

NATIONAL Assessment Centre Services (Call 1-800-555-1234)

610Y226K0002

Date In: 10/06/2023 14:39	Job Description: SAS e-illing	Date/Time Completed:	Done by:
Ref No: 088/mr/28006299	E-mail (within 3hrs, NO 2hrs)		
Veh No: FX3000H	1-Motor Claim Form		
D.O.A: 17/06/2023 00:30	1-Motor W/O (Within 3hrs, NO 2hrs)		
OC: TP: Repeating Only	1-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Victim		

Preferred Wksp / INC Assign Wksp / GW: (Tel:	Fax:
TP Particulars: Veli No: SUN 6505 T, INC () / Non-INC ()		
Owner / Driver: (Tel:	
Policy No: () Period: () Cover Type: ()		
Confirmed by: (Date:	Time:
Insured/Driver Liability: () % (Note: Inc Status (WO): 11: 0-30%, 12: 31-79%, 13: 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 info of repair.

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

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

Remarks: RING Towing (07/08/0014)

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

2) QC Check / Post Repair Inspection ()

3) Upload Recovery Photo (Repair Cost > \$3000) ()

Injury: ()

Date of Injury: ()

Location: ()

Witness: ()

Police Report: ()

Medical Report: ()

Other: ()

Insurance Details:	Invoice Preparation Charge:	Ass't Fee:
1) All: Accident Package (300)	2) All: Damage Assessment (3000)	INC (550)
3) TP: Towing Fee	4) TP: Follow-Up Survey	550/550
5) TP: Follow-Up Survey (Basic Fee)	6) TP: Follow-Up Survey (Basic Fee)	550
7) TP: Follow-Up Survey (Basic Fee)	8) TP: Follow-Up Survey (Basic Fee)	550
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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	20/06/2023 14:39 (SGT)
Reported by	Actual Driver
Date of Accident	17/06/2023 00:30 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS HOUGANG STREET 21
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX3000H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	DARMARAJU S/O RAMAN
NRIC No	SXXXX536G
Email Address	dm_rajoo@hotmail.com
Mobile Phone No	(Phone) +65-88088543
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kawasaki
Model	KRRZX150 M
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	A 300863980 VMP

DRIVER

Name of Driver	MADASAMY THEVAR S/O AROKIYASAMY
NRIC No	SXXXX412I
Date Of Birth	24/09/1991
Occupation	Outdoor

Date Of Driving Pass	11/05/2022
Driving experience	1 YEAR AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91851464
Alt. Phone Number	-
Email Address	madam1991@hotmail.com
Address	BLK 517 SERANGOON NORTH AVENUE 4 #05-242
Address complement	-
Postcode	550517
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	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	SNG6505T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-

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SKETCH PLAN

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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

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 SKETCH PLAN

A: FX3000H
B: SNA6505T

Describe Circumstance of the Accident

On the stated date and time, I was travelling along Upp Serangoon Rd towards Hongang St 21. Suddenly, vehicle B cut into my lane from my right and collided onto my vehicle and my right leg.

Declaration

I/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


20/06/2023
Witnessed by Reporting Centre Personnel

①

Date of Accident : 17/06/2023 Accident Time: 0030 (24-HR-FORMAT)

Accident Place : Upp Serangoon Rd towards Hongang St 21

Vehicle Reg. No (Car plate No.) : FX3000H cc: 150 Vehicle Make/Model: Kawasaki KE150

Insurance Company : MSIG Policy No. A300863980 VMP

Name of Registered Owner : Company / Individual Damaraju slo Raman

ID of Registered Owner : Co Reg No: _____ Owner's NRIC No: 9147536G

OWNER EMAIL ADDRESS: dm-rajoo@hotmail.com Co Contact No: _____ Owner's Contact No: 88088543

DRIVER'S Name : Madasamy Thevar slo Arokiyasamy DRIVER'S NRIC No: 9137412I

DRIVER'S Date of Birth : 24/09/1991 DRIVER'S License Pass Date 11/05/2022

Relationship bet. Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: friend

DRIVER'S Address : 517, Serangoon North Ave 4, #05-242, S(550517)

DRIVER'S Contact No./ Alt No. : 1) 91851464 2) _____

DRIVER'S Occupation : INDOOR \ OUTDOOR (eg. working inside or outside of an ofc)

Email Address : madam1991@hotmail.com

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (including Driver): 1 Name & Gender: _____

Was the accident reported to the police? YES \ NO

Was there any video Captured by car camera: YES \ NO

Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injuries, if yes (name of the injured person) Madasamy Thevar slo Arokiyasamy

Other Party Driver's Particulars (if any)

Vehicle Reg No: <u>SNG 6505T</u>	Vehicle Reg No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name DRIVER: _____	Name DRIVER: _____
IC No. DRIVER: _____	IC No. DRIVER: _____
DRIVER'S Contact & add: _____	DRIVER'S Contact & add: _____

REPORT FORM EXPLAINED IN : ENGLISH / CHINESE / MALAY / TAMIL OTHERS: _____

WHO REPORTED THE ACCIDENT : OWNER / DRIVER / BOTH

**MSIG**

MSIG Insurance (Singapore) Pte. Ltd.
 9 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 1960
 (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

MOTORCYCLE
Third Party Only

Certificate No. A 300863980 VMP

Excess : NIL

Windscreen Excess : NIL

1. **Index Mark and Registration Number of Vehicle**
FX3000H
2. **Name of Policyholder**
DARMARAJU S/O RAMAN
3. **Effective Date of the Commencement of Insurance for the purposes of the Act**
02/05/2023
4. **Date of Expiry of Insurance**
01/05/2024
5. **Persons or Classes of Persons entitled to drive***
DARMARAJU S/O RAMAN, MADASAMY THEVAR S/O AROKIYASAMY

*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 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 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 offence under the Motor Vehicles (Third Party Risks and Compensation) Act 1960.

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 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

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