

NATIONAL Assessment Centre Services

| | | | |
|-----------------------------------|--|-----------------------|---------|
| Date In: 26/01/2022 | Job description | Date & Time Completed | Done by |
| Ref No: CA/msg 22000926/m4 | SAS e-filing | | |
| Veh No: FBM 6895C | E-mail (within 8hrs. AIC 2hrs) | | |
| D.O.A: 25/01/2022 15:57 | i-Motor Claim Form | | |
| OD (TP) Reporting Only | i-Motor W/O (Within: OD 2hrs, TP 4hrs) | | |
| | i-Photo Uploaded | | |
| | Assessment/Survey Report | | |
| TP Insurer: | Ass't Report by Fax / Hand to Owner/Wksp | | |

| | | |
|--|---|-----------------------|
| Preferred Wksp / INC Assign Wksp / QW: (| Tel: | Fax: |
| TP Particulars: | Veh No: GBL 5416P | 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: | 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 |
|-----------|---------|
| | |
| | |
| | |
| | |
| | |
| | |

| Claimant's Particulars :- | Invoice Preparation Checklist | | Amt (\$) | Amt (\$) |
|---------------------------------|---|-------------|----------|----------|
| | 1st Bill | Add Bill | | |
| Driver/Owner: | 1) AR: Accident Reporting (\$30); | | | |
| Contact No: | 2) DA: Damage Assessment (\$100); INC (\$80) | | | |
| Damaged Portion: | 3) TF: Towing Fee \$40/\$45 | | | |
| QC Checked by (Engr-In-Charge): | 4) FT: Follow-Through Survey \$120 | | | |
| Auditors' Comments :- | 5) RT: Follow-Through Survey (Resurvey) \$30 | | | |
| Cat 1: | For claiming against INC Only (wef 10 Jan 2005) | | | |
| Cat 2/3: | 6) TR: Re-inspection \$75 | | | |
| | 7) N1: Idac 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 (N11): TP (Non INC) against INC \$20 | | | |
| | 9) N12: Idac Mobile 30 | | | |
| | 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 | 26/01/2022 15:55 (SGT) |
| Date of Accident | 25/01/2022 15:57 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SLIP ROAD FROM CTE TOWARDS PIE (CHANGI) |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | FBM6895C |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | HATTA BIN SIKIN |
| NRIC No | SXXXX507I |
| Email Address | hattasikin63@gmail.com |
| Mobile Phone No | (Phone) +65-94512756 |
| Alternative Phone No | +65-94512756 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Honda |
| Model | Cb190x |
| 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 | 184 |

INSURANCE COMPANY

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG Insurance (Singapore) Pte. Ltd. |
| Type of Coverage | ThirdPartyFireTheft |
| Fleet Policy | No |
| Policy Number | MSD/VMS/21-421538-CA |
| Cover Note Number | - |

DRIVER

| | |
|----------------|-----------------|
| Name of Driver | HATTA BIN SIKIN |
| NRIC No | SXXXX507I |

| | |
|--|------------------------|
| Date Of Birth | 19/10/1963 |
| Occupation | Outdoor |
| Date Of Driving Pass | 18/03/1987 |
| Driving experience | 34 YEARS AND 10 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-94512756 |
| Alt. Phone Number | +65-94512756 |
| Email Address | hattasikin63@gmail.com |
| Address | 108C CANBERRA WALK |
| Address complement | #04-19 |
| Postcode | 753108 |
| 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 | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | No |
| Was any injured conveyed to hospital by ambulance? | - |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Was there any audio recorded? | Yes |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | GBL5416P |
| Vehicle Manufacturer | Nissan |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | DHANABAL KAMALANATHAN |
| NRIC No | SXXXX008H |
| Contact Number | (Phone) +65-92271702 |
| Address | - |

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

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------------------|
| Vehicle Registration Number | YN6128G |
| Vehicle Manufacturer | Hino |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Commercial vehicle |
| Name of Driver | PERIYATHAMBI VEERAKUMAR |
| Passport No/FIN | GXXXX151X |
| Contact Number | (Phone) +65-90145253 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | - |

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SLOX22100001 Vehicle Registration No: FBM 6895C
Name (as shown in NRIC): Hatta Bin Sili NRIC/FIN/Passport No: S1583507I
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: 108C Canberra Walk #04-19 Singapore (753108)
Contact (Tel): _____ Mobile No.: 9451 2756
Email Address: hattasili63@gmail.com
Date of Accident: 25/01/2022 Time of Accident: 15:57
Place of Accident: Slip road from CTE towards PIE (Changi)
Insurance Company: MSIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1) Type of Coverage : (F) Third Party Fire and/or theft

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: Renee
NRIC/FIN No.: _____
Date: 27/01/2022

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.

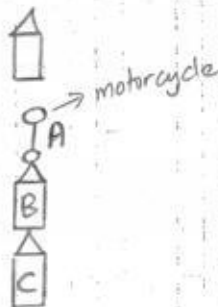

Policyholder's Signature / Date & Time

 26/01/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 26/01/2022
Witnessed by Reporting Centre Personnel

Sketch Plan

A = FBM 6895C
B = GBL 5416P
C = YN 6128G
Slip road from CTE
towards PIE (Changi)



Describe Circumstances of the Accident

I was travelling on the stated venue and my front vehicle stop so i followed suit.
While my vehicle was stationary, i checked the side mirror and saw the vehicle behind of me which is vehicle B is also stopping too. Then suddenly i felt an impact from behind. ~~It~~^{It} was Vehicle C that had bang onto vehicle B and pushes forward and hit onto my vehicle.

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

26/01/2022

R 26/01/2022

Witnessed by Reporting Centre
Personnel

ACCIDENT STATEMENT

(3:57pm)

ACCIDENT DATE: (25 / 01 / 2022) (DD/MM/YYYY), TIME: (15 : 57) (HH:MM)

LOCATION: Slip road from CTE towards PIE (Changi)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBM 6895C
 b) INSURANCE COMPANY: MSIG
 c) POLICY NUMBER:
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Honda CB190X (Manual) (184cc)
 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: HATTA BIN SIKIN (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S15835071 CONTACT: 9451 2756
 c) ADDRESS: 108C Canberra Walk #04-19 (S) 753108

* 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: (19 / 10 / 1963) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 18/3/1987

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: GBL 5416P (B) MODEL: Nissan (Commer. veh.)
 b) DRIVER'S NAME: Dhanabal Kamalanathan
 c) NRIC/FIN/PASSPORT: S7889008H CONTACT: 9227 1702

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: YN 6128 G (C) MODEL: Hino (Commer. veh.)
 e) DRIVER'S NAME: Periyathambi Veerakumar
 f) NRIC/FIN/PASSPORT: G2735151X CONTACT: 9014 5253

Email = hattasikin63@gmail.com

fax =

VIDEO = Yes (Audio: Yes)

**MSIG**

A550461-32558-CA 550461

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/VMS/21-421538-CA A0074-001/10223

SUM INSURED : PMV
 EXCESS : \$300(FIRE&THEFT) \$600(ENDT 2K)

1. In mark and Registration Number of Vehicle : FBM6895C
2. Name of Policyholder : HATTA BIN SIKIN 184 C.C.
3. Effective date of the Commencement of Insurance for the purposes of the Act : 1201AM 03/02/2021
4. Date of Expiry of Insurance : 02/02/2022
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: 72288390
 25/01/2021 (CG)
 CA/C1-03 (05/13)

COMMERCIAL AGENCY PTE. LTD.
 Underwriting Agent
 For MSIG Insurance (Singapore) Pte. Ltd.