

NATIONAL Assessment Centre Services

(wef 1 Jan 05) **MANU 95193**

Date In: 16/12-13:44	Job description	Date & Time Completed	Done by
Ref No: NA/MS6229059/24	SAS e-filing		
Veh No: FBF9997	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 29/12-14:12	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: SMKANT	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

NA204662	Invoice Preparation Checklist		Ant (\$)	Ant (\$)
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		Est Bill	Add Bill
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)			
Contact No:	3) TF : 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*			
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Auditors' Comments :-	TP (N11) : TP (N11 INC) against INC \$20			
Est 1:	9) N12: Idac Mobile 30			
Est 2 / 3:	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	01/09/2020 13:44
Date Of Accident	29/08/2020 14:20
Exact Location Of Accident	CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF9292J
Insured/Policyholder	
Name Of Registered Owner	SAMBANTHAM KRISHNAMOORTHY
NRIC No	SXXXX238C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94244266
Alternative Phone No	OFFICE-94244266

Vehicle Particulars

Manufacturer	HONDA
Model	CBF150
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/20-507039-WTT
Cover Note Number	

Driver

Name of Driver	SAMBANTHAM KRISHNAMOORTHY
NRIC No	SXXXX238C
Date Of Birth	05/05/1968
Occupation	INDOOR
Date Of Driving Pass	15/10/2012
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94244266
Fax Number	
Contact Number	OFFICE-94244266
Email Address	NOEMAIL

Address	BLK 307B ANCHORVALE ROAD #02-54
Postcode	542307
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : SELVARAJ SELVAM GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20200831/2104.

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	SML1921T
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)

2

DETAILS OF INJURED PERSON 1

Name SAMBANTHAM KRISHNAMOORTHY

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBF9292J

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SELVARAJ SELVAM

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBF9292J

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:

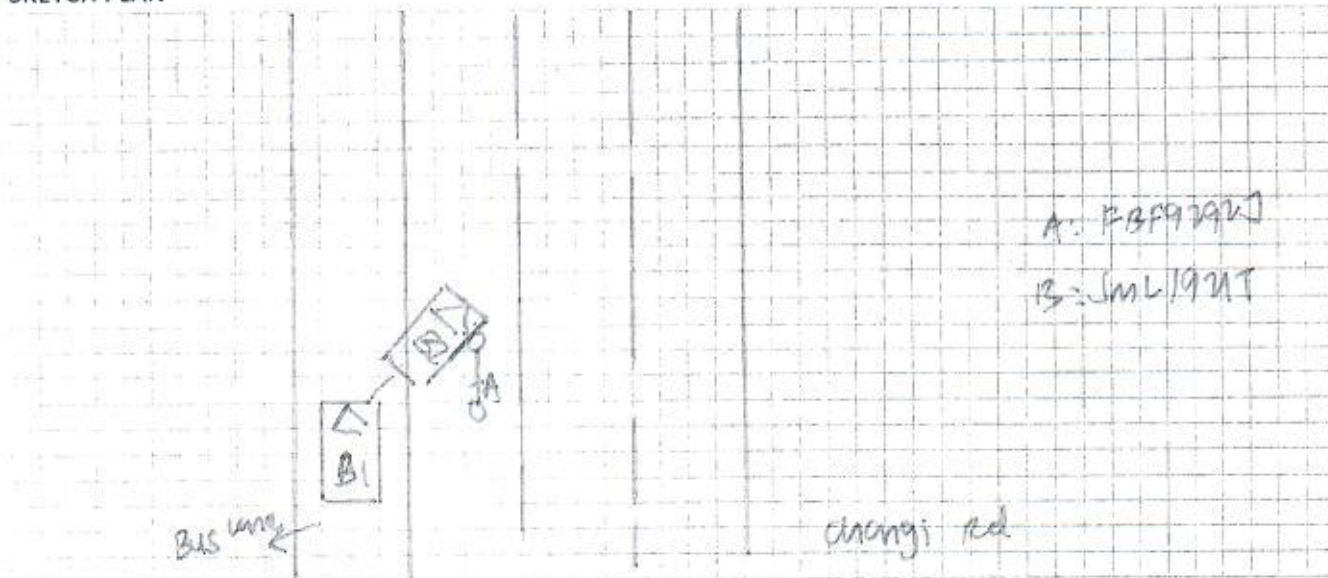
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 01.09.2020

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


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

SKETCH PLAN

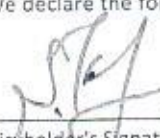


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

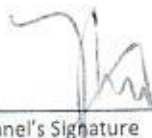
Refer to police report - 7/2020831/204.

DECLARATION

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

 01.09.2020
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.:

ACCIDENT STATEMENT

ACCIDENT DATE: 29 / 08 / 2020 (DD/MM/YYYY), TIME: 14 : 20 (HH:MM)

LOCATION: CHANDI ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF92927
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: MSPLM5/202004-W77
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
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: Sambantham Krishnamoorthy (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 96244246
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (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) Dazzling

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO) injury

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

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMULQNT 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: _____

right elbow, spinal cord, hip, shoulder, neck, left knee

Email = THESKM@gmail.com

fax =

video =



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/08/2020 18:13		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: SAMBANTHAM KRISHNAMOORTHY			Address: APT BLK 307B ANCHORVALE ROAD #02-54 ANCHORVALE PLACE SINGAPORE 542307		
ID Type / ID No.: NRIC NO / S6865238C			Contact No.: Home/Office: Mobile: 94244266		
Nationality: INDIAN			Email:		
Sex: Male	Age: 52	Date of Birth: 05/05/1968	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: FACILITY ENGINEER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/08/2020 14:20	Type of Location: Straight Road
Location: CHANGI ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBF9292J	Motorcycle	HONDA	CBF150	Black		1
SML1921T	Car	HYUNDAI	AD AVANTE 1.6 GLS (A) S			1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20200831/2104

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF9292J	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60895340	18/02/2020	17/02/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	SELVARAJ SELVAM		ID No.	G5251383P
Related Vehicle	FBF9292J (Motorcycle)		Contact No.	94209445
Hospital/Clinic	TAY CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2020		Date Discharge	29/08/2020
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Rider				
Name	SAMBANTHAM KRISHNAMOORTHY		ID No.	S6865238C
Related Vehicle	FBF9292J (Motorcycle)		Contact No.	94244266
Hospital/Clinic	TAY CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/08/2020		Date Discharge	29/08/2020
No. of Days granted Medical Leave	06		Degree of Injury	NIL
Driver				
Name	MUHAMMAD NUR HAKIM BIN JUFRI		ID No.	S8705151Z
Related Vehicle	NIL		Contact No.	96442025
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/20200831/2104

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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20200831/2104

CONTINUATION OF REPORT

Brief Details.

ON 29/08/2020 AT ABOUT 1420HRS, MY PILLION AND I WAS TRAVELLING ALONG CHANGI ROAD. AFTER PASSING BY THE JUNCTION OF CHANGI ROAD AND JALAN EUNOS, I NOTICED A CAR STOPPED AT THE SIDE ROAD OF THE BUS LANE. UPON APPROACHING HIM, THE CAR SUDDENLY TURNED RIGHT AND CHANGED TO MY LANE WITHOUT SIGNALLING. I WAS UNABLE TO STOP MY BIKE IN TIME EVEN THOUGH I APPLIED EMERGENCY BREAK. I HIT HIS FRONT RIGHT SIDE OF THE CAR TYRE THEN I FELL DOWN ON THE ROAD.

I WAS CONSCIOUS AFTER THE COLLISION. AFTER SUFFERING FROM THE INJURY, I ASKED HIM WHETHER WHY HE DIDN'T TURN ON HIS SIGNAL LIGHT. THE DRIVER SWITCHED ON HIS CAR'S SIGNAL BEFORE HE CAME OUT FROM HIS CAR. THE DRIVER ADMITTED HE WAS AT FAULT.

ONE OF THE SHOP OWNER GAVE ASSISTANCE TO ME AND HE CALLED FOR AN AMBULANCE. AFTER THE AMBULANCE ARRIVED, I OPTED FOR THE NEARBY CLINIC TO SEEK FOR TREATMENT AND I WAS FETCHED BY THE CAR DRIVER. I INJURED MY RIGHT ELBOW, BACK PAIN, NECK PAIN AND ABRAISION AT MY LEFT THIGHS. I WAS TOLD TO TAKE XRAY AT RAFFLES HOSPITAL THEN BROUGHT THE XRAY RESULT. THE DOCTOR GAVE ME 6 DAYS OF MEDICAL LEAVE.

THERE WAS NO CAMERA INSTALLED IN MY BIKE AND THERE WAS NO MECHANICAL FAULTS IN MY BIKE BEFORE THE ACCIDENT. THAT'S ALL.



SINGAPORE
POLICE FORCE



T/20200831/2104

4 of 4

Report No. T/20200831/2104

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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:
TP /
ONG PENG HUA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP168

Signature Of Informant

Date/Time:
31/08/2020 18:13

Classification Of Case:

 SINGAPORE
POLICE FORCE
Signature: 



MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

W 723377

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 : **KSD/VMS/20-507039-WTT A0633-001/W0857**

SUM INSURED : **PMV**

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

S6865238C

1. Index mark and Registration Number of Vehicle

FBF9292J

HONDA

2. Name of Policyholder **SAMBANTHAM KRISHNAMOORTHY**

149 c.c.

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

0001AM 18/02/2020

4. Date of Expiry of Insurance

17/02/2021

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. PACKIRISAMY SURESH ONLY

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.

Rep02CH0200875340

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

WTT-CI-04(04/14)