

NATIONAL Assessment Centre Services. MAY 20103965

Date In: 23/11/2020 15:02
 Ref No: N/A/MG 200/2877/Y
 Vch No: 184 7228 D
 O.O.A: 21/11/2020 14:15

Job description
 SAS e-illing
 E-mail (By date time, AIG time)
 I-Motor Claim Form
 I-Motor W/O (Within: OD 2hrs, TP 4hrs)
 I-Photo Uploaded
 Assessment/Survey Report
 Ass't Report by Fax/Hand to Owner/Whiz

Done by

OID TP: Reporting Only

TP Insurer:

Preferred Wkep / INC Assign Wkep / OW: (

TP Particulars: Vch No: 885 85084

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	Details

N/A 2006193

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Eng-In-Charge):

1) All Accident Reporting (\$30)	INC (\$10)
2) DA: Damage Assessment (\$100)	\$40/\$45
3) TP: Towing Fee	\$120
4) PT: Follow-Through Survey	\$30
5) PF: Follow-Through Survey (Resurvey)	\$75
For claiming against INC Only (over 10 Jan 2015)	\$160
6) TIR: Re-inspection	
7) NI: IDAD DA + EMRT Survey	
8) NTUC Additional Services	
ON:	
*N5: Courtesy Car / Tpl Allowance	\$30
*N6: Uspale Co-ordination	\$25
*N7: Post Repair Inspection	\$3
*N8: DV / Collect Excess Co-ordination	\$20
TE (Nil): TP (Nil) INC against UAG	\$0
2) With Ids Idolls	
Invoice dated	
Invoice dated	

Fee Charged
 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	23/11/2020 15:03
Date Of Accident	21/11/2020 14:15
Exact Location Of Accident	SLIP RD FROM BUKIT TIMAH RD TOWARDS CLEMENTI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH7278D
Insured/Policyholder	
Name Of Registered Owner	MALLVIN RAJAMOHAN
NRIC No	TXXXX517B
Email Address	MALLVIN2000@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90612635
Alternative Phone No	OTHERS-90612635

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK 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	
Cover Note Number	72271290

Driver

Name of Driver	MALLVIN RAJAMOHAN
NRIC No	TXXXX517B
Date Of Birth	29/08/2000
Occupation	INDOOR
Date Of Driving Pass	14/09/2020
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90612635
Fax Number	
Contact Number	OTHERS-90612635
EMail Address	MALLVIN2000@GMAIL.COM

Address	BLK 118 CLEMENTI STREET #06-101
Postcode	120118
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?	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201121/2088

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	SBS8508H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LEONG FOR KONG
NRIC/Passport Number	SXXXX275Z
Contact Number	80459398
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MALLVIN RAJAMOHAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH7278D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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.

maiz 23-11-2020 12:48 PM

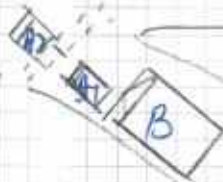
Policyholder's Signature
Date & Time:

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

23/11/2020
Reporting Centre Personnel's Signature
Name: *Kesha*
NRIC/FIN No.:

SKETCH PLAN

CHIMANI ROAD



A) FBH 7078D

B) SRS 8058H

BUKIT TIMAH ROAD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/20201121/2088

DECLARATION

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

meij 23-11-2020 12:48 PM

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: (21 / 11 / 2020) (DD/MM/YYYY), TIME: (14 : 25) (HH:MM)

LOCATION: Bakit Timah Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBH7278D
 b) INSURANCE COMPANY: MSI G
 c) POLICY NUMBER: 72271290
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: (Bajaj) Pulsar 200, NS manual
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way back 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: Mallik Rajamohan (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: T0031517B CONTACT: 90612635
 c) ADDRESS: Block 118 Clementi street 13 #06-101
 Singapore 120118

* 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: (29 / 08 / 2000) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 14-09-2020

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: Clementi

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBS8058H MODEL: Scania
 b) DRIVER'S NAME: Leong For Kong
 c) NRIC/FIN/PASSPORT: S27062752 CONTACT: 80459398

9. THIRD PARTY VEHICLE

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

Email = mallik2000@gmail.com

VIDEO



**SINGAPORE
POLICE FORCE**



T/20201121/2088

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20201121/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2020 17:28		Vide Report No.:		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: MALLVIN RAJAMOHAN			Address: APT BLK 118 CLEMENTI STREET 13 #06-101 SINGAPORE 120118		
ID Type / ID No.: NRIC NO / T0031517B			Contact No.: Home/Office:		Mobile: 90612635
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 29/08/2000	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 21/11/2020 14:15	Type of Location: Bend
Location: CLEMENTI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7278D	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	Yellow	Seriously Damaged	0
SBS8058H	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20201121/2088

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 3

Report No: T/20201121/2088

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH7278D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72271290	24/09/2020	23/09/2021

Brief Details.

On 21/11/2020 at about 1415hrs, I was travelling along bukit timah road at the filter lane with my motorcycle registration plate number (FBH 7278D), I wish to head to clementi road and stop at the filter lane. As there are incoming traffic along clementi road, I stopped and waited for the road to clear. Next moment, one SBS bus vehicle registration number (SBS8058H) collided onto me from the back.

Due to the impact, I was flung out of my bike and landed onto the road. I manage to get up myself after a while. The bus driver stopped and came to check on me. Subsequently, police and ambulance came to scene. The paramedics check on me but I feel fine at that point of time. I did not suffer any visible injuries from the accident.

The bus driver is namely, Leong For Kong, S2706275Z (HP: 80459398). I wish to seek medical checkup as I fell on my right arm. I feel a little bit pain at my right arm and will be visiting the doctor.



**SINGAPORE
POLICE FORCE**



T/20201121/2088

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No: T/20201121/2088

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:

D /
Sgt 3 LIH JUN JUN

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

SN 57
SIGNATURE

Signature Of Informant:

Date/Time:
21/11/2020 17:28

Classification Of Case:



MALLVIN RAJAMOHAN

MALLVIN RAJAMOHAN
BLK/HSE 118 #06-101
CLEMENTI STREET 13
SUNSET WAY RESIDENCE
SINGAPORE 120118

Accident and Emergency
TAX INVOICE

Page 1 of 2

GST Reg No 20-0409811-Z
Business Reg No 53029036K
Print Date/Time 21.11.2020/19:21:44
Bill Date 21.11.2020
Customer No 5935340
Case No 1020073527
Bill Document No 8206914966
Visit Type A&E WALK-IN
Visit Date 21.11.2020
Attending Doctor INDULKAR GAURESH GIRISH

Date	Code	Service Description	Qty	Amount (S\$)
21.11.2020	7108000002	CONSULTATION - AFTER HOUR	1	118.69
21.11.2020	7108000173	A&E INFECTION CONTROL	1	13.00
21.11.2020	ARCO2	ARCOXIA 120MG TABLETS	5	31.60
Subtotal				163.29
Hospital Charges				163.29
GST @ 7%				11.43
Hospital Charges Subtotal				174.72
Total Bill				174.72
Total Hospital Charges				174.72

Note: (^)-non discountable items (*)-A&E charges

View Your Medisave and/or Medishield Life Claim Details Online

Login to mycpf online services with your Singpass at <http://www.cpf.gov.sg> and proceed to My Statement>> SECTION B>> Medisave and/or Medishield Life Integrated Shield Plan Claims for the past 15 months. For more information, please visit <http://ask-us.cpf.gov.sg>>> Meeting Your Healthcare Needs.

Reimbursement Information for Employers and Insurers

Reimbursement should be made to cash outlay first, followed by Medisave then Medishield Life OR the Medisave-approved Integrated Shield Plan. To make reimbursement to Medisave and Medishield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers>> E-Services>> Medisave/Medishield Life Reimbursement. To reimburse to a Shield Plan, please pay directly to the private insurer offering the Shield Plan.

Customer No./Name: 5935340 MALLVIN RAJAMOHAN

Case Number: 1020073527 Balance Due(S\$): 0.00

Cheque Amount: Cheque Number: Bank:

Cheque should be crossed and made payable to "Parkway Hospitals Singapore Pte Ltd".

Please detach and return this section with your payment.



MALLVIN RAJAMOHAN

MALLVIN RAJAMOHAN
BLK/HSE 118 #06-101
CLEMENTI STREET 13
SUNSET WAY RESIDENCE
SINGAPORE 120118

Accident and Emergency

TAX INVOICE

Page 2 of 2

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Bill Date 21.11.2020
Customer No 5935340
Case No 1020073527
Bill Document No 8206914966
Visit Type A&E WALK-IN
Visit Date 21.11.2020
Attending Doctor INDULKAR GAURESH GIRISH

Date	Code	Service Description	Qty	Amount (S\$)
Payment				
21.11.2020	Visa/Master Cd (GEH)	*****5814		174.72-
Balance				
MALLVIN RAJAMOHAN : Balance				0.00

**MSIG**

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

For any enquiries, please call the Underwriting agent : Commercial Agency Pte Ltd
23 Kelantan Lane #02-01/02 Kim Hoe Centre Singapore 208642 Tel : 63373133

MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 72271290

Agency : A0074-001-10225

Date : 24 Sep 2020

Name : MALLVIN RAJAMOHAN

having proposed for insurance in respect of the Motor Cycle described in the Schedule below the risks is hereby HELD COVERED
in the terms of the Company's usual form of Third Party Policy applicable thereto for the

period from 11:00AM on 24 Sep 2020 to midnight on 23 Sep 2021 unless the
cover be terminated by the Company by notice in writing in which case insurance will thereupon cease and a proportionate part of
the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

Registration No.	FBH7278D	Insured Value	Third Party Liability (TPL)
Engine No.	JLZCDC90909	C.C.	200
Chassis No.	MD2A36FZXDCB86331		
Year Manufactured	2013	Year of Registration	2013
Make & Model	BAJAJ [PULSAR 200 NS MANUAL]		
Named Rider	RAJAMOHAN S/O RAMASUNDRAN [DOB:05 Nov 1971]		

Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession.

CERTIFICATE OF INSURANCE

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.

IMPORTANT

Please be informed that this cover note is issued for temporary use only and that you must exchange the cover note for the certificate of insurance from the respective agents within 14 days hereof.

Not valid unless countersigned by Authorized Person

UNIVERSAL MOTORS PTE LTD

BLK 1006 BUKIT MERAH LANE 2

#01-04 SINGAPORE 159762

TEL: 62782029 FAX: 62732039

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

(Please read important information on the reverse page.)