

NATIONAL Assessment Centre Services.

[last 1 Jan 2003]

NA2006031

Date In: 09/11/2002 10:38	Job description	Date & Time Completed	Done by
Ref No: NPA/MSG 200/2227	SAS e-illing		
Veh No: RRS 58958	E-mail (by date time, A/C time)		
D.O.A. 02/11/2002 20:16	1-Motor Claims Form		
OID (TP) Reporting Only	1-Motor W/O (with date OD time, TP time)		
TP Insurer:	1-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Whse		

Preferred Wkup / INC Assign Wkup / QW: (Tel:	Fax:
TP Particulars:	Veh No: SMV 76526	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 > \$3000] ()		

Injury: _____

Date: _____

Time: _____

Location: _____

Driver/Owner:	1) ALT: Accident Reporting (\$30)	INC (\$10)
Contact No:	2) DA: Damage Assessment (\$100)	\$40/\$45
Damaged Portion:	3) TP: Towing Fee	\$120
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey	\$30
	5) PT: Follow-Through Survey (Resurvey)	\$30
	For claim against INC Only (over 10 Jan 2003)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + EMRT Survey	
	8) NIUC: Additional Services	
	9) NI: Idea Mobile	\$3
	NI: Courtesy Car / Tpl Allowance	\$10
	NI: Repairs Coordination	\$25
	NI: Post Repair Inspection	\$3
	NI: DV / Collect Excess Coordination	\$20
	TE (NI): TP (OWN INC) against INC	\$0

Invoice dated _____

Invoice dated _____

Fee Charged _____

Fee Charged _____

NA2006031

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	09/11/2020 10:38
Date Of Accident	02/11/2020 20:10
Exact Location Of Accident	NEWTON CIRCLE TOWARDS BT TIMAH ROAD (K.K.HOSPITAL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB5895S
Insured/Policyholder	
Name Of Registered Owner	SUBRAMANIAM MUTHUSAMY
NRIC No	SXXXX411B
Email Address	TERRYWEE71@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97940093
Alternative Phone No	OTHERS-97940093

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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
Fleet Policy	NO
Policy Number	MSD/MT/20-508745-WTT
Cover Note Number	

Driver

Name of Driver	SUBRAMANIAM MUTHUSAMY
NRIC No	SXXXX411B
Date Of Birth	26/06/1952
Occupation	INDOOR
Date Of Driving Pass	15/02/1979
Driving Experience	41 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97940093
Fax Number	
Contact Number	OTHERS 97940093

Address	BLK 545 SERANGOON NORTH AVENUE 3 #07-198
Postcode	550545
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?	YES
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	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

PLEASE REFER TO POLICE REPORT T/20201106/2037

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	SMV7652C
Vehicle Make/Model/Colour	TOYOTA LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO CHOON HOW
NRIC/Passport Number	SXXXX641Z
Contact Number	94899828
Address	
Postcode	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name SUBRAMANIAM MUTHUSAMY

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FB55895S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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:

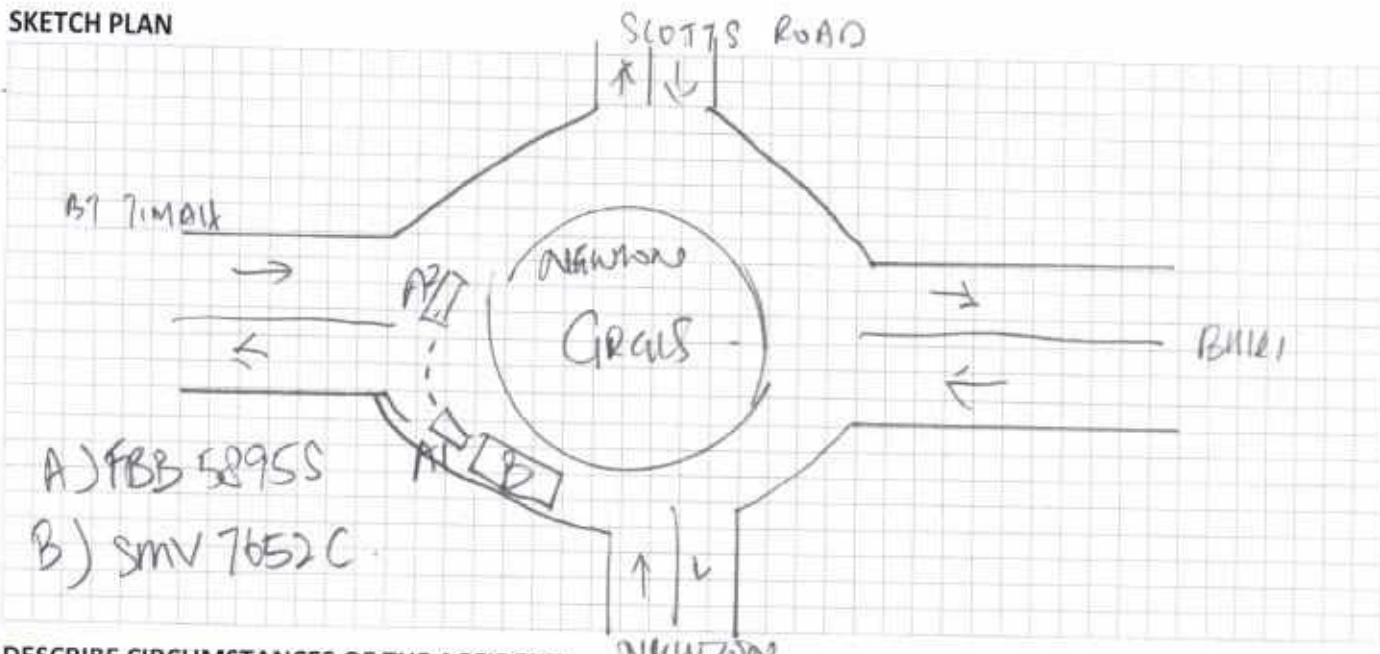
6/11/2020
4pm

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

09/11/2020
Ref: [Signature]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE BOOK T/20201106/2037

DECLARATION

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

6/11/2020 4.p.m

09/11/2020
Regd. Witness

ACCIDENT STATEMENT

ACCIDENT DATE: (02/11/2020) (DD/MM/YYYY), TIME: (20:10) (HH:MM)

LOCATION: Newton Circle towards Bukit Timah Road (K.K. Hospital)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBB 58955
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: MSD/VMT 20-508745-WTT A0633-001/W0806
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha Spark 135
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going Home
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: Subramaniam Muthusamy (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 50013411B CONTACT: 97940093
c) ADDRESS: Apt. Blk 545, Serangoon North Avenue-3 #07-198
5550545

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AR. ABRAH (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (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: clear)

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

6. WAS ANYBODY INJURED (YES / NO)

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

IF YES, PLEASE STATE WHICH POLICE STATION: Traffic Police 10, Ubi Ave-3

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SMV 7652C MODEL: Toyota Lexus
b) DRIVER'S NAME: Teo Chuan How
c) NRIC/FIN/PASSPORT: 57209641Z CONTACT: 94899828

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email = terrywee71@gmail.com
VIDEO



**SINGAPORE
POLICE FORCE**



T/20201106/2037

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

1 of 4

Report No. T/20201106/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/11/2020 12:42		Vide Report No.: E/20201102/0185		Station Diary No.:	
Informant's Particulars					
Name of Informant: SUBRAMANIAM MUTHUSAMY			Address: APT BLK 545 SERANGOON NORTH AVENUE 3 #07-198 SINGAPORE 550545		
ID Type / ID No.: NRIC NO / S0013411B			Contact No.: Home/Office: Mobile: 97940093		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 68	Date of Birth: 26/06/1952	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Private security officer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/11/2020 20:10	Type of Location:
Location: BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
FBB5895S	Motorcycle	YAMAHA	T135	Blue		0
SMV7652C	Car	TOYOTA	LEXUS UX250H 5DR SUV (AT) (2WD) LUXURY	White		0



SINGAPORE POLICE FORCE



T/20201106/2037

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

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Report No. T/20201106/2037

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB5895S	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20508745	31/05/2020	30/05/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SUBRAMANIAM MUTHUSAMY	ID No.	S0013411B
Related Vehicle	FBB5895S (Motorcycle)	Contact No.	97940093
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	02/11/2020	Date Discharge	04/11/2020
No. of Days granted Medical Leave	14	Degree of Injury	NIL
Driver			
Name	TEO CHOON HOW	ID No.	S7209641Z
Related Vehicle	SMV7652C (Car)	Contact No.	94899828
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 THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS COMING FROM SCOTTS ROAD, TURNING TO THE RIGHT FIRST THEN TURNING TO THE LEFT WITH MY LEFT SIGNAL ON. SUDDENLY I NOTICE A WHITE CAR BEHIND ON MY REAR VIEW MIRROR, I CAN SENSE THAT THE VEHICLE IS GOING TO HIT ME AND IT REALLY HIT MY REAR. I THEN SKIDDED ALONG WITH MY MOTORCYCLE FOR ABOUT 10-15 METRES. THE CAR THAT HIT ME, ITS SIGNAL IS SHOWING RIGHT AND THEN HE CHANGED TO HAZARD LIGHT AFTER THE ACCIDENT HAPPENED. HE THEN CAME OUT OF THE VEHICLE AND APOLOGIZED. THEN THE DRIVER SAY HE WANTS TO GO TO THE TOILET, HENCE HE LEFT THE SCENE BEFORE THE AMBULANCE & TRAFFIC POLICE ARRIVED. I CALLED FOR AMBULANCE, THEN THE AMBULANCE CAME THEN FOLLOWED BY TRAFFIC POLICE. TRAFFIC POLICE ASKED ME A FEW QUESTIONS AND THEN I WAS CONVEYED TO SINGAPORE GENERAL HOSPITAL.

THAT IS ALL.



**SINGAPORE
POLICE FORCE**



T/20201106/2037

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20201106/2037

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20201106/2037

4 of 4

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


Report No. T/20201106/2037

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:
TP /
WINSTON KOH WEN ZHONG 

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt TAN JUN YAN
Contact No.: 65476311

Authentication Stamp
NP168

Signature Of Informant:



Date/Time:
06/11/2020 12:42

Classification Of Case:



**SINGAPORE
POLICE FORCE**





TRAFFIC POLICE
AMENDMENT

Traffic Police Department
Charge Office
10 Ubi Avenue 3
Singapore 408865


NP 168 No: T/20201106/2037 Name: Subramaniam Muthusamy
Accident Date/Time: 02/11/20 @ 2010 Address: B/545 Serangoon North Ave 3
Vehicle(s) involved: FB8 5895 S #07-198 S(550545)
SMV 7652C NRIC No: 50013411B
Tel No: 97940013
Date: 06/11/2020

Dear Sir / Madam

I wish to amend as follows:

- 1) The actual location is Newton Circus, towards Bukit Timah Road (KKH direction), not Bukit Timah Road as stated in the original report.
- 2) Under the brief details, I wish to edit this sentence, "I was coming from Scotts Road, turning to the right first then turning to the left with my left signal on," as I find this sentence not clear enough. I would like to put it as, "I was coming from Scotts Road, turning into Newton Circus, as I was heading towards Bukit Timah Road (KKH direction)."

SUBRAMANIAM MUTHUSAMY
S 0013411/B
Yours faithfully


SSS Tan Wei Jian
06/11/2020 @
1700hrs



MSIG

W 725467
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/VMT/20-508745-WTT A0633-001/W0806

SUM INSURED : TPL
EXCESS : NIL

1. Index mark and Registration Number of Vehicle

S0013411B
FEB5895S

YAMAHA

135 c.c.

2. Name of Policyholder
SUBRAMANIAM NUTHUSAMY

3. Effective date of the Commencement of Insurance

for the purposes of the Act

4. Date of Expiry of Insurance

0001AM 31/05/2020
30/05/2021

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. **WINDSHIP MOTOR COMPANY** 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 062742122 / 62786717

Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

HIRE-PURCHASE

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."

21/04/2020 (L)

WTT-CI-04(D4/14)

WTT INSURANCE AGENCIES PTE LTD

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.