

# NATIONAL Assessment Centre Services.

(part 1 of 2)

1/11/2005 237

Date In: 05/10/2010 19:27  
Ref No: 1/11/2005 20010696/4  
Veh No: 466 8954  
D.O.A: 08/10/2010 06:10

Job description

Date & Time Completed

Done by

SAS e-illing

E-mail (if data sent, AIO then)

I-Motor Claims Form

I-Motor W/O (with: OD then, TP then)

I-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/VH32

TP Insurer:

Produced W/tp / INC Ass't / W/tp / QW: (

Tels:

Fax:

TP Manufacturer:

Veh No:

SLZ 62816

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 (

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

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

Drive-In (

)/Towed-In (

); Invoice: YES (

NO (

); Towing Co: (

1) Apply for Transport Allowance ( ) / Courtesy Car ( )

2) QC Check / Post Repair Inspection ( )

3) Upload Resurvey Photo [Repair Cost > \$9000] ( )

Injury: (

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Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Bug-In-Charge):

1) All: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$10)
3) TP: Towing Fee	\$10
4) PT: Follow-Through Survey	\$10
5) PT: Follow-Through Survey (Resurvey)	\$10
*Note: Includes all INC Only (over 10 Jan 2010)	
6) TR: Re-inspection	\$10
7) NI: 1040 DA + EMRT Survey	\$10
8) NI: UC Additional Services	
QW:	
*NI: Courtesy Car / Tpl Allowance	\$10
*NI: Repairs Coordination	\$10
*NI: Post Repair Inspection	\$10
*NI: DV / Collect Licenses Coordination	\$10
TP (NI) TP (NI) TP (NI) TP (NI)	\$10
TP (NI) TP (NI) TP (NI) TP (NI)	\$10

Invoice dated

Invoice dated

Fee Charged

Fee Charged

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## 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	05/10/2020 19:27
Date Of Accident	03/10/2020 06:10
Exact Location Of Accident	BLOCK 204 CLEMENTI AVENUE 6 CLEMENTI VIEW
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG8954J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THIRUMENI VEERAPPAN RAMANATHAN
NRIC No	SXXXX092J
Email Address	TVRAMSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83077707
Alternative Phone No	OTHERS-83077707

### Vehicle Particulars

Manufacturer	HONDA
Model	ANF125MSS A-125CC
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/19-505548-WTT
Cover Note Number	

### Driver

Name of Driver	THIRUMENI VEERAPPAN RAMANATHAN
NRIC No	SXXXX092J
Date Of Birth	11/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	06/12/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83077707
Fax Number	
Contact Number	OTHERS-83077707
Email Address	TVRAMSG@GMAIL.COM

Address	BLK 42 TANGLIN HALT ROAD #06-211
Postcode	141042
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
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?	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	SLZ6381G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	SXXXX578B
Contact Number	98415737
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	THIRUMENI VEERAPPAN RAMANATHAN
------	--------------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG8954J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

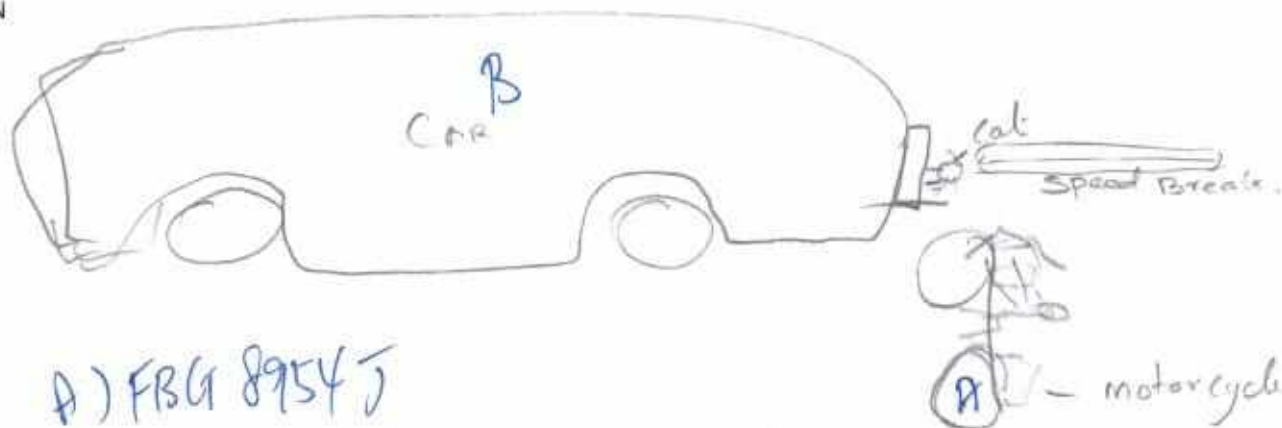
*[Signature]*  
05/10/20  
12.40 pm

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

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

*[Signature]* 05/10/2020  
*[Signature]*  
Name:  
NRIC/FIN No.:

# SKETCH PLAN



A) FBG 8954 J

B) SLZ 6381 G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

That day 03<sup>rd</sup> Oct, 20, early morning 6 toam I went for delivery news paper. when entered into the Clementi view, the road both side car parking. while go to near that car the cat come out from below the car and also raining the floor wet. So certainly Breate my motorcycle. So the motorcycle wheel go and bam the car number plate. No injury. then, write my mobile number. put in the bam car. Then the owner called me around 10.00am same day.

## DECLARATION

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

Policyholder's Signature 20/10/20  
Date & Time: 12.47 pm

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

Reporting Centre Personnel's Signature  
Name: 05/10/2020  
NRIC/FIN No.: Resh Norton

## ACCIDENT STATEMENT

ACCIDENT DATE: (03/10/2020) (DD/MM/YYYY), TIME: (06:10) (HH:MM)

LOCATION: Block-204, Clementi Ave 6, Clementi View.

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 89547  
b) INSURANCE COMPANY: MSIG Insurance (Singapore) pte. Ltd.  
c) POLICY NUMBER: MSD/VMS19-505548-WIT  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: HONDA - 125  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: go 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: THIRUMANI VEERAPPAN RAMANATHAN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S74690927 CONTACT: 83077707  
c) ADDRESS: Block 42, #06-211, TANGLIN HALL ROAD  
SINGAPORE - 141042

\* 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: (11/06/1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SLZ 6381G MODEL: NISSAN

b) DRIVER'S NAME:

c) NRIC/FIN/PASSPORT: S0133578B CONTACT: 98415737

### 9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: MODEL:

e) DRIVER'S NAME:

f) NRIC/FIN/PASSPORT: CONTACT:

email = t.vramsg@gmail.com

VIDEO

**MSIG**

W 721527  
 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/19-505548-WTT A0633-001/W0823**

SUM INSURED : **PNV**

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

**S7469092J**

1. Index mark and Registration Number of Vehicle **FBG8954J**

**HONDA****125 c.c.**

2. Name of Policyholder **THIRUMENI VEERAPPAN RAMANATHAN**

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

**0001AM 21/12/2019**

4. Date of Expiry of Insurance

**20/12/2020**

5. Persons or Classes of Persons entitled to drive

a. The Policyholder.

b. **RAMACHANDRAN BALAKRISHNAN 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

1. 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."

**WTT INSURANCE AGENCIES PTE LTD**  
 Underwriting Agent

02/12/2019 (M)