

**NATIONAL Assessment Centre Services:** (ver 1 Jan 08) **20/2275.0003**

Date In: <b>06/01/2022 18:34</b>	Job description	Date & Time Completed	Done by
Ref No: <b>CEA M8622006470/y</b>	SAS e-filing		
Veh No: <b>FBN 585B</b>	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: <b>20/06/2022 19:10</b>	1-Motor Claim Form		
OD: <b>TP</b> / Reporting Only	1-Motor W/O (within: OD 2hrs, TP 4hrs)		
	1-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: Vch No: **SNE 867TC** 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 5616)

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time	Action

Statement Particulars:	Invoice Preparation Checklist:	AM (S)	AM (B)
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: 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 2005)		
	6) TR: Re-inspection \$75		
	7) N1: Idno DA + SMRT Survey \$160		
	8) NTUC Additional Services:		
	OD:		
	*N3: Courtesy Car / Tpl Allowance \$5		
	*N6: Repair Co-ordination \$10		
	*N7: Post Repair Inspection \$25		
	*N8: DV / Collect Excess Coordination \$5		
	TP (N11): TP (Inc/INC) against INC \$20		
	9) N12: Idno Mobile \$0		
	Invoice dated	Fax Charged	
	Invoice dated	Fax 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	06/07/2022 18:34 (SGT)
Reported by	Both
Date of Accident	24/06/2022 19:10 (SGT)
Exact Location of Accident	Tampines Ave 4, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN535B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	NAVENDRAN KRISHNAN
NRIC No	SXXXX006Z
Email Address	naven1084@gmail.com
Mobile Phone No	(Phone) +65-92712790
Alternative Phone No	-

## VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fs150f
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	149

## INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	MSD/VMS/21-424981-CA

## DRIVER

Name of Driver	NAVENDRAN KRISHNAN
NRIC No	SXXXX006Z
Date Of Birth	10/10/1984
Occupation	Outdoor

Date Of Driving Pass	07/11/2014
Driving experience	7 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92712790
Alt. Phone Number	-
Email Address	naven1084@gmail.com
Address	NO, 57 JLN LAMAN SETIA
Address complement	4/21 TMN LEMAN SETIA
Postcode	815500 JB MALAYSIA
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20220627/7118

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNE8677C
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	NAVENDRAN KRISHNAN
Gender	Male
Phone No	(Phone) +65-92712790
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURIES
Injured person in which vehicle?	FBN535B
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)**

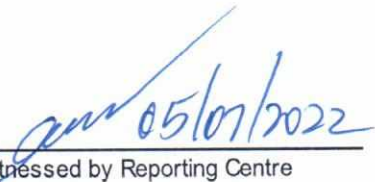
I understand, acknowledge, agree and consent that :

(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.

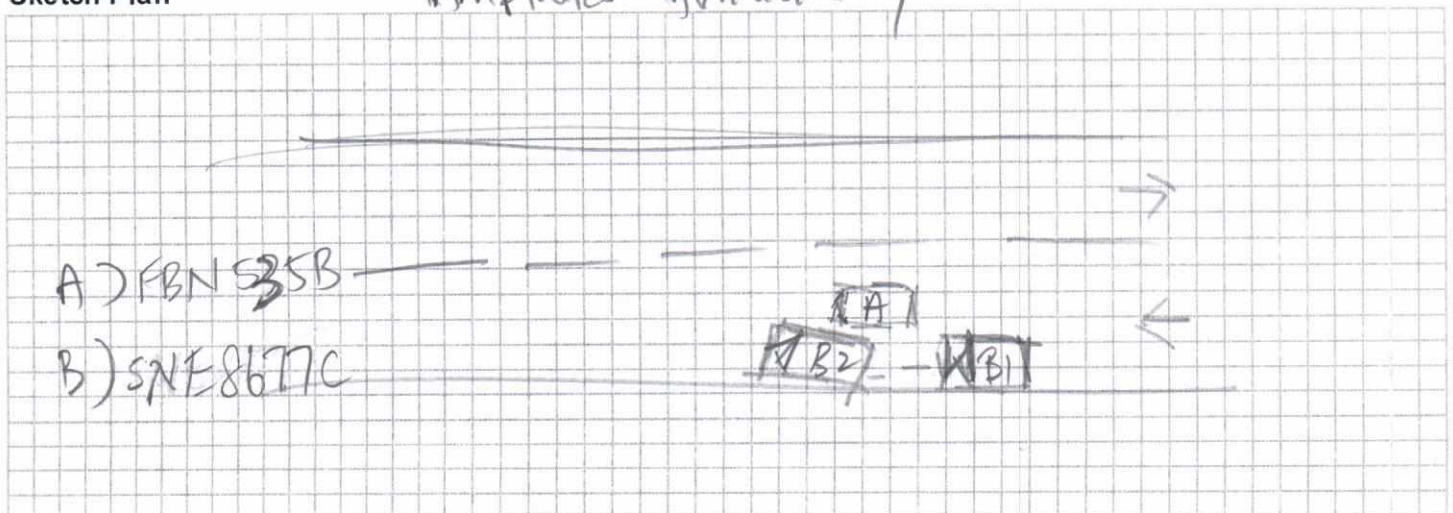
 5/7/2022 14.55pm  
Policyholder's Signature / Date & Time

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

 05/07/2022  
Witnessed by Reporting Centre Personnel

### Sketch Plan

TAMPINES AVENUE 4




**Describe Circumstances of the Accident**

REFER TO POLICE REPORT 4/20220627/7118

**Declaration**

We declare the foregoing particulars are true in every respect.

 5/7/2022 14:55pm  
Policyholder's Signature / Date & Time

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

 05/07/2022  
Witnessed by Reporting Centre Personnel





# SINGAPORE POLICE FORCE



G/20220627/7118

1 of 3

## POLICE REPORT (NP299)

Report No. G/20220627/7118

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 27/06/2022 23:44	Vide Report No.	Station Diary No.		
Name Of Informant NAVENDRAN KRISHNAN	Address			
ID Type / ID No. NRIC NO / S8466006Z	Contact No. Home/Office:	Mobile: 92712790		
Nationality MALAYSIAN	Email Address NAVENDRAN.KRISHNAN@SECURITAS-SINGAPORE.COM			
Occupation Operations officer (except transport operations)	Sex Male	Age 37	Date of Birth 10/10/1984	Race Indian
Institution/School Name	Language English			
Date/Time Of Incident 24/06/2022 19:10 - 24/06/2022 19:40	Location Of Incident 4 TAMPINES CENTRAL 5 TAMPINES MALL SINGAPORE 529510			

### Brief details.

What were the words said?

I was riding motorcycle near Tampines mall after my dinner. I stopped at the T-junction to take a right turn. A grey sedan with car plate number SNE 8677C was on my left waiting to take the same right turn. After we both turned right and went straight for few meters ahead, the above mentioned car suddenly swayed into my lane which is on the right of the car. I was unable to avoid the car which came to my path

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/06/2022 23:44
Officer In-Charge Of Case:	Classification Of Case:



**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. G/20220627/7118

suddenly. I crashed into the right side of the car and flew over the car before landing on the road. I helped myself to the side of the road to avoid any oncoming Vehicles before realizing the impact I had. I had very bad pain on my toe and saw it was bleeding. The car driver offered to take me to the hospital and apologized. He also offered to pay my medical fee and motorcycle damages. I was in too much pain and couldn't stand on my feet, hence I didn't accept his offer to take me to the hospital.

What was done to you or the victim(s)?

Few minutes later ambulance arrived and they gave me first aid. I waited in the ambulance for TP to arrive. My motorcycle was taken by TP and take my statement.

Details of the medical treatment sought if you

I was admitted Changi General Hospital for 3 days (from 24th June 2022 to 27th June 2022). Doctor diagnosed me of having open fracture left big toe wound debridement and exploration. I also have lower back and knee pain. I am given MC from 25th June 2022 till 11th July 2022. My follow up with the doctor is on 4th July 2022.

Details of other parties

The car number plate is SNE 8677C. The driver(Male) was with 2 other passengers(Male and Female)

Subjects Involved			
Suspect			
Person Name	Unknown		
Height About	160cm		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
27/06/2022 23:44

Classification Of Case:





**SINGAPORE  
POLICE FORCE**



G/20220627/7118

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220627/7118

Victim			
Person Name	NAVENDRAN KRISHNAN		
ID Type	NRIC NO	ID No	S8466006Z
Gender	Male	Age	37
Race	Indian	Language	English
Occupation	Operations officer (except transport operations)	Mobile No	92712790
Is Informant A Victim?	Yes		
Person Name	NAVENDRAN KRISHNAN (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
27/06/2022 23:44

Classification Of Case:

# ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 06 / 2022 (DD/MM/YYYY), TIME: 19.10 (HH:MM)

LOCATION: Tampines Ave 4

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBN535 B  
 b) INSURANCE COMPANY: MSIA  
 c) POLICY NUMBER: A 300601638 UMP  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: HONDA 149 C.C  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: Riding Back after 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: Naveendran Krishnan (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S84660062 CONTACT: 9271 2790  
 c) ADDRESS: 14057, Jalan Laman Setia, 4/21 Taman Laman Setia, 81550 Johor

\* 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: 10 / 10 / 1984 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS \_\_\_\_\_

## 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: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SNE 8677C 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: naveen1084@gmail.com

VIDEO



# 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/21-424981-CA A0074-001/10110

SUM INSURED : PMV

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

1. Index mark and Registration Number of Vehicle FBN535B  
HONDA
2. Name of Policyholder 149 C.C.  
NAVENDRAN KRISHNAN
3. Effective date of the Commencement of Insurance  
 for the purposes of the Act 1201AM 24/07/2021
4. Date of Expiry of Insurance 23/07/2022
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."

COMMERCIAL AGENCY PTE. LTD.

Underwriting Agent

For MSIG Insurance (Singapore) Pte. Ltd.

09/06/2021 (CG)