 780D WOODLANDS CRESCENT #05-65 SINGAPORE 734780		
ID Type / ID No.: NRIC NO / S9772947F		Contact No.: Home/Office: Mobile: 923 6604		
Nationality: MALAYSIAN		Email:		
Sex: Male	Age: 23	Date of Birth: 30/05/1997	Type of Informant: Rider	
Race: Indian		Language: English	Insitution / School Name:	
Occupation: Private security officer		Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2020 16:30	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD towards Bukit Timah, at pedestrian crossing after Hume Avenue junction.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control: Pedestrian Crossing	Traffic Volume: Light		
Type of Collision: Moving Vehicle Against - Stopped Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9754S	Motorcycle	KTM	200 DUKE	Orange	Slightly Damaged	1
SLW3117P	Car	HONDA	Civic	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK9754S	FWD Singapore Pte. Ltd	PNMC2020-00002465	24/06/2020	23/06/2021



**SINGAPORE
POLICE FORCE**



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Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20200630/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	POVANESWARI PRADEEP KUMAR	ID No.	G8625649K
Related Vehicle	FBK9754S (Motorcycle)	Contact No.	81201514
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2020	Date Discharge	29/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	SUJESH GUNASEGRAN	ID No.	S9772947F
Related Vehicle	FBK9754S (Motorcycle)	Contact No.	92316604
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	29/06/2020	Date Discharge	29/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LIM HOO HOCK	ID No.	S1233423J
Related Vehicle	SLW3117P (Car)	Contact No.	96632978
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 29/06/2020 @ 1630hrs, I was riding my motorcycle, FBK9754S, on lane 1 of Upper Bukit Timah Road towards Bukit Timah. My girlfriend was riding pillion at that time. After passing by Hume Avenue junction, I reached a pedestrian crossing and the light changed from amber to red. I braked and stopped at the said pedestrian crossing safely. All of a sudden, I felt an impact coming from the rear of my motorcycle and both my girlfriend and I was flung off my motorcycle. I got up and realized that a car, SLW3117P, had collided onto the rear of my motorcycle. Ambulance and TP came however my girlfriend and I refused conveyance to hospital. My motorcycle was subsequently towed away due to the damages. After that, my girlfriend and I did not feel well and we both went to Ng Teng Fong Hospital to seek treatment. We both



**SINGAPORE
POLICE FORCE**



T/20200630/2037

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Report No. T/20200630/2037

CONTINUATION OF REPORT

were discharged as outpatients and given 3 days of MC each. There is no onboard camera on my motorcycle. That's all.



SINGAPORE
POLICE FORCE



T/20200630/2037

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629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
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Report No. T/20200630/2037

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/

Sr Staff Sgt MOHAMMAD FADZLI BIN
JAMALUDIN

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

30/06/2020 12:58

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Classification Of Case:

SIGNATURE



CERTIFICATE OF INSURANCE

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Motorcycle breaks down or is involved in an accident.
All accidents must be reported within 24 hours or by the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER: PNM2020-00002465

Plan Name: Third Party Fire & Theft

Motorcycle plate number: FBK9754S

Your name (As the policyholder): SUJESH GUNASEGRAN

Coverage start date: 24/06/2020

Coverage end date: 23/06/2021

Covered geographical area: Singapore, West Malaysia and Southern Thailand

Who is insured to ride: You and Anyone with a valid driving license who You give permission to ride Your Motorcycle

Finance company:

Important things to know:

Your Policy comprises this Certificate of Insurance, the Contract, the Motorcycle Insurance Summary and any Endorsements attached by Us. These documents should be read together as one. You must make sure that any person You give permission to ride Your Motorcycle understands Your duties under this Policy and complies with its conditions.

Your Policy is only valid if Your Motorcycle is being used for personal use in accordance with Your contract.

This Policy does not cover use for hire or reward, delivery of goods, and any renting or leasing purposes.

We confirm that this Policy complies with the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189).

Issued on: 24/06/2020

Khor Kee Eng
Chief Executive Officer
FWD Singapore Pte Ltd

Please immediately inform us at +65-6820-8888
or email us at contact.sg@fwd.com if any details in
this Certificate of Insurance needs to be changed.

Date of Accident : 29.06.2020 Accident Time: 16.30 (24-HR-Format)
Accident Place : Upper Butik Timah Road Towards Butik Timah
Vehicle. No. (Car Plate No.) : FBK 9754S Make/Model: K.T.M 200 Duke
Insurance Company : FWD Policy No: PNMC 2020-00002465
Owner or Company Name /IC No. : Sujesh Gunasegaran (S7772947F)
Owner or Company Contact No. : Owner's Hp 9231 6604 Company Tel
DRIVER'S Name / IC No. : as above
DRIVER'S Date Of Birth : 30.06.1997 DRIVER'S License Pass Date 27.10.2018
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner
DRIVER'S Address : Blk 780D Woodlands (rescent #05.65 (S) 734780
DRIVER'S Contact No./ Alt No. : 1) - 2) -
DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)
Email Address : -
Weather & Road Surface : ~~CLEAR & DRY~~ \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ ~~Claim Other Party~~ \ Claim Own Insurance
Number of Passengers (Including Driver): 1 Driver / 1 passenger
Was there any video Captured by car camera: YES ~~NO~~
Exact purpose for which vehicle was being used at the time of accident: ~~Private use~~ \ Work purpose
Any Injury (If YES, Pls state): Yes

Other Party Driver's Particular (if any)

Vehicle. No: SLW 3117P	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

* Poranes Wari Pradeep kumar - Female.

Sub