

**NATIONAL Assessment Centre Services** (wef 1 Jan'06)

Date In: 14/06/2023	Job description	Date & Time Completed	Done by
Ref No: CA/MSG23006037/5	SAS e-filing		
Veh No: FBE 8724S	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 10/06/2023 15:30	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: **SKP 8681 S** 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	Amt (\$) 1st Bill	Amt (\$) Add E
Claimant's Particulars :-	1) AR : Accident Reporting (\$30);		
Driver/Owner:	2) DA : Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TF : Towing Fee \$40/\$45		
Damaged Portion:	4) FT : Follow-Through Survey \$120		
QC Checked by (Engr-In-Charge):	5) FT : Follow-Through Survey (Resurvey) \$30		
Auditors' Comments :-	For claiming against INC Only (wef 10 Jan 2005)		
	6) TR : Re-inspection \$75		
Cat. 1:	7) N1 : Idac DA + SMRT Survey \$160		
Cat. 2 / 3:	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 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	14/06/2023 14:22 (SGT)
Reported by	Actual Driver
Date of Accident	10/06/2023 15:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF LOWLAND ROAD & KOVAN
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBE8724S

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WSH EXPECTS PTE LTD
Company Reg No	2XXXXX323R
Email Address	VAIRA431@GMAIL.COM
Mobile Phone No	(Phone) +65-93466925
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	135lc
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.
Policy Number / Cover Note Number	A 300830114 VMC

#### DRIVER

Name of Driver	VETRISLVAN
NRIC No	GXXXX839K
Date Of Birth	05/06/1990
Occupation	Outdoor

Date Of Driving Pass .....	27/10/2016
Driving experience .....	6 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93466925
Alt. Phone Number .....	-
Email Address .....	VAIRA431@GMAIL.COM
Address .....	159 JALAN LOYANG BESAR CHERRYLOFT RESORTS
Address complement .....	-
Postcode .....	509404
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 .....	Collided into Motorcyclist
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? .....	Yes
Police Station Name .....	Pasir Ris Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005852999
Alt. Police Station Phone No .....	(Fax) +65-65855261
Police Station Address .....	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT T/20230811/2047

#### 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 .....	SKP8681S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	DELLA GOH
Contact Number .....	(Phone) +65-98000573
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

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

*[Handwritten Signature]*

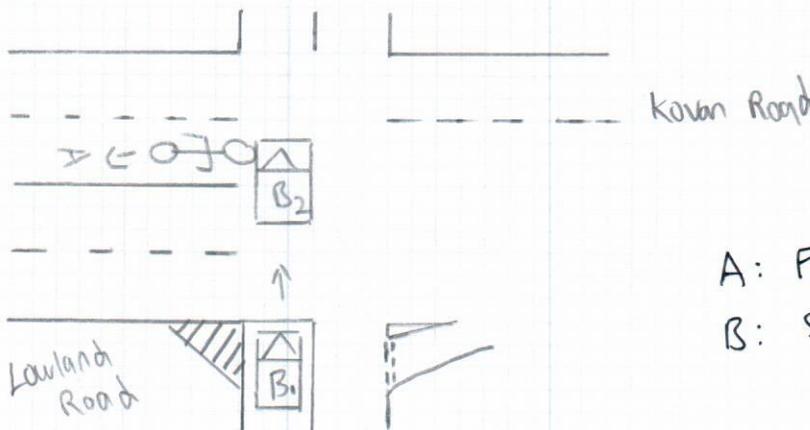
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Handwritten Signature]* 14/6/2023

Witnessed by Reporting Centre Personnel

Sketch Plan

*Junction of Lawland Road & Kovan Road*



A: FBE 87245  
B: SKP86815





**SINGAPORE  
POLICE FORCE**



T/20230611/2047

1 of 3

Report No: T/20230611/2047

Police Station Of Origin:  
Pasir Ris N.P.C.  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
513457  
Tel No: 1800-5852999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/06/2023 18:33	Video Report No.:	Station Disty No.: 42
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**Informant's Particulars**

Name of Informant: VETRISLVAN VAIRAPPAN		Address: 159 JALAN LOYANG BESAR CHERRYLOFT RESORTS SINGAPORE 509404	
ID Type / ID No.: FIN NO / G2611839K		Contact No.: Home/Office: M. bile: 83466925	
Nationality: INDIAN		Email:	
Sex: Male	Age: 33	Date of Birth: 05/06/1990	Type of Informant: Driver
Race: Indian		Language:	
Occupation: CONSTRUCTION WORKER		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: 11/06/2023 14:30	Type of Location: X-Junction
Location: KOVAN ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8724S	Car	YAMAHA	SPARK 135 A	Black	Slightly Damaged	0
SKP8681S	Car	MERCEDES BENZ	C180K	White	Slightly Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



Report No: T20230811/2347

**CONTINUATION OF REPORT**

Rider Name	VETRISLVAN VAIRAPPAN	ID No.	G2611839K
Related Vehicle	FBE8724S (Car)	Contact No.	93466925
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	10/06/2023	Date Discharge	10/06/2023
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver Name	Unknown Driver	ID No.	S94409481
Related Vehicle	NIL	Contact No.	9800073
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/06/2023 at around 2.30pm I was driving my Yamaha motorcycle (FBE8724S) along Kovan Road, and I was approaching the junction of Kovan Road and Lowland Road. As I reached the junction, suddenly a white Mercedes car (SKP8681S) drove in front of me along Lowland Road, without stopping at the stop line. As such, the front of my motorcycle collided into the left side of the car, in the middle of the junction.

I wish to state that I sustained abrasions on my right ankle and right elbow, as well as pain on my right calf. I wish to state that I am unsure if the party had sustained injuries. I have gotten 3 day MC at Tan Tock Seng Hospital.

I wish to state that my motorcycle had sustained a damaged handlebar, front suspension, and front wheel. I also saw that the Mercedes had dents and scratches on the left front and rear doors.

I wish to state that I do not have any vehicle camera. The motorcycle belongs to the company I work for, WSH Experts Pte. Ltd.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
619457  
Tel No: 1800-5852999



T/20230611/2047

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Report No. T/20230611/2047

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

G/  
SGT 2 MOHAMAD ASYRAAF  
BIN MOHAMAD SAIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/06/2023 18:33

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

Classification Of Case:

NP168

## IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 10/06/2023	TIME OF ACCIDENT : 1530
VEHICLE NO : FBE8724S	TRANSMISSION : AUTO / <u>MANUAL</u>
MAKE & MODEL : Yamaha Sparte	LOCATION : Junction of Lowland Road & Kovan Road
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / <u>PRIVATE USE</u> / PRIVATE HIRE	CLAIM TYPE : <u>OD</u> / <u>THIRD PARTY</u> / REPORTING ONLY
INSURANCE COMPANY : MSIG	POLICY NO :
TYPE OF COVERAGE : <u>COMPREHENSIVE</u> / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : ( SALOON / <u>COUPE/MPV/VAN/LORRY/MOTORCYCLE</u> )
NAME OF OWNER : WSH Expects PTE LTD	NRIC :
ADDRESS :	CONTACT NO :
EMAIL ADDRESS : vairat31@gmail.com	VIDEO RECORDING : YES / <u>NO</u>
NAME OF DRIVER : AS ABOVE / IF NO : vetriselvan vairappan	NRIC : <u>G2611839K</u> CONTACT NO : <u>93466925</u>
DRIVER OWNER RELATIONSHIP : <u>worker</u>	PASSENGER : MALE ( ) FEMALE ( )
DATE OF BIRTH : 05 / 06 / 1990	DRIVING PASSING DATE : / /
OCCUPATION : INDOOR / <u>OUTDOOR</u>	ADDRESS :
ANY INJURIES : NO, IF YES : <u>Yes</u>	POLICE REPORT : NO/ IF YES WHERE ? <u>Yes</u>
WEATHER CONDITION : <u>CLEAR</u> / RAINING / OTHERS	ROAD SURFACE : <u>DRY</u> / WET / OTHERS
VEHICLE B REG NO : <u>SKP8681S</u>	VEHICLE C REG NO : _____
DRIVER NAME : <u>Della Goh</u>	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : <u>9800 0573</u>	CONTACT : _____
VEHICLE D REG NO : _____	ANY WITNESS ? NO, IF YES :
DRIVER NAME : _____	NAME : _____
NRIC : _____	CONTACT : _____
CONTACT : _____	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO) IF YES, AGAINST WHOM : _____	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO

**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 1960  
(REPUBLIC OF SINGAPORE)  
THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1966 EDITION (REPUBLIC OF SINGAPORE)  
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION

**MOTORCYCLE**  
**Third Party Only**

Certificate No.      A 300830114 VMC

Excess : NIL

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**  
FBE8724S
2. **Name of Policyholder**  
WSH EXPERTS PTE LTD
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**  
15/03/2023
4. **Date of Expiry of Insurance**  
14/03/2024
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 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 or 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 not cover  
(1) Use for hire or reward.  
(2) Use for racing pace-making reliability trial or speed-testing.  
(3) 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 1960 and Chapter 95 of 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 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 made. Failure to comply with this obligation is an offence under the Motor Vehicles (Third Party Risks and Compensation) Act 1960

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 1960 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

MFSPM202303151625

62982031

To: 67697367

From: commercial agency