

NATIONAL Assessment Centre Services

Date In 16/12/2022	Job description	Date & Time Completed	Done by
Ref NO CA/MSG220126171W	SAS e-filing		
Veh No FBG 4369C	E-mail (within 8hrs. A/C 2hrs)		
DOA 15/12/2022	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: SNC 4391 M	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

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		
	5) RT : Follow-Through Survey (Resurvey) \$30		
	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
	7) N1 : Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	OD*		
	*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		
Cat 1:	Invoice date:	Fee Charged	
Cat 2/3:	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 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	16/12/2022 17:51 (SGT)
Reported by	Owner
Date of Accident	15/12/2022 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Upper Changi Road East (Towards Expo)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4368C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Yeo Eng Koon (S) Pte Ltd
Company Reg No	1XXXXX680M
Email Address	david@yek.com.sg
Mobile Phone No	(Phone) +65-84884054
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Sym
Model	Joyride 200i
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	Auto
CC	171

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300603282 VMC

DRIVER

Name of Driver	Sebastin Manimuthu Aruldoss
Passport No/FIN	GXXXX636X
Date Of Birth	07/03/1991
Occupation	Outdoor

Date Of Driving Pass	17/02/2021
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92392658
Alt. Phone Number	-
Email Address	david@yek.com.sg
Address	1 Defu Lane 8
Address complement	-
Postcode	539306
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	Raining
Road Surface	Wet

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 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	Woodlands West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003639999
Alt. Police Station Phone No	(Fax) +65-63640997
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to the attached statement.

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	SNC4391M
Vehicle Manufacturer	Honda
Vehicle Model	Freed
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Muhammad Ridwan Bin Hissam
Contact Number	(Phone) +65-92259447
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	Sebastin Manimuthu Aruldoss
Gender	Male
Phone No	(Phone) +65-92392658
Address	1 Defu Lane 8
Address Complement	-
Post Code	539306
Approximate Age Years Old	31
Injuries Sustained	-
Injured person in which vehicle?	FBG4368C
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

ACCIDENT STATEMENT

ACCIDENT DATE: (15 / 12 / 2012) (DD/MM/YYYY), TIME: (09 : 50) (HH:MM)

LOCATION: Upper Changi road east (Towards Expo)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 4368C
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: A 300603282 VMC
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Sym Torride 200i AUTO / MANUAL
f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Working
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: Yeo Eng Koon (S) Pte Ltd (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 199101680-M CONTACT: 8489 7054
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER
a) NAME: Sebastian Manimuthu Aruldas (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G2073636 X CONTACT: 9239 2658
c) ADDRESS: 1 Defu lane 8 539306

d) DATE OF BIRTH: (07 / 03 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 17/02/2001

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: SNC 4391 M MODEL: Honda Freed
b) DRIVER'S NAME: Muhammad Ridwan Bin Hiscam
c) NRIC/FIN/PASSPORT: S8612671 J CONTACT: 9225 9447

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email = david@yek.com.sg

Fax = -

VIDEO = 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 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 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

Upper Changi Road East

Gowood's Expt

A-FBG 4308C

3-SINC 4301M

Describe Circumstance of the Accident

On 15/12/2022 at approximately 0950 hrs Vehicle A was stopping behind Vehicle B as it was red light. When traffic turned green Vehicle B moved off and suddenly Jam brake and Vehicle A moved off, brake and skidded. Vehicle A hit the RH back portion of Vehicle B.

Declaration

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



Policyholder's Signature / Date & Time

SEBASTIAN

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

gil

16/12/2022

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20221216/2076

1 of 4

Report No. T/20221216/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2022 16:50 Vide Report No.: Station Diary No.: 54

Informant's Particulars

Name of Informant: SEBASTIN MANIMUTHU ARULDOSS			Address: 1 #01-00 DEFU LANE 8 SINGAPORE 539305		
ID Type / ID No.: FIN NO / G2073636X			Contact No.: Home/Office:		Mobile: 98124052
Nationality: INDIAN			Email:		
Sex: Male	Age: 31	Date of Birth: 07/03/1991	Type of Informant: Rider		Institution / School Name:
Race: Indian			Language:		
Occupation: Kitchen Technician Equipment			Driving Licence Information: Class: 2B,3C		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/12/2022 09:50	Type of Location: Straight Road
Location: UPPER CHANGI ROAD EAST				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG43680	Motorcycle	SYM	200	White	Slightly Damaged	0
SNC4391M	Car	HONDA	FREED	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20221218/2076

2 of 4

Report No: T/20221218/2076

CONTINUATION OF REPORT

Rider Name	SEBASTIN MANIMUTHU ARULDOSS	ID No.	G2073636X
Related Vehicle	FBG4368C (Motorcycle)	Contact No.	98124052
Hospital/Clinic	SATA COMMHEALTH WOODLANDS MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B, 3C Date of Expiry: NIL
Date Treatment	16/12/2022	Date Discharge	16/12/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver Name	MUHAMMAD RIDWAN BIN HISSAM	ID No.	S8612671J
Related Vehicle	SNC4391M (Car)	Contact No.	92259447
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

V1: FBG 4368C

V2: SNC 4391M

On 15/12/2022 at about 0950hrs, I was riding V1 along Upper Changi Road E towards Changi Business Park. It was still drizzling at the point of time. There are 3 lanes in total and I am travelling at the extreme right lane for about 50KM to 60KM/hr. The traffic was moderate.

V2 was driving in front of me. While V1 and V2 are approaching the Traffic light junction. The traffic light was amber and V2's vehicle was speeding up thus I assume that V2's driver will proceed however V2's driver suddenly brake and came to a stop thus I depress V1's handbrake fully in resulting V1's tyre to skid and collided V1's motorcycle to collided into V2.

V1's rider fall on the ground while V1's rear motorcycle was on his leg. V1's rider struggle and managed to break free. V2's driver stepped out of his vehicle to enquire about V1's condition.

V1's motorcycle sustain a dislodged front headlight, side cover was broken

V2's vehicle sustain scratches on the rear right of the vehicle.

Shortly, Both parties (V1 and V2) exchange particulars and SCDF was nearby and enquire about the matter.

No government property was damaged.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999



T/20221216/2076

4 of 4

Report No. T/20221216/2076

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:

L/

SGT 1 IVEN LIM CHANG HENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/12/2022 16:50

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No: 65476414

Classification Of Case:



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 300603282 VMC

Excess : NIL

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**
FBG4368C

2. **Name of Policyholder**
YEO ENG KOON (S) PTE LTD

3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
16/07/2022

4. **Date of Expiry of Insurance**
15/07/2023

5. **Persons or Classes of Persons entitled to drive***

Any other person provided he is driving on the Policyholder's order or with the Policyholder's permission.

*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