

# NATIONAL Assessment Centre Services.

Part 1 Jan 2021

SN0921100004

Date In: 27/01/2021 17:39

Ref No NA/MS6100317/24

Veh No FBQ 1932R

DDA 26/01/2021 19:30

(1) TP Reporting Only

TP Insurer:

Preferred Wksp / INC Assign Wksp / QW: (

TP Particulars:

Veh No: SLX 8944E

INC ( ) / Non-INC ( )

Owner / Driver: (

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 repolter.

( ) 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 of Injury: ( )

Location: ( )

Time: ( )

Weather: ( )

Other: ( )

Remarks: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

Signature: ( )

Date: ( )

WA2101137

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Verifiers' Comments:

Call:

2/2:

1) AR: Accident Reporting (\$30)	INC (\$30)	30
2) DA: Damage Assessment (\$100)	\$40/\$45	
3) TP: Towing Fee	\$120	
4) PT: Follow-Through Survey	\$30	
5) PT: Follow-Through Survey (Resurvey)	\$75	
For claiming against INC Only (wef 10 Jan 2021)		
6) TR: Re-Inspection	\$160	
7) NI: Idas DA + SMRT Survey		
8) NTUC Additional Services:-		
ON:		
*NS: Courtesy Car / Tpt Allowance	\$3	
*NG: Repair Co-ordination	\$10	
*NI: Post Repair Inspection	\$25	
*NB: DV / Collect Excess Coordination	\$3	
*TC (Nil): TP (Non INC) against INC	\$20	
9) NI2: Idas Mobile	\$0	
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	27/01/2021 17:39 (SGT)
Date of Accident	26/01/2021 19:30 (SGT)
Exact Location of Accident	Upper Thomson Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ1932R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ARSEA PTE. LTD
Company Reg No	-
Email Address	DAVID.ARSEA@GMAIL.COM
Mobile Phone No	(Phone) +65-88470154
Alternative Phone No	+65-88470154

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mtn155
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	-
Cover Note Number	60922130

#### DRIVER

Name of Driver	GOPALASAMY SIVA SUBRAMANIYAN
Work Permit No	GXXXX971U
Date Of Birth	24/07/1989
Occupation	Outdoor

Date Of Driving Pass	09/07/2019
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91563007
Alt. Phone Number	-
Email Address	DAVID.ARSEA@GMAIL.COM
Address	BLK 349 YISHUN AVENUE 11 #06-259
Address complement	-
Postcode	760349
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	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	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T20210127/2078

#### 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	SLX8944E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	GOPALASAMY SIVA SUBRAMANIYAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	LEFT FOOT FRACTURE
Injured person in which vehicle?	FBQ1932R
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 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:

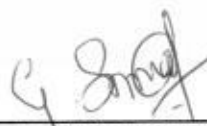
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

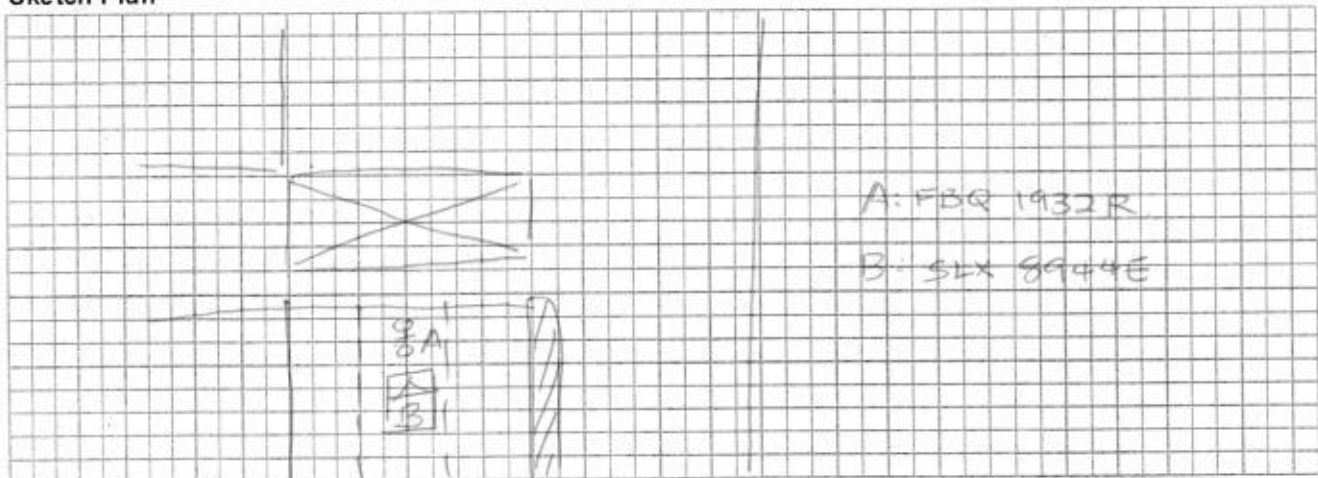
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
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 T20210127/2078

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre  
Personnel





# SINGAPORE POLICE FORCE



T/20210127/2078

1 of 4

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20210127/2078

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2021 15:27	Vide Report No.:	Station Diary No.: 92
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**Informant's Particulars**

Name of Informant: GOPALASAMY SIVA SUBRAMANIYAN			Address: 349 YISHUN AVENUE 11 #06-259 SINGAPORE 760349		
ID Type / ID No.: FIN NO / G3458971U			Contact No.: Home/Office: Mobile: 91563007		
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 24/07/1989	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: CONSTRUCTION SITE ENGINEER			Driving Licence Information: Class: 2B,3C Date of Expiry: 08/07/2024		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/01/2021 19:30	Type of Location: T-Junction
Location:  UPPER THOMSON ROAD				
Weather: Cloudy	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	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
FBQ1932R	Motorcycle	YAMAHA	MTN155	Blue	Seriously Damaged	0
SLX8944E	Car	BMW	523I	Black	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ1932R	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60922130	14/08/2020	13/08/2021



# SINGAPORE POLICE FORCE



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Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20210127/2078

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	GOPALASAMY SIVA SUBRAMANIYAN	ID No.	G3458971U
Related Vehicle	FBQ1932R (Motorcycle)	Contact No.	91563007
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: 08/07/2024
Date Treatment	26/01/2021	Date Discharge	27/01/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious
<b>Driver</b>			
Name	KENNETH WONG	ID No.	NIL
Related Vehicle	SLX8944E (Car)	Contact No.	96931009
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 26/01/21 at about 1930hrs, I was riding my motorcycle (FBQ1932R, Blue Yamaha MTN155) alone along Upper Thomson Road towards Yishun. I was riding on the 2nd lane from the right. There were a lot of other vehicles at that point in time. When my motorcycle was nearing the junction of Upper Thomson Road and Jln Pelatina, the traffic light turned from amber to red. I then stopped my motorcycle before the stop line. I was riding at a normal pace about 30km/h to 40km/h.

About 2 seconds later, I felt an impact from the rear of my motorcycle and my motorcycle skidded forward until the yellow line. I then fell from the motorcycle on to my left. My motorcycle also fell on the left. I then noticed that it was a car (SLX8944E, Black BMW 523i) that hit into the rear of my motorcycle. There were no passengers in the car, only the driver (Kenneth Wong, 96931009). He did not explain how his car collided into my motorcycle.

I sustained a fracture on my left foot, minor scratches on my right forearm, left knee, right shin. My motorcycle rear license plate was broken, front two indicator broke, left mirror broke, left clutch was dented, gear lever was dented, fuel tank have scratches on the left. I am unsure if there are any other damages on my motorcycle.

The driver of the car did not sustain any injuries, his car front bumper was dented and the left grill at the front bumper was broken.





**SINGAPORE  
POLICE FORCE**



T/20210127/2078

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Report No. T/20210127/2078

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

**CONTINUATION OF REPORT**

Traffic police and ambulance came however I chose to go Tan Tock Seng Hospital myself. I was not given any case number by the police. At the hospital, I was given 14 days mc from 26/01/21 to 08/02/21.

I am lodging this report for insurance purpose.



**SINGAPORE  
POLICE FORCE**



T/20210127/2078

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20210127/2078

**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:

A /

Sgt 2 FOONG JING KAI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

27/01/2021 15:27

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

For any enquiries please call the Underwriting agent: WTT Insurance Agencies Pte Ltd  
 5001 Beach Road #02-77/78 Golden Mile Complex Singapore 199588 Tel: 62946259 / 62965445

## MOTOR CYCLE COVER NOTE

(Strictly for Motor Cycle Insurance)

MSCN No : 60922130      Excess: \$300 (FIRE&THEFT) \$600 (ENDT 2K)  
 Agent : A0633-001-W0872      Date : 12 Aug 2020  
 Name : ARSEA PTE.LTD

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 Fire & Theft** Policy applicable thereto for the period from **00:01AM** on **14 Aug 2020** to midnight on **13 Aug 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.	FBQ1932R	Insured Value	Prevailing Market Value
Engine No.	G3K9E0028492	C.C.	155
Chassis No.	MH3RG5620K0004057		
Year Manufactured	2019	Year of Registration	2019
Make & Model	YAMAHA [MTN155]		
Remarks	Company Use		

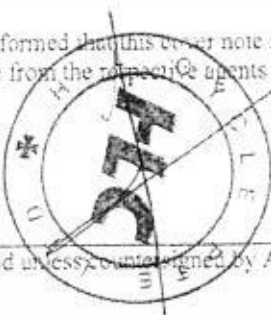
Use only for the following purpose : social domestic and pleasure purposes and in connection with policyholder's business or profession

### 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 signed by Authorized Person

For MSIG Insurance (Singapore) Pte. Ltd.

Approved Insurer

60872270

MSD/VMS/19-503159-00

(Please read important information on the reverse page.)

# ACCIDENT STATEMENT

ACCIDENT DATE: (26 / 1 / 2021) (DD/MM/YYYY), TIME: (19 : 30) (HH:MM)

LOCATION: UPPER THOMSON ROAD

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 1932R  
 b) INSURANCE COMPANY: \_\_\_\_\_  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: YAMAHA MTN 155  
 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: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 6847 0154  
 c) ADDRESS: \_\_\_\_\_

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

## DRIVER

- a) NAME: \_\_\_\_\_ (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 9156 3007  
 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) LEFT FEET FRACTURED

7. a) REPORTED TO POLICE (YES / NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLX 8944E 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: \_\_\_\_\_

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

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = david.arsea@gmail.com

fax =

VIDEO = NO