

NATIONAL Assessment Centre Services

Date In: 27/10/21	Job description	Date & Time Completed	Done by
Ref No: CA/MSG21010979/13	SAS e-filing		
Veh No: FBC3521D	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 17/10/21 0315	i-Motor Claim Form		
OD (TP) Reporting 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 Assign Wksp / QW: (Tel:	Fax:
TP Particulars:	Veh No: SLB149S	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%; F: 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 hotline: 6788 6616)	Date & Time Completed	Done by
1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury:

Date/Time	Actions

	Invoice Preparation Checklist	Ant (\$) 1st Bill	Ant (\$) Add Bill
Claimant's Particulars :-	1) AR: Accident Reporting (\$30);		
	2) DA: Damage Assessment (\$100); INC (\$80)		
Driver/Owner:	3) TF: Towing Fee \$40/\$45		
	4) FT: Follow-Through Survey \$120		
Contact No:	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
Damaged Portion:	6) TR: Re-inspection \$75		
	7) N1: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD:		
QC Checked by (Engr-In-Charge):	*N5: Courtesy Car / Tpt Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
Auditors' Comments :-	TP (N11): TP (Non INC) against INC \$20		
Cat. 1:	9) N12: Idac Mobile 30		
Cat. 2 / 3:	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	27/10/2021 10:11 (SGT)
Date of Accident	17/10/2021 02:15 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	(TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC3521D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	S SILVAM A/L SUBRAYAN
Passport No/FIN	GXXXX537Q
Email Address	selvansubrayan@gmail.com
Mobile Phone No	(Phone) +65-90159855
Alternative Phone No	+65-90159855

VEHICLE PARTICULARS

Manufacturer	Yamaha
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	135

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MSD/VMT/21-515039-WTT
Cover Note Number	-

DRIVER

Name of Driver	S SILVAM A/L SUBRAYAN
Passport No/FIN	GXXXX537Q

Date Of Birth	15/06/1972
Occupation	Indoor
Date Of Driving Pass	05/04/2016
Driving experience	5 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90159855
Alt. Phone Number	+65-90159855
Email Address	selvansubrayan@gmail.com
Address	BLK 618 SENJA RD
Address complement	#05-74
Postcode	670618
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	Side Swipe
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?	Yes
Was any other vehicle 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	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211018/2068 & 20211021/7016

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	SLB1419S
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	S SILVAM A/L SUBRAYAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS
Injured person in which vehicle?	FBC3521D
Were seat belts worn?	No
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

PIC (THAS)

A: FBC3521D

B: SLB1419S

4 3 2 1

REFER TO TP REPORT : ~~T/2021108~~
T/20211018/2068
T/20211021/2016

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/20211018/2068

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20211018/2068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/10/2021 16:40		Vide Report No.:		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: S SILVAM SUBRAYAN			Address: APT BLK 618 SENJA ROAD #05-74 SINGAPORE 670618		
ID Type / ID No.: FIN NO / G2493537Q			Contact No.: Home/Office: Mobile: 90159855		
Nationality: MALAYSIAN			Email: selvansubrayan@gmail.com		
Sex: Male	Age: 49	Date of Birth: 15/06/1972	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Enforcement officer			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/10/2021 02:15	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC3521D	Motorcycle	YAMAHA	T135	Black		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC3521D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	60943420	08/03/2021	07/03/2022



**SINGAPORE
POLICE FORCE**



T/20211018/2068

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20211018/2068

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	S SILVAM SUBRAYAN	ID No.	G2493537Q
Related Vehicle	FBC3521D (Motorcycle)	Contact No.	90159855
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	17/10/2021	Date Discharge	18/10/2021
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 17/10/2021 at about 0215hrs, I was riding my motorcycle FBC3521D along PIE towards Tuas, on lane 3. I do not recall where exactly I was; I only know I was somewhere between Bedok and BKE. One car was entering the expressway from the slip road on the left and hit me on my left side. The impact caused me to fall and roll a few times. The driver and his passenger stopped his car and came to render assistance to me. Police and ambulance came down. I was conveyed in the ambulance to Tan Tock Seng Hospital. I suffered the following injuries: abrasion wounds on both knees, both palms and right abdomen; and dislocation of left shoulder. I was discharged on 18/10/2021 @ 1213hrs and given 14 days of Hospitalization Leave.

I did not manage to note down the car's number plate or the driver's particulars. I also did not manage to observe the damage to my motorcycle. I do not have any video footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20211018/2068

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3



Report No. T/20211018/2068

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/ SC2 SOEPADMO JONATHAN WIDJAYA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2021 16:40
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168  SIGNATURE	



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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/10/2021 13:18		Vide Report No.: T/20211018/2068		Station Diary No.:	
Informant's Particulars					
Name of Informant: S SILVAM SUBRAYAN			Address: 618 SENJA ROAD #05-74 SINGAPORE 670618		
ID Type / ID No.: FIN NO / G2493537Q			Contact No.: Home/Office: Mobile: 90159855		
Nationality: MALAYSIAN			Email: selvansubrayan@gmail.com		
Sex: Male	Age: 49	Date of Birth: 15/06/1972	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Auxiliary police officer			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/10/2021 02:15	Type of Location: EXPRESSWAY
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBC3521D	Motorcycle	YAMAHA	LC SPARK	Black		0
SLB1419S	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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

CONTINUATION OF REPORT

Rider			
Name	S SILVAM SUBRAYAN	ID No.	G2493537Q
Related Vehicle	FBC3521D (Motorcycle)	Contact No.	90159855
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry	Class: 2B Date of Expiry: NIL
Date	17/10/2021	Date	18/10/2021
No. of Days granted Medical Leave	14	Degree of	Serious

Brief Details.

On 18th Oct 2021, I had made a report on an accident I was involved in on 17th Oct 2021 at around 2.15am. The report number is T/20211018/2068.

When I made the report on 18th Oct 2021, I did not have the other vehicle plate number as I was conveyed by ambulance to Tan Tock Seng Hospital.

On 19th Oct 2021 the Traffic Police IO called me and provided me the other vehicle number (SLB1419S).

I am lodging this report to add in the other vehicle number



**SINGAPORE
POLICE FORCE**



T/20211021/7016

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

3 of 3

Report No. T/20211021/7016

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
21/10/2021 13:18

Classification Of Case:

This report is lodged at Bukit Panjang South NPP Kiosk 1
NP168

27/10/21
on my
table

Date of Accident : 17/10/2021 Accident Time: 0215 (24-HR-Format)
Accident Place : PIE TUNAS
Vehicle No. (Car Plate No.) : FBC3521D Make/Model: YAMAHA
Insurance Company : MSIG Policy No: MSD/UMT/21-55089-WTT
Owner or Company Name /IC No. : S SILVAM A/L SUBRAYAN G2493537Q
Owner or Company Contact No. : 9050855 Owner's Hp — Company Tel —
DRIVER'S Name / IC No. : AS ABOVE
DRIVER'S Date Of Birth : 15/06/1972 DRIVER'S License Pass Date 05/04/2016
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: OWNER
DRIVER'S Address : BIK 618 SENJA RD #05-74 (S) 670618
DRIVER'S Contact No./ Alt No. : 1) — 2) —
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address : SELWAN SUBRAYAN@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): 01
Was the accident reported to the police? YES \ NO
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): DRIVER

Other Party Driver's Particular (if any)

Vehicle No: SLB1419S	Vehicle No: _____
Vehicle Make\Model: _____	Vehicle Make\Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

*** NEW - Passenger's name & gender:**



MSIG

W 733020
MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212C)
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/21-515039-WTT A0633-001/W0850

SUM INSURED: TPL
EXCESS: NIL

G2493537Q

1. Index mark and Registration Number of Vehicle: FBC3521D 135 c.c.
YAMAHA
2. Name of Policyholder: S SILVAN A/L SUBRAYAN
3. Effective date of the Commencement of Insurance
for the purposes of the Act: 0001AM 08/03/2021
4. Date of Expiry of Insurance: 07/03/2022
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.

Repl CN: 60943420
26/02/2021 (L)
WTT-CI-04(04/14)

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