

# NATIONAL Assessment Centre Services (part 1 Jan 2022) 510/22860001

Date In: 06/12/2022 14:08	Job description	Date & Time Completed	Done by
Ref No: CBA/MSG2201273/Y	SAS e-iling		
Veh No: FBE 1549 Y	E-mail (within 3hrs, A/C 2hrs)		
D.O.A: 25/11/2022 07:46	I-Motor Claim Form		
OD: TP / Repairing Only	I-Motor W/O (within: OD 3hrs, TP 3hrs)		
TP Insurer:	I-Photo Uploaded		
	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SMU 5698P	INC ( ) / Non-INC ( )
Owner / Driver: (	Tel:	
Policy No: ( )	Period: ( )	Cover Type: ( )
Confirmed by: (	Date:	Time:
Insured/Driver Liability: ( %)	(Note: Est Status (WO): N: 0-30%, P: 21-79%, R: 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 repeller.

( ) Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) ; Invoice: YES ( ) / NO ( ) ; Towing Co: ( )

Remarks: (INC hotline: 0788 6016)	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	AMOUNT	PAID
1) AR: Accident Reporting (\$30)		
2) DA: Damage Assessment (\$100)	INC (\$55)	
3) TP: Towing Fee	\$40/\$45	
4) PT: Follow-Through Survey	\$120	
5) PT: Follow-Through Survey (Resurvey)	\$30	
For claimants against INC only (as of 12 Jan 2022)		
6) TR: Re-inspection	\$75	
7) NI: Ideal DA + SMRT Survey	\$140	
8) NTUC Additional Services:		
OD:		
*NI: Courtesy Car / Trip Allowance	\$5	
*NI: Repair Coordination	\$10	
*NI: Post Repair Inspection	\$25	
*NI: DV / Collect Excess Coordination	\$5	
*TP (NI): TP (Non INC) against INC	\$10	
9) NI: Ideal Models	10	
Invoice dated	Fee Charged	
Insurance dated	Fee Received	

C Checked by (Engr-In-Charge): \_\_\_\_\_

Comments: \_\_\_\_\_

C.I. \_\_\_\_\_

L2/3 \_\_\_\_\_



## 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 Actual 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	06/12/2022 14:03 (SGT)
Reported by	Both
Date of Accident	25/11/2022 07:40 (SGT)
Exact Location of Accident	Kent Ridge, Singapore
Additional Location Information	NEAR OPPOSITE KENT RIDGE STATION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1549Y
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SUBRAMANIAM MUTHUSAMY
NRIC No	SXXXX411B
Email Address	maniam0626@gmail.com
Mobile Phone No	(Phone) +65-97940093
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	T135
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
Transmission	Manual
CC	135

### INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300579635 VMP

### DRIVER

Name of Driver	SUBRAMANIAM MUTHUSAMY
NRIC No	SXXXX411B
Date Of Birth	26/06/1952
Occupation	Indoor



Date Of Driving Pass	15/02/1979
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97940093
Alt. Phone Number	-
Email Address	maniam0626@gmail.com
Address	BLK 545 SERANGOON NORTH AVENUE 3 #07-198
Address complement	-
Postcode	550545
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?	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
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER TO SKETCH PLAN

#### 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	SMU5698P
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) ..... -

## SKETCH PLAN

### IMPORTANT NOTICE

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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

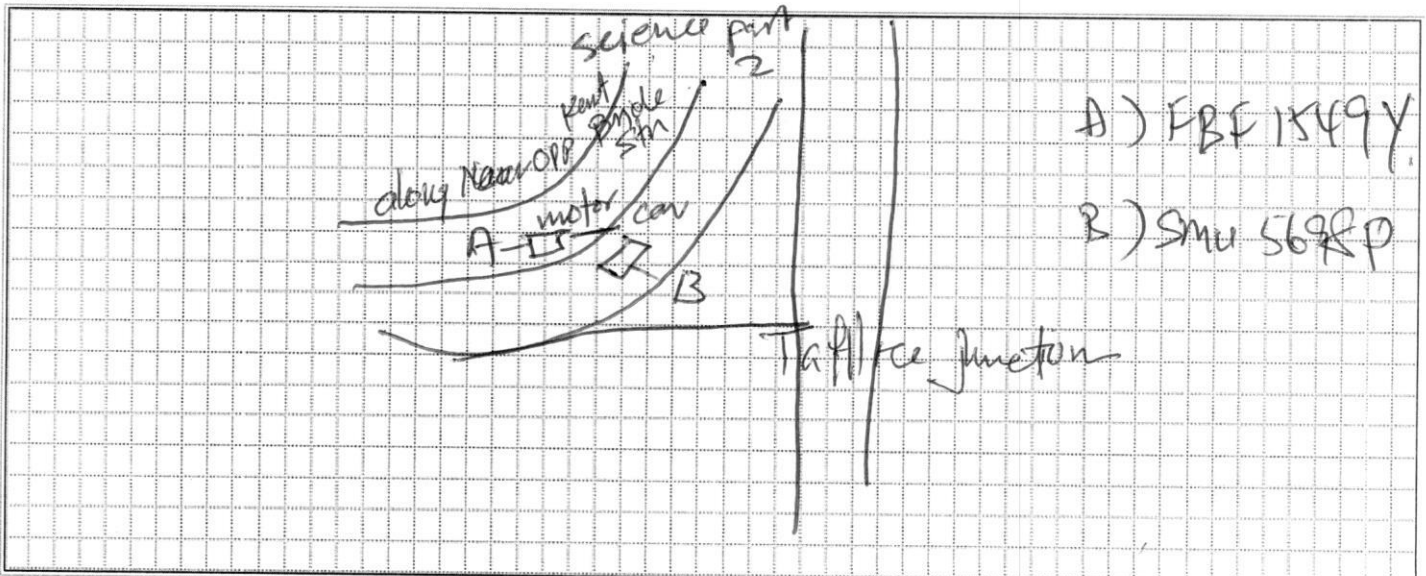
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

#### Sketch Plan



Describe Circumstance of the Accident

accident involving FBF 1549Y and SMY 5698P along near opp. Kent Ridge stn, its a turn <sup>lane</sup> ~~lane~~ on the left, but went straight and the car on the side-left hit the car rear door which was dented and the car-owner said he wanted claim insurance the incident happen on 25 Nov 22 about 740am


Declaration

I/We declare the foregoing particulars are true in every respect.

 5/12/22

Policyholder's Signature / Date & Time

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

 06/12/2022  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



INS. CHART

## ACCIDENT STATEMENT

ACCIDENT DATE: (25 / 11 / 22) (DD/MM/YYYY), TIME: (0740) (HH:MM)

LOCATION: along near opp Kent Ridge stn

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBF 1549 Y  
b) INSURANCE COMPANY: MSIG 135 C.C.  
c) POLICY NUMBER: \_\_\_\_\_  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: YAMAHA T135  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: \_\_\_\_\_  
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: SUBRAMANIAM MUTHUSAMY (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S 001341 JB CONTACT: 97940093  
c) ADDRESS: BLK 545, #07-198 SERANGOON NORTH AVE 3

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

No of passenger  
(including driver)  
( )

- DRIVER  
a) NAME: AB ABIR (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
c) ADDRESS: \_\_\_\_\_

d) DATE OF BIRTH: \_\_\_\_\_ (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: 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

No of passenger  
(including driver)  
( )

a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

b) DRIVER'S NAME: Smu 5698 P CONTACT: \_\_\_\_\_

c) NRIC/FIN/PASSPORT: \_\_\_\_\_

9. THIRD PARTY VEHICLE

No of passenger  
(including driver)  
( )

d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_

e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

f) NRIC/FIN/PASSPORT: \_\_\_\_\_

email = maniam0626@gmail.com  
VIDEO

**MSIG**

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

**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.

**MOTORCYCLE  
Third Party Only****Certificate No.** A 300579635 VMP**Excess :** NIL**Windscreen Excess :** NIL

1. **Index Mark and Registration Number of Vehicle**  
FBF1549Y

2. **Name of Policyholder**  
SUBRAMANIAM MUTHUSAMY

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
05/05/2022

4. **Date of Expiry of Insurance**  
04/05/2023

5. **Persons or Classes of Persons entitled to drive\***  
SUBRAMANIAM MUTHUSAMY

\*Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

6. **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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risk and Compensation) Act (Chapter 189) and Chapter 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Certificate is not transferable to a new owner of the vehicle. If for any reason the Policy is terminated during its currency, the Certificate must be returned to the insurer within 7 days of the termination or if the Certificate has been lost or destroyed, a Statutory Declaration to that effect must be made. Failure to comply with this obligation is an offense under the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189).

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.

**MSIG Insurance (Singapore) Pte. Ltd.**

Approved Insurers

Mack Eng  
Chief Executive Officer

友誼摩托公司  
**FRIENDSHIP MOTOR COMPANY**

Block 125, Bukit Merah Lane 1,  
#01-168, Singapore 150125

Tel: 62742122 / 62786717

PQMFSM202205051714

**HIRE PURCHASE**  
FROM FRIENDSHIP MOTOR COMPANY