

NATIONAL Assessment Centre Services.

[Part 1 Jan 09]

SM 0920CM 0006

| | | | |
|-----------------------------|--|-----------------------|---------|
| Date In: 22/12/20 10:28 | Job description | Date & Time Completed | Done by |
| Ref No: NAI MSG 200/4245/64 | SAS e-filing | | |
| Veh No: FBG 6409E | E-mail (within 3hrs, AIC 2hrs) | | |
| ICIA: 4/10/20 09:30 | I-Motor Claim Form | | |
| OD: TP / Repairing Only | I-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | I-Photo Uploaded | | |
| TP Insurer: | Assessment/Survey Report | | |
| | Ass't Report by Fax / Hand to Owner/Wksp | | |

Preferred Wksp / INC Assgn Wksp / QW: (

Tel: (

Fax: (

TP Particulars:

Veh No:

PBP 9143E

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:

(INC/Non-INC/STUB/CLON)

Done by

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

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Defective:

NA2400738

Manufacturer/Particulars:

Driver/Owner:

Contact No:

Arranged Portion:

Checked by (Engr-In-Charge):

Service Commitments:

Li:

R/Z:

Invoice/Information/Checklist/Service/Remarks

1) AR: Accident Reporting (\$30);

2) DA: Damage Assessment (\$100); INC (\$40)

3) TP: 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 2009)

6) TR: Re-inspection \$75

7) NI: Ideal DA + SMRT Survey \$160

8) NTUC Additional Services:

ON:

*N5: Courtesy Car / Tpt Allowance \$5

*N6: Repair Co-ordination \$10

*N7: Post Repair Inspection \$25

*N8: DV / Collect Excess Coordination \$5

TP (Nil): TP (Non INC) against INC \$20

9) NI2: Ideal Mobile \$0

Invoice dated

Fee Charged

Invoice dated

Fee Charged

30

NA2400738

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 | 22/12/2020 10:28 (SGT) |
| Date of Accident | 04/10/2020 09:30 (SGT) |
| Exact Location of Accident | 943 Jurong West Street 91, Block 943, Singapore 640943 |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBG6409E |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--------------------------|
| Is company? | No |
| Name Of Registered Owner | BALASUBRAMANIAN RAJESH |
| NRIC No | SXXXX673F |
| Email Address | RAJESHREALTOR3@GMAIL.COM |
| Mobile Phone No | (Phone) +65-93376480 |
| Alternative Phone No | +65-93376480 |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Royal Enfield |
| Model | - |
| 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 - Reporting only |
| Vehicle Category | Motorcycle |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | MSIG |
| Type of Coverage | ThirdParty |
| Fleet Policy | No |
| Policy Number | MSD/VMT/20-510999-WTT |
| Cover Note Number | - |

DRIVER

| | |
|----------------|------------------------|
| Name of Driver | BALASUBRAMANIAN RAJESH |
| NRIC No | SXXXX673F |
| Date Of Birth | 12/04/1985 |
| Occupation | Indoor |

| | |
|--|-----------------------------------|
| Date Of Driving Pass | 20/12/2018 |
| Driving experience | 1 YEAR AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-93376480 |
| Alt. Phone Number | +65-93376480 |
| Email Address | RAJESHREALTOR3@GMAIL.COM |
| Address | BLK 217 BUKIT BATOK ST 21 #08-365 |
| Address complement | - |
| Postcode | 650217 |
| 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 | Collided into Parked Vehicle |
| 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? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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 | Hong Kah South Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18005648999 |
| Alt. Police Station Phone No | (Fax) +65-66655797 |
| Police Station Address | Blk 510 Jurong West Street 52 #01-90 Singapore 640510 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201004/2065

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 | FBP9134E |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| Name of Driver | - |
| Contact Number | - |

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

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:

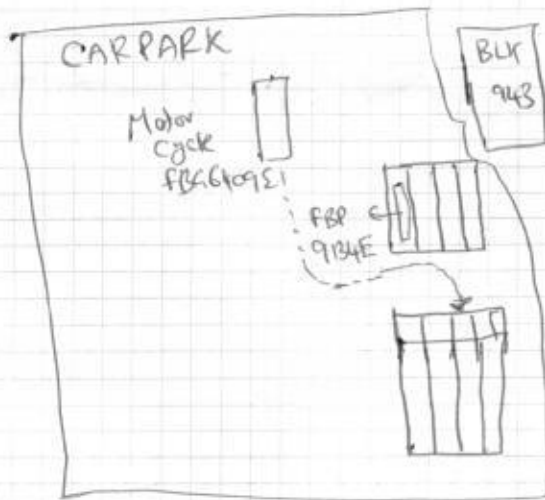


Driver's Signature
(If driver is not the policyholder)



Reporting Centre Personnel's Signature
Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 04th Oct 2020, When I visited my friends place at Blk 943 Jurong west st 91, around 09:30am - While parking my motorcycle ~~my~~ right side saddle bag accidentally hit the motorcycle FBP9134E to fell down. And I put back the ~~vehicle~~ motorcycle to the correct parking position afterwards

DECLARATION

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



SINGAPORE POLICE FORCE



T/20201004/2065

1 of 3

Report No. T/20201004/2065

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|-------------------------|
| Date/Time Report Made: 04/10/2020 16:28 | Vide Report No.: | Station Diary No.: 9 |
|--|------------------|-------------------------|

| | | | |
|--|------------|---|-----------------------------|
| Informant's Particulars | | | |
| Name of Informant: BALASUBRAMANIAN RAJESH | | Address: APT BLK 217 BUKIT BATOK STREET 21 #08-365 SINGAPORE 650217 | |
| ID Type / ID No.: NRIC NO / S8573673F | | Contact No.: Home/Office: Mobile: 93376480 | |
| Nationality: INDIAN | | Email: | |
| Sex: Male | Age: 35 | Date of Birth: 12/04/1985 | Type of Informant: Rider |
| Race: Indian | | Language: | Institution / School Name: |
| Occupation: Engineer | | Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: | |

| | | | | |
|---|----------------------|----------------------|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 04/10/2020 09:40 | Type of Location: Car Park |
| Location: JURONG WEST STREET 91 | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| 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 |
| FBG6409E | Motorcycle | ROYAL ENFIELD | BULLET CLASSIC 350 MANUAL | Red | No Damage | 0 |
| FBP9134E | Motorcycle | | | | Slightly Damaged | 0 |

| | | | | |
|-------------------------------------|-------------------|--------------|-----------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |



**SINGAPORE
POLICE FORCE**



T/20201004/2065

2 of 3

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

Report No. T/20201004/2065

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|---|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBG6409E | MSIG INSURANCE (SINGAPORE) PTE. LTD. | 60919590 | 20/09/2020 | 19/09/2021 |

| Details of Person Involved | | | |
|-----------------------------------|------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | BALASUBRAMANIAN RAJESH | ID No. | S8573673F |
| Related Vehicle | FBG6409E (Motorcycle) | Contact No. | 93376480 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 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 04/10/2020 at about 0940hrs, I parked my motorcycle (FBG6409E) in the Carpak Vicinity of B/943 -945 Jurong West St 91.

While I was doing so, my motorcycle sidebags accidentally hit onto the stationary Motorcycle (FBP9134E) which was on the left. The impact cause the motorcycle to fell down. I then assisted to bring it up again back to where it was.

From what I could see, the rear number plate of the said motorcycle was abit dented. Thinking nothing was amiss, I just left the area.

I then received a call from a traffic police IO who advise me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20201004/2065

3 of 3

Report No. T/20201004/2065

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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:

J /

Sgt 2 AHMAD HAIKAL BIN AHMAD FIRDAUS

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
04/10/2020 16:28

Classification Of Case:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8573673F



Name

BALASUBRAMANIAN RAJESH

பிராஜேஷ்

Race
INDIAN

Date of birth
12-04-1985

Sex
M

S8573673F

Country of birth
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8573673F

Name

BALASUBRAMANIAN RAJESH

Birth Date 12 Apr 1985

Issue Date 05 Oct 2009



NRIC No. S8573673F



Nationality
INDIAN

Date of issue
05-06-2006

APT BLK 217 BUKIT BATOK STREET 21 #08-385
SINGAPORE 650217

NRIC No: S8573673F Date: 03/05/2019

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

| | | |
|----------|---|-------------|
| Class 2 | Motorcycles > 400 CC | 21 Feb 2020 |
| Class 2A | Motorcycles between 201 CC and 400 CC | 20 Dec 2018 |
| Class 2B | Motorcycles <= 200 CC | 05 Oct 2009 |
| Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and minor tractors/vehicles <= 2500 kg | 12 Jan 2012 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 27 Feb 2020 |

S8573673F

S / No.9000348302

NP 428A





W 728182
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre2, 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/20-510999-WTT A0633-001/W0881

SUM INSURED : TPL
EXCESS : NIL

1. ☐ mark and Registration Number of Vehicle S8573673F
ROYAL ENFIELD 350 346 c.c.
2. Name of Policyholder BALASUBRAMANIAN RAJESH
3. Effective date of the Commencement of Insurance
for the purposes of the Act 0001AM 20/09/2020
4. Date of Expiry of Insurance 19/09/2021
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. ☐ 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."

Repl CN: 60919590
06/08/2020 (L)
WTT-CI-04(04/14)

WTT INSURANCE AGENCIES PTE LTD
Underwriting Agent
For MSIG Insurance (Singapore) Pte. Ltd.

ACCIDENT STATEMENT

ACCIDENT DATE: (4 / 10 / 2020) (DD/MM/YYYY), TIME: (09 : 30) (HH:MM)

LOCATION: BIK 943 Jurong west St 91 carpark

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 6409 E
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Royal Enfield 350 cc.
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: Balasubramanian Rajesh (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9737 6480
c) ADDRESS: _____

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: FBP 9134 E MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email = rajeshrealtor3@gmail.com

fax =

VIDEo = No.