

NATIONAL Assessment Centre Services.

Just a Jan 2021

SN0430040001

Date In: 18/12/2020 14:25	Job description	Date & Time Completed	Done by
Ref No: NBS/MS62001/40891	SAS e-filing		
Veh No: FRD 8249C	E-mail (Vehicle Ins, AIC Ins)		
O.O.A: 16/12/2020 09:54	I-Motor Claims Form		
OT: TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Box / Hand to Owner/Whom		

Preferred Wkep / INC Assign Wkep / QW: (Tel:	Fax:
TP Particulars:	Veh No: GX 5922Y	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: _____

NA21000139	1) All: Accident Reporting (\$30)	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$40)	
Contact No:	3) TP: Towing Fee	\$120
Damaged Portion:	4) PT: Follow-Through Survey	\$20
QC Checked by (Engr-In-Charge):	5) PF: Follow-Through Survey (Resurvey)	\$20
	Forensic/misconduct NO Only (ver 10 Jan 200)	\$75
	6) TR: Re-inspection	\$160
	7) NI: Idea DA + SMRT Survey	
	8) NTUC Additional Services:	
	ON:	
	*N3: Courtesy Car / Tpl Allowance	\$3
	*N6: Repairs Coordination	\$10
	*N7: Post Repair Inspection	\$25
	*N8: DV / Collect Excess Coordination	\$3
	TP (N11): TP (N11) against INC	\$30
	9) N12: Idea Mobile	
	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 Submission	18/12/2020 14:25 (SGT)
Date of Accident	16/12/2020 09:54 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	INFRONT OF HUP KIONG
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD8249C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SARAVANAN A/L NADARAJAN
Passport No/FIN	FXXXX589U
Email Address	saravanan270670@gmail.com
Mobile Phone No	(Phone) +65-82624552
Alternative Phone No	+65-82624552

VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	Pulsar
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/20-415542-CA
Cover Note Number	-

DRIVER

Name of Driver	SARAVANAN A/L NADARAJAN
Passport No/FIN	FXXXX589U

Date Of Driving Pass	10/07/1993
Driving experience	27 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82624552
Alt. Phone Number	+65-82624552
Email Address	saravanan270670@gmail.com
Address	BLK 262C COMPASSVALE STREET
Address complement	#06-141
Postcode	543262
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 - Major/Minor Rd
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	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
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	GX5922Y
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	SARAVANAN A/L NADARAJAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	FBD8249C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

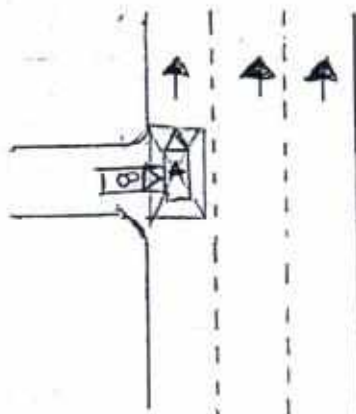

Policyholder's Signature / Date & Time


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

 18/12/2020
Witnessed by Reporting Centre Personnel

Sketch Plan

BAIRSTIER
ROAD



A → FBD 8249C

B → GX 5922Y

Describe Circumstances of the Accident

On the stated time and date.

I was travelling straight on my vehicle A bearing FBD 8249C.

When suddenly, vehicle B bearing GX 5922Y came out from the minor road and crashed on the left portion of my bike.

POLICE REPORT 7/25/12/18/2019

Declaration

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



18/12/2020

Witnessed by Reporting Centre Personnel

ACCIDENT REPORTING

Accident Date: 16 / 12 / 2020 (DD/MM/YYYY)

Time: 09 : 54 (HH:MM)

Location: Balestier Road (The Yellow box in front of Hup Kiong)

1. Details Of Vehicle

- a) Vehicle Number: FB08249 C
- b) Insurance Company: MSIG
- c) Policy Number: 415542
- d) Policy Type: (Comprehensive / Third Party / Third Party Fire & Theft)
- e) Make & Model: BAJAJ / PULSAR 200 DTS-1 cc: 200
- f) Type: (Saloon / Coupe / Mpv / Van / Lorry / Motorcycle / Others)
- g) Vehicle Category: (Private / Commercial / Motorcycle)
- h) Purpose Of Using At Accident Time: Private use
- 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: SARAVANAN A/L NADARAJAN (Male / Female)
- b) NRIC / FIN / Passport: F7016589 U Contact: 8262 4552
- c) Email: SARAVANAN270670@GMAIL.COM
- d) Address: BLK 262C COMPASSVALE STREET #06-141C S(543262)

*Continue to 3.d if driver is also a policyholder

3. Driver

- a) Name: _____ (Male / Female)
- b) NRIC / FIN / Passport: _____ Contact: _____
- d) Address: _____
- d) Date Of Birth: (27 / 06 / 1990) (DD/MM/YYYY)*
- e) Occupation: (Indoor / Outdoor)
- f) Years Of Driving Experience: _____ Driving Pass Date: (10 / 07 / 1993) (DD/MM/YYYY)
- g) Was Driver An Employee Of The Insured's Company? (Yes / No)
- If No, Relationship Of The Driver With Insured: _____

5. General Information Of The Accident

- a) Number Of Passengers (Including Driver): 1
- b) Weather Condition: (Clear / Raining / Others: _____)
- c) Road Surface: (Dry / Wet / Others: _____)
- d) Type Of Accident: HEAD TO SIDE

6. Other Information

- a) Was Anybody Injured? (Yes / No)
- b) Was Any Injured Conveyed to Hospital By Ambulance? (Yes / No)
- c) Reported To Police? (Yes / No)
- If Yes, Please State Which Police Station: _____

7. Third Party Vehicle

- a) Vehicle Number: EX 5922Y Model: TOYOTA / HIACE DIESEL
- b) Number Of Passengers (Including Driver): 3
- a) Vehicle Number: _____ Model: _____
- b) Number Of Passengers (Including Driver): _____

van co: Guan Hua Fashon & Trading
48 Tanglin Halt Road
#01-33A S142048.



SINGAPORE POLICE FORCE



T/20201218/2019

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20201218/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2020 09:47	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars

Name of Informant: SARAVANAN A/L NADARAJAN			Address: 262C Compassvale Street #06-141C SINGAPORE 543262		
ID Type / ID No.: FIN NO / F7016589U			Contact No.: Home/Office: Mobile: 82624552		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 50	Date of Birth: 27/06/1970	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SATS LTD			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/12/2020 08:50	Type of Location: Straight Road
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD8249C	Motorcycle	BAJAJ CHETAK	PULSAR 200 DTS-I	Blue	Slightly Damaged	0
GX5922Y	Van	TOYOTA	HIACE DIESEL	Grey		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBD8249C	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT20415542	07/08/2020	06/08/2021



**SINGAPORE
POLICE FORCE**



T/20201218/2019

2 of 3

Report No. T/20201218/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

CONTINUATION OF REPORT

Brief Details.

On 16/12/2020 at 8.50am, I was riding my motorcycle (FBD8249C) at the third lane along Balestier road near Caltex Patrol. While I was riding straight suddenly a Van (GX5922Y) knocked onto me from my left side. Hence, I fell down and suffer injuries at my left knee. The next day I went to see the clinic at I-Health Medical Clinic and I was given 2 days MC from 17/12/2020 to 18/12/2020.

I wish to state that I am unsure is there any CCTV at the said vicinity.



**SINGAPORE
POLICE FORCE**



T/20201218/2019

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20201218/2019

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:
G /
Sgt 1 CHANG ZHEN YONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN
Contact No.: 65476404

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
18/12/2020 09:47

Classification Of Case:

**MSIG****CA 543697**

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/20-415542-CA A0074-001/10001

SUM INSURED : TPL

EXCESS : NIL

1. Index mark and Registration Number of Vehicle **FBD8249C**
BAJAJ **199 c.c.**
2. Name of Policyholder **SARAVANAN A/L NADARAJAN**
3. Effective date of the Commencement of Insurance
 for the purposes of the Act **1201AM 07/08/2020**
4. Date of Expiry of Insurance **06/08/2021**
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 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."

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

24/07/2020 (CG)
 CA/CI-03 (05/13)