

# NATIONAL Assessment Centre Services. [Part 1 Jan 2003] : SM 0920 CO 0003

Date In: 24/12/20 10:04	Job description	Date & Time Completed	Done by
Ref No: NAI MSG 200144 24/14	SAS e-filing		
Veh No: FBP 5556Y	E-mail (within 2hrs, A/C 2hrs)		
TPA: 18/12/20 13:20	I-Motor Claim Form		
(1) TP Reporting Only	I-Motor W/O (within: OD 2hrs, TP 4hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: ( )		Tel: ( )	Fax: ( )
TP Particulars:	Veh No: SL 9762 U	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 repolar.	
( ) Total Loss Case: to e-mail Insurer URGENTLY.	
Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )	

Remarks: (INC 0001 0700 0600)		Done by	
1) Apply for Transport Allowance ( ) / Courtesy Car ( )			
2) QC Check / Post Repair Inspection ( )			
3) Upload Resurvey Photo [Repair Cost > \$3000] ( )			

Injury: ( )
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Driver/Owner:	
Contact No:	
Damaged Portion:	
QC Checked by (Bugr-In-Charge):	

NA2100764	Invoice/Registration Check	Amount (\$)	Balance (\$)
1) All: Accident Reporting (\$30)			
2) DA: Damage Assessment (\$100); INC (\$10)			
3) TP: Towing Fee \$40/\$45			
4) FT: Follow-Through Survey \$120			
5) PT: Follow-Through Survey (Resurvey) \$30			
For claiming against INC Only (wef 10 Jan 2003)			
6) TR: Re-Inspection \$75			
7) N1: Idno DA + EMRT Survey \$160			
8) NTUC Additional Services:			
• N5: Courtesy Car / Tpl Allowance \$5			
• N6: Repair Co-ordination \$10			
• N7: Post Repair Inspection \$25			
• N8: DV / Collect Excess Coordination \$5			
• TP (N11): TP (N11) against INC \$20			
• N12: Idno Mobile \$0			
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 ..... 24/12/2020 10:04 (SGT)  
Date of Accident ..... 18/12/2020 13:20 (SGT)  
Exact Location of Accident ..... Braddell Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBP5556Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ITALIAN FABRICS PTE LTD  
Company Reg No ..... -  
Email Address ..... NEETU@ITAFAB.COM  
Mobile Phone No ..... (Phone) +65-98553901  
Alternative Phone No ..... +65-98553901

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... CGF 190X  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... A 300338881 VMC  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BALU HARIHARAN  
Work Permit No ..... GXXXX995N  
Date Of Birth .....

Date Of Driving Pass .....	17/06/2020
Driving experience .....	6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82496043
Alt. Phone Number .....	-
Email Address .....	NEETU@ITAFAB.COM
Address .....	BLK 148 POTONG PASIR AVE 1 #04-37
Address complement .....	-
Postcode .....	350148
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
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 .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201218/2137

#### 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 .....	SLL9762U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-

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 ..... BALU HARIHARAN  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... FBP5556Y  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

## 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 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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

Refer to Police Report T/20201218 / 2137

**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



Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20201218/2137

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

1 of 3

Report No. T/20201218/2137

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2020 20:32		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: BALU HARIHARAN			Address: APT BLK 148 POTONG PASIR AVENUE 1 #4-37 SINGAPORE 350148		
ID Type / ID No.: FIN NO / G5061995N			Contact No.: Home/Office: Mobile: 82496043		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 21/01/1989	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: ACCOUNT DEVELOPMENT EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/12/2020 13:20	Type of Location:
Location:  BRADDELL ROAD				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP5556Y	Motorcycle	HONDA	CBF190X MANUAL	Black		0
SLL9762U	Car	HONDA	VEZEL 1.5X HYBRID AT ABS D/AIRBAG 2WD	Black		0



**SINGAPORE  
POLICE FORCE**



T/20201218/2137

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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Report No. T/20201218/2137

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	BALU HARIHARAN	ID No.	G5061995N
Related Vehicle	FBP5556Y (Motorcycle)	Contact No.	82496043
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/12/2020	Date Discharge	18/12/2020
No. of Days granted Medical Leave	02	Degree of Injury	NIL

**Brief Details.**

ON THE STATED DATE, TIME AND LOCATION,  
I WAS RIDING ALONG BRADDELL ROAD INFRONT OF BLK 220 . IT WAS A FIVE LANE ROAD AND I WAS ON THE FOURTH LANE AND WANTED TO CHANGE INTO THE THIRD LANE. ALL OF A SUDDEN, ALL THE CARS ON THE THIRD LANE CAME TO A STOP. AS A RESULT, I ALSO HAD TO JAMBRAKE WHILE MAKING THE LANE CHANGE. AS THE ROAD WAS SLIPPERY DUE TO THE RAIN, I WAS UNABLE TO CONTROL MY BRAKING. HENCE, I LOST CONTROL OF MY VEHICLE AND FELL TO THE GROUND. THE POLICE AND AMBULANCE WAS CONTACTED BY THE DRIVER OF THE VEHICLE I COLLIDED WITH. THE DAMAGES WERE BETWEEN THE LEFT SIDE OF MY BIKE AND THE RIGHT SIDE OF THE CAR(SLL9762U) . I WAS CONVEYED TO TTSH. THAT'S ALL.  
IO IN-CHARGE:KEN LEE





SINGAPORE  
POLICE FORCE



T/20201218/2137

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 3

Report No. T/20201218/2137

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 /

MUHAMMAD AMIRUL M

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476178

Signature Of Informant:

Date/Time:

18/12/2020 20:32

Classification Of Case:



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G5061995N**


Name: **BALU HARIHARAN**

Birth Date: **21 Jan 1989**

Issue Date: **17 Jun 2020**

Valid Till: **16/06/2025**

003051073A



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer:  
**ITALIAN FABRICS PTE. LTD.**



Name:  
**BALU HARIHARAN**

S Pass No:  
**0 35181660**

Sector:  
**SERVICE**



**K2091056**

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

		EFFECTIVE DATE
Class 2B	Motorcycles ≤ 200cc / Electric Motorcycles ≤ 15kW	17 Jun 2020
Class 3C	Motor cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver	17 Jun 2020

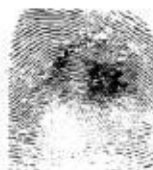


NP 428A

**VISIT PASS**  
Immigration Regulations

30-02-2020

Name:  
**BALU HARIHARAN**



FIN:  
**G5061995N**

Date of Birth:  
**21-01-1989**

Sex:  
**M**

Nationality:  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SGWorkPass  
App to check status



**MSIG**

Report No. - T/2020/218/2137

MSIG Insurance (Singapore) Pte. Ltd.  
 4 Shenton Way, #21-01, SGX Centre 2, Singapore 068807  
 Tel +65 6827 7888, Fax +65 6827 7800  
 Co.Reg No. 200412212G GST Reg. No. 20-0412212G  
 A Member of **MS&AD** INSURANCE GROUP

## MOTORCYCLE THE SCHEDULE

<b>Insured</b>	: Italian Fabrics Pte Ltd	<b>Date of Issue</b>	: 24/07/2020
<b>Address</b>	: 18 Tannery Lane #03-03 Lian Tong Building Singapore 347780	<b>Policy No.</b>	: A 300338881 VMC
		<b>Account No.</b>	: 3376
		<b>Period of Insurance</b>	: 24/07/2020 to 23/07/2021
		<b>Premium</b>	: SGD1,412.40
		<b>(inclusive of GST)</b>	

**Business**

Wholesale trade of a variety of goods without a dominant product

**RISK NUMBER 1**

<b>Registration No.</b>	: FBP5556Y	<b>Year of Registration</b>	: 2018
<b>Make/Model</b>	: Honda CGF 190X Manual	<b>Capacity</b>	: 184 C.C.
<b>Engine No.</b>	: SDH161MKJ3203269	<b>Seating Capacity</b>	: 02 (Incl. Driver)
<b>Chassis No.</b>	: LALPJL706J332373		
<b>Type of Cover</b>	: Comprehensive	<b>Sum Insured</b>	: Market Value at the Time of Loss
<b>No Claim Discount</b>	: NIL	<b>NCD Protector</b>	: Not Covered
<b>Annual Premium</b>	: SGD1,320.00		
<b>Excess</b>	: SGD600 (Own Damage Excess)		
<b>Authorized Driver(s)</b>	:		

**Limitations As To Use** : Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. 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.

**Clauses/Endorsements applicable to the above Risk**

This Policy extends to include the following endorsements and clauses subject otherwise to the terms conditions and exceptions/exclusions of this Policy:

**Exclusion of Liability for Theft Outside Singapore**

It is agreed that notwithstanding anything to the contrary contained in Section 1 of this Policy the Company shall not be liable for theft of the Insured Vehicle or any parts thereof occurring outside Singapore unless at the time of initial acceptance or the subsequent renewal of this insurance, Insured is:

- (a) a Singapore Citizen or Singapore Permanent Resident; or
- (b) a foreigner who possesses a valid Singapore work permit/employment pass and a Singapore driving licence.

**DAMAGE CLAIMS ENDORSEMENT**

It is hereby understood and agreed that notwithstanding anything to the contrary contained in Section 1 of this Policy, the Insured in respect of each and every event shall be responsible for the amount specified as an Excess in the Schedule (or any

## ACCIDENT STATEMENT

ACCIDENT DATE: 18/12/2020 (DD/MM/YYYY), TIME: (13:20) (HH:MM)

LOCATION: BRADDELL ROAD, INFRONT OF BLK 220

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBP555<sup>5</sup>Y  
b) INSURANCE COMPANY: MSIG  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: \_\_\_\_\_  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: work  
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: Halima Fabrics Pte Ltd (MALE / FEMALE) 9855 39 01  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8526 8775  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

#### DRIVER

- a) NAME: Balu Hargaran (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 8249 6043  
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: \_\_\_\_\_

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: traffic Police

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: S2L 9762U 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 = neetu@itafab.com, Ravi@itafab.com

fax =

video = no

\* chop

\* No of passenger  
(Including driver)  
(1)

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )