

NATIONAL Assessment Centre Services.

(over 1 Jan 03)

29 MAY 2006 3443

Date In: 2/10/2020 10:16	Job description	Date & Time Completed	Done by
Ref No: NGA/MSG20007756/4	SAS e-Milling		
Veh No: 65564	E-mail (Logdate sheet, A/C sheet)		
D.O.A: 24/07/2020 20:30	I-Motor Claim Form		
OID : TP : Reporting Only	I-Motor W/O (Within: OD sheet, TP sheet)		
	I-Photo Uploaded		
	Assessment/Survey Report		
TP Insurer:	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tot:	Fixt:
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TP Particulars:	Vol No: <u>SM7</u>	INC( )/Non-INC( )
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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: YRS ( )/NO ( )

Excess: (\$)      Loading: \$1,000 ( ) / \$2,000 ( )

CONFIDENTIAL

( ) Walk-In Customer : Customer's Information strictly Confidential & Strictly NO refer of repolar.

( ) Total Loss Case : to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice# YES ( ) / NO ( ) ; Towing Co: ( )

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

1) Apply for 'Passport Allowance' ( ) / 'Country Car' ( )	
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1) Apply for Plans/Permits/Approvals ( )	1) Security Plan ( )		
2) OC Check / Post Review Inspection ( )	( )		

1) Upload Receipt Photo (Receipt No: 890001)	( )				
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2) Glycol Resin/Poly Photo (Repair Cost: ~\$5000)

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

\_\_\_\_\_

Year	Percentage of Population Aged 65 and Over
1950	10
1960	11
1970	12
1980	13
1990	14
2000	15
2010	16
2020	17
2030	17.5
2040	18
2050	18.5

[illegible]

\_\_\_\_\_



Submanajemen

NA 2003-25

1) All Additions to Net Worth		
2) BA Debits to Assets	(\$100)	INC (10)
		\$40/\$45

Driver/Owner:	STP Following	\$120
	(1) FT Follow-Through Survey	\$30

5) PT: Follow-Through Survey (Conservative)  
For all other cases: NO Only (see 10 Jan 2000)

6) Tilt Re-inspection	\$160
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Imaged Portion: 7) NITRODA 48 mg (100%)  
8) NITRODA additional Services:

ON	33
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• Not Country Coordination	\$10
• Not Navy Coordination	\$25

* NV; Post Repair Inspection	\$3	
* ND; DV / Collect License Coordination	\$20	*

TE(RII)TYPE-AN INC.	30
TE(RII)TYPE-AN INC.	30

Invoice dated	Fee Charged	
Fee Charged		

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	28/07/2020 10:16
Date Of Accident	24/07/2020 20:30
Exact Location Of Accident	HENDERSON RD SLIP RD TURN LEFT TO WEST COAST RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6956U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SELAVASU RAJA
NRIC No	GXXXX608P
Email Address	ANBURAJA1015@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90811636
Alternative Phone No	OTHERS-90811636

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/20-413701-CA
Cover Note Number	

### Driver

Name of Driver	SELAVASU RAJA
NRIC No	GXXXX608P
Date Of Birth	07/12/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/09/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90811636
Fax Number	
Contact Number	OTHERS-90811636
Email Address	ANBURAJA1015@GMAIL.COM

Address	BLK 164 STIRLING ROAD #09-1218
Postcode	140164
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SMP8146Y
Vehicle Make/Model/Colour	AUDI A5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	82661165
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


## 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.

28/7/20   
0922

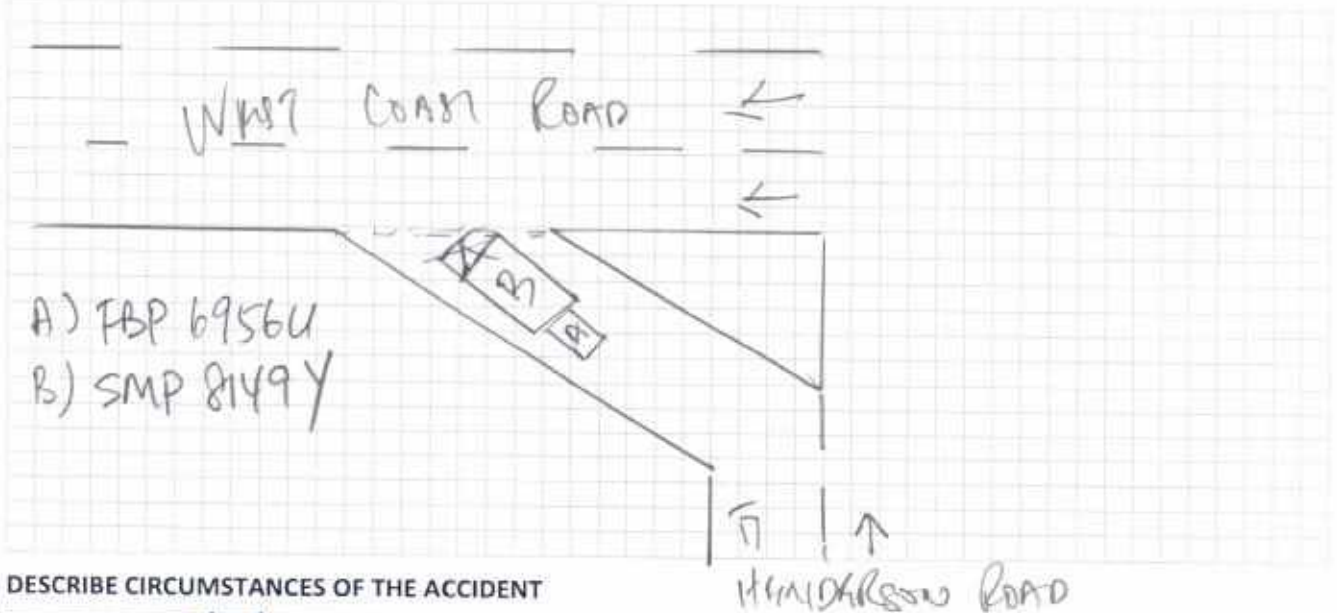
Policyholder's Signature  
Date & Time:

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

  
28/07/2020  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 24/07/2020 AT ABOUT 20:30 HRS I WAS TRAVELLING ALONG HENDERSON ROAD & WANTED TO TURN LEFT TOWARDS WEST COAST ROAD ON THE SLIP ROAD I WAS LOOKING ON MY RIGHT. WHEN I TURN MY HEAD IN FRONT THE CAR SMP 8149Y SLIP. AND I COULD NOT STOP ON TIME & HIT THE REAR OF THE CAR.

## DECLARATION

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

28/7/20 0922

Policyholder's Signature  
Date & Time:

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

28/07/2020  
Reporting Centre Personnel's Signature  
Name: Roshan Wahan  
NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 14/07/2020 (DD/MM/YYYY), TIME: 20:30 (HH:MM)

LOCATION: HARDWICK RD SLIP ROAD BUNNARD WILCOCK

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FAP 6956U  
 b) INSURANCE COMPANY: MILK  
 c) POLICY NUMBER: M80 VMS/20-413701-CA  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BATON PULVER 210  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: HE WORKING  
 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: SALVADOR RAZOR (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 40811636 CONTACT:  
 c) ADDRESS: BK164 STIRLING ROAD #09-178  
14064

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

## DRIVER

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

\*d) DATE OF BIRTH: 07/12/1986 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/09/2010

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)

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: SMP 8146Y MODEL: AUDI A5  
 b) DRIVER'S NAME:  
 c) NRIC/FIN/PASSPORT: CONTACT: 82661165

## 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)  
( )

No of passenger  
 (including driver)  
( )

Email = ANBURAJA1015@gmail.com  
 VIDEO



Date : 14 May 2020

CA 541579



MSIG

MSIG Insurance (Singapore) Pte. Ltd. (CA Reg. No. 200412213C)  
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807  
Tel +65 6827 7800, 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, 1989 (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/20-413701-CA A0074-001/10225  
SUM INSURED : PMV  
EXCESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

1. ☒ Mark and Registration Number of Vehicle FBP6956U 200 c.c.  
BAJAJ
2. Name of Policyholder SELVARASU RAJA
3. Effective date of the Commencement of Insurance  
for the purposes of the Act 1201AM 24/05/2020
4. Date of Expiry of Insurance 23/05/2021
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 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."

Repl CN: 72248120

06/06/2020 (KP)

CA/C1-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.

Undersigning Agent

For MSIG Insurance (Singapore) Pte. Ltd.