

# NATIONAL Assessment Centre Services

(wef 1 Jan 05) **NO 9204008**

Date In: <b>17/12/05 - 14:00</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/MSH201404/24</b>	SAS e-filing		
Veh No: <b>FGH5436P</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>15/12/05 - 18:30</b>	i-Motor Claim Form		
OD: <b>TP</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand</u> to <u>Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: **68F7996A**

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:	Date & Time Completed	Done by
(INC hotline: 6788 6616)		
1) Apply for Transport Allowance ( ) / Courtesy Car ( )		
2) QC Check / Post Repair Inspection ( )		
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )		

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

Date/Time	Actions

Claimant's Particulars:	Invoice Preparation Checklist	Am't (\$) In Bill	Am't (\$) Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$45		
	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:-		
	QD*		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
Auditors' Comments:-	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Non INC) against INC \$20		
	9) N12: Idac Mobile 30		
	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 Submission	17/12/2020 14:00 (SGT)
Date of Accident	15/12/2020 18:30 (SGT)
Exact Location of Accident	Jln Boon Lay, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH5406P
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ARUMUGAM KANNAN
Passport No/FIN	FXXXX922N
Email Address	kannan.darun@gmail.com
Mobile Phone No	(Phone) +65-97274193
Alternative Phone No	+--

#### VEHICLE PARTICULARS

Manufacturer	Sym
Model	GTS200
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MSD/VMT/20-418370-CA
Cover Note Number	-

#### DRIVER

Name of Driver	ARUMUGAM KANNAN
Passport No/FIN	FXXXX922N
Date Of Birth	22/05/1973
Occupation	Indoor

Date Of Driving Pass .....	12/01/2005
Driving experience .....	15 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97274193
Alt. Phone Number .....	+--
Email Address .....	kannan.darun@gmail.com
Address .....	BLK 791 CHOA CHU KANG NORTH 6
Address complement .....	#04-250
Postcode .....	680791
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - J/20201215/7054.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBF7996A
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	KELIWAN BIN AHMAD
NRIC No .....	SXXXX623D



Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	ARUMUGAM KANNAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	BODY
Injured person in which vehicle? .....	FBH5406P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

## 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:

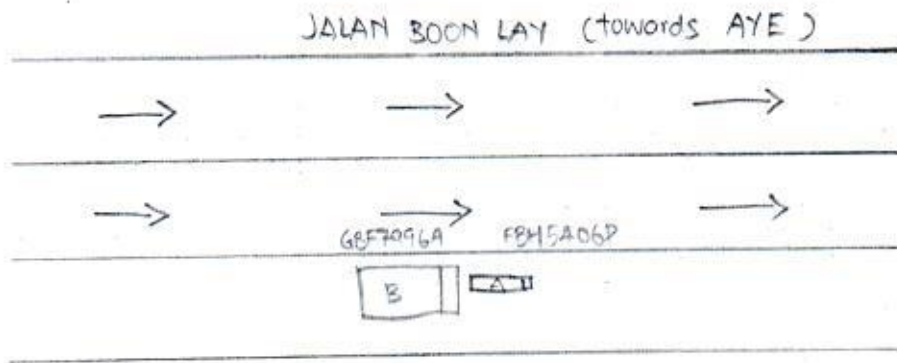
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

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

SKETCH PLAN



A: FBH5406P  
B: GBF7996A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

DECLARATION

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

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.:



Date of Accident : 15/12/2020 Accident Time: 1830 (24-HR-Format)  
Accident Place : JALAN BOON LAY WAY  
Vehicle No. (Car Plate No.) : FBH5406P Make/Model: SYM GTS200  
Insurance Company : MSIG Policy No: 72273610  
Owner or Company Name /IC No. : ARUMUGAM KANNAN  
Owner or Company Contact No. : 9727 4193 Owner's Hp Company Tel  
DRIVER'S Name / IC No. : ARUMUGAM KANNAN (F8044922N)  
DRIVER'S Date Of Birth : 22 MAY 1973 DRIVER'S License Pass Date 12 JAN 2005  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:  
DRIVER'S Address :  
DRIVER'S Contact No./ Alt No. : 1) 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : KANNAN.DARUN@GMAIL.COM  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): ONE  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state):

Other Party Driver's Particular (if any)

Vehicle No: GBF7996A	Vehicle No: _____
Vehicle Make/Model: TOYOTA DYNA	Vehicle Make/Model: _____
Name Driver: KELIWAN BIN AHMAD	Name Driver: _____
IC No. Driver/Contact: S1382623D	IC No. Driver/Contact: _____

\* NEW - Passenger's name & gender:



**SINGAPORE  
POLICE FORCE**



J/20201215/7054

1 of 2

**POLICE REPORT (NP299)**

Report No. J/20201215/7054

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 15/12/2020 22:00	Vide Report No.	Station Diary No.
Name Of Informant ARUMUGAM KANNAN	Address	
ID Type / ID No. FIN NO / F8044922N	Contact No. Home/Office: Mobile: 97274193	
Nationality INDIAN	Email Address KANNAN.DARUN@GMAIL.COM	
Occupation Telecommunications engineer	Sex Male	Age 47
Institution/School Name	Date of Birth 22/05/1973	Race Indian
Date/Time Of Incident 15/12/2020 18:00 - 15/12/2020 19:00	Location Of Incident Jalan boon lay way towards AYE	

**Brief details.**

On 15/12/2020 6.30pm i was riding my bike (FHB5406P) along Jalan boon lay way towards AYE. The floor was wet, while I was riding on lane 1, suddenly a lorry (GBF7996A) hit the back of my bike and I lost control of my bike and fell down and injured myself. I went to see a doctor and I was given 3days MC and medication to rest at home.

<b>Subjects Involved</b>	
<b>Suspect</b>	
Person Name	KELIWAN BIN AHMAD
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/12/2020 22:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



J/20201215/7054

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20201215/7054

ID Type	NRIC NO	ID No	S1382623D
Gender	Male	Age	60-61
Race	Malay	Language	English
Occupation	Van driver	Relation To Informant	Driver of the van
<b>Victim</b>			
Person Name	ARUMUGAM KANNAN		
ID Type	FIN NO	ID No	F8044922N
Gender	Male	Age	47
Race	Indian	Language	English
Occupation	Telecommunications engineer	Mobile No	97274193
Is Informant A Victim?	Yes		
Person Name	ARUMUGAM KANNAN (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

15/12/2020 22:00

Classification Of Case:

**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

## MOTORCYCLE INSURANCE SCHEDULE

DATE OF ISSUE: 26/10/2020

AGENCY: A0074-001-10233  
COMMERCIAL AGENCY PTE LTD

POLICY NO: MSD/VMT/20-418370-CA

**INSURED:**

NAME: ARUMUGAM KANNAN  
ADDRESS: 791 CHOA CHU KANG NORTH 6  
#04-250  
SE 680791

NRIC NO: F8044922N  
DATE OF BIRTH: 22/05/1973 (47 yrs)  
DRIVING EXP: 12/01/2005 (15 yrs)  
CONTACT NO: 97124886

BUSINESS OR PROFESSION: ASSOCIATE ENGINEER

PERIOD OF INSURANCE FROM: 10/10/2020 10:17AM TO 09/10/2021

REGISTRATION NUMBER: FBH5406P

CUBIC CAPACITY: 172

MAKE OF VEHICLE: SYM

YEAR OF REGISTRATION: 2013

INSURED ESTIMATE OF VALUE: TPL

SEATING CAPACITY: 2

**AUTHORISED DRIVERS:**

THE INSURED ONLY.

ENDORSEMENTS APPLICABLE: 3P 97 - INSURED

PREMIUM: 136.00

EXCESS:

GST @ 7% 9.52

TOTAL : 145.52

NO CLAIM BONUS OF 20% IS ALLOWED

NAME OF EMPLOYER AND/OR  
HIRE PURCHASE OWNER:

MSIG Insurance (Singapore) Pte. Ltd.

**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

Approved Insurers