

NATIONAL Assessment Centre Services

(S.S. 1-20-05)

Date In: 13/07/20	Job description	Date & Time Completed	Done by
Ref No: NA/MC620007346/13	SAS e-filing		
Veh No: FV8132M	E-mail (within 8hrs, AOC 2hrs)		
D.O.A: 01/06/20 1345	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: FBE6051M	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: 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

NA2003664	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Claimant's Particulars:	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	ON*		
	*N3: Courtesy Car / Tp Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (N/A INC) against INC \$20		
	9) N12: Idac Mobile 30		
Auditors' Comments:-	Invoice dated	Fee Charged	
Cal 1:	Invoice dated	Fee Charged	
Cal 2 / 3:			

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	13/07/2020 16:28
Date Of Accident	01/06/2020 13:45
Exact Location Of Accident	TANJONG KATONG RDTWDS DUNMAN RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FV8132M
Insured/Policyholder	
Name Of Registered Owner	BALAMURUGAN MEENAKSHISUNDARAM
NRIC No	SXXXX874F
Email Address	INDIADINAKARAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81500014
Alternative Phone No	OTHERS-81500014
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190X
Exact Purpose for which vehicle was being used at time of accident	DELIVERY
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	PRIVATE CAR
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/19-503919-WTT
Cover Note Number	
Driver	
Name of Driver	BALAMURUGAN MEENAKSHISUNDARAM
NRIC No	SXXXX874F
Date Of Birth	17/04/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2007
Driving Experience	12 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81500014
Fax Number	
Contact Number	OTHERS-81500014
EMail Address	INDIADINAKARAN@GMAIL.COM

Address	BLK 411 JURONG WEST ST 42 #06-843
Postcode	640411
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	DRIZZLING
Road Surface	WET

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	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200601/2052

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	FBE6051M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBE6051M
Were seat belts worn?	NO
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.

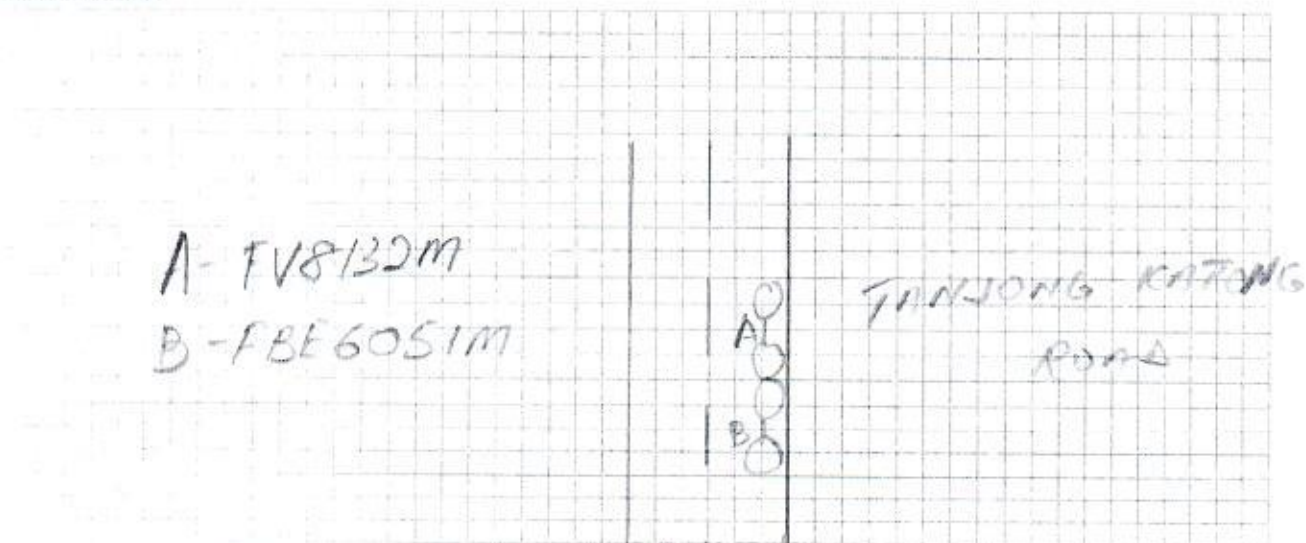

Policyholder's Signature
Date & Time: 13 07 2020

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

 13/07/20

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200601/2052

DECLARATION

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

Policyholder's Signature
Date & Time: 13 07 2020

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

Reporting Centre Personnel's Signature
Name: 13/07/20
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200601/2052

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20200601/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/06/2020 18:53	Vide Report No.:	Station Diary No.: 86
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Informant's Particulars

Name of Informant: BALAMURUGAN MEENAKSHISUNDARAM			Address: APT BLK 411 JURONG WEST STREET 42 #06-843 SINGAPORE 640411		
ID Type / ID No.: NRIC NO / S7865874F			Contact No.: Home/Office: Mobile: 81500014		
Nationality: INDIAN			Email:		
Sex: Male	Age: 42	Date of Birth: 17/04/1978	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: DELIVERYRIDER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/06/2020 13:45	Type of Location: Straight Road
Location: Along Road 1 TANJONG KATONG ROAD DUNMAN ROAD After exiting from KINEX Shopping Mall.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FBE6051M	Motorcycle				No Damage	0
FV8132M	Motorcycle	HONDA	CBF190X MANUAL	Silver	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV8132M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDSMT19503919	14/10/2019	13/10/2020



**SINGAPORE
POLICE FORCE**



T/20200601/2052

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20200601/2052

CONTINUATION OF REPORT

Brief Details.

On the above-mentioned date time and location, I was riding along Tanjong Katong Road after I had exited from KINEX Shopping Mall. I then signaled to my right to make a lane change. After the lane change, I then heard a sound thus I slowed down and suddenly the rear of my motorcycle was hit with another motorcycle. Both myself and the other rider fell down due to the collision. I do not suffer any injuries but the plate number of my motorcycle was broken. The other rider suffered scratches on his left palm, left feet and on the right hip. The other rider did not call for ambulance for his injuries and both of us exchange contact numbers to do private settlement as agreed by both of us. At around 5pm, I received a 'WhatsApp' call from him that he will be claiming damages and insurance claims against me. I then told my insurance company regarding the issue and was told to lodge a report.



Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20200601/2052

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 3 MUHAMMAD FAIS BIN ABDUL WAHAB

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/06/2020 18:53

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/24607/2020

Date : 24 June 2020

BALAMURUGAN MEENAKSHISUNDARAM
BLK 411 JURONG WEST STREET 42
#06-843
SINGAPORE 640411

Dear Sir/Madam

**ROAD TRAFFIC ACCIDENT INVOLVING FBE 6051 M AND FV 8132 M ALONG TANJONG
KATONG ROAD ON 01.06.2020 AT ABOUT 1.45PM**

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver/rider of **FBE 6051 M** had committed an offence of **Careless Driving under Section 65(1)(a) of the Road Traffic Act Chapter 276 p/u Section 65(5)(a) of the same Act**. Action has been initiated against the driver/rider for the said offence.
3. If you have any clarification, you may contact the Investigation Officer, Senior Staff Sergeant Christopher Ong Yong Hock at office number: 65476436.
4. Thank you.

Yours faithfully

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

ACCIDENT STATEMENT

ACCIDENT DATE: (01 / 06 / 20) (DD/MM/YYYY), TIME: (13 : 45) (HH:MM)

LOCATION: TANJONG KATONG RD TWDS DUNMAN RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FV8132M
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: HONDA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: work
 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: BALAMURUGAN MEENAKSHISUNDARAM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: CONTACT: 81500014
 c) ADDRESS:
 * 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: (/ /) (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: OWNER
 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) DRIZZLING
 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

THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBEGOS1M 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:
 Email = india dinakaran @ gmail com
 fax =
 video =



W 719605
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

(CERTIFICATE OF INSURANCE)

Road Transport Act 1987 (Malaysia), Road Transport (Amendment) Act 2019 (Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1959 (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/19-503919-WTT A0633-001/W0823

SUM INSURED

PHV

EXCESS

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

S7865874F

FV8132M

1. Index mark and Registration Number of Vehicle

HONDA

184 c.c.

BALANURUGAN HEENAKSHISUNDARAM

2. Name of Policyholder

3. Effective date of the Commencement of Insurance
for the purposes of the Act

0001AM 14/10/2019

13/10/2020

4. Date of Expiry of Insurance

5. a. The Policyholder Persons entitled to drive

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. 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 Part IV of the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof."

24/09/2019 (T)

WTTCLD340343A1

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.