

NATIONAL Assessment Centre Services (wef 1 Jan'06)

S104/23600001

Date In: 26/06/2023 10:44	Job description	Date & Time Completed	Done by
Ref No: CBA/M8428006294/4	SAS e-filing		
Veh No: FPD 8727P	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 20/06/2023 19:30	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: SMZ 96637	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	Am't (\$)	Am't
Driver/Owner:	1) AR : Accident Reporting (\$30);	1st Bill	Add
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) FT : 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:-		
	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		
Cat. 1:	Invoice dated	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	26/06/2023 10:44 (SGT)
Reported by	Actual Driver
Date of Accident	20/06/2023 19:30 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	TOWARDS TUAS SLIP ROAD INTO NORMANTON PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD8727P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHINNAIYAN PRABAKAR
NRIC No	SXXXX971I
Email Address	praba610@gmail.com
Mobile Phone No	(Phone) +65-91057434
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Bajaj
Model	Pulsar
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 - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	179

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300475619 VMP

DRIVER

Name of Driver	CHANDHIRARASU BALAMURUGAN
Passport No/FIN	GXXXX329M
Date Of Birth	12/12/1985
Occupation	Outdoor

Date Of Driving Pass	29/05/2009
Driving experience	14 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92277250
Alt. Phone Number	-
Email Address	praba610@gmail.com
Address	BLK 760 WOODLANDS AVENUE 6 #04-06
Address complement	-
Postcode	730760
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	BROTHER IN LAW
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 - Change/cross lane
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/20230622/7043

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	SMZ9063T
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	CHANDHIRARASU BALAMURUGAN
Gender	Male
Phone No	(Phone) +65-92277250
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SERIOUS INJURY
Injured person in which vehicle?	FBD8727P
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 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

NORMAN TON PARK

Describe Circumstance of the Accident

REFER to POLICE REPORT G/20230622/7043

Declaration

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

Policyholder's Signature / Date & Time

C.RO G/23-06-2023
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time

26/06/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



G/20230622/7043

1 of 2

POLICE REPORT (NP299)

Report No. G/20230622/7043

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

Date/Time Report Made 22/06/2023 11:21	Vide Report No.	Station Diary No.
Name Of Informant CHANDHIRARASU BALAMURUGAN	Address 760 WOODLANDS AVENUE 6 #04-06 SINGAPORE 730760	
ID Type / ID No. FIN NO / G6261329M	Contact No. Home/Office: Mobile: 92277250	
Nationality INDIAN	Email Address subakaraadik@GMAIL.COM	
Occupation Other heavy truck and lorry drivers	Sex Male	Age 37
Institution/School Name	Date of Birth 12/12/1985	Race Indian
Date/Time Of Incident 20/06/2023 19:30 - 20/06/2023 19:35	Location Of Incident AYER RAJAH EXPRESSWAY	

Brief details.

I was the rider of FBD8727P during that time. I was slowing down and about to stop along AYE(Tuas) slip road into Normanton Park on the lane 2 of 2-lane road when i felt an impact from my right side. The car that hit onto me stopped after making a left turn and attended to me. He asked me required ambulance and i told him yes. He replied me ok and he was seen holding his handphone and left the scene. He stayed at the scene for around 3 to 5 minutes. I went to NUH and discharged with 14 days MC after passed midnight. The car that hit me is SMZ9063. My motorcycle was with TP and my IO in-charge is Vilton. Incident number is D/20230620/0115.

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: 22/06/2023 11:21
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Traffic Police Kiosk 2



**SINGAPORE
POLICE FORCE**



G/20230622/7043

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230622/7043

Subjects Involved			
Victim			
Person Name	CHANDHIRARASU BALAMURUGAN		
ID Type	FIN NO	ID No	G6261329M
Gender	Male	Age	37
Race	Indian	Language	English
Occupation	Other heavy truck and lorry drivers	Address	760 WOODLANDS AVENUE 6 #04-06 SINGAPORE 730760
Mobile No	92277250	Is Informant A Victim?	Yes
Person Name	CHANDHIRARASU BALAMURUGAN (Informant)		

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: 22/06/2023 11:21
Officer In-Charge Of Case:	Classification Of Case:

This report is lodged at Traffic Police Kiosk 2

**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 300475619 VMP****Excess : NIL****Windscreen Excess : NIL**

1. Index Mark and Registration Number of Vehicle
FBD8727P

2. Name of Policyholder
CHINNAIYAN PRABAKAR

3. Effective Date of the Commencement of Insurance for the purposes of the Act
11/09/2022

4. Date of Expiry of Insurance
10/09/2023

5. Persons or Classes of Persons entitled to drive*
CHINNAIYAN PRABAKAR, CHANDHIRARASU BALAMURUGAN

*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

IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 20/06/2023	TIME OF ACCIDENT : 19:30
VEHICLE NO : FBD 8877P	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : BAJAJ PULSAR	LOCATION : NORMAN PARK
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : MSLG	POLICY NO : A 200475619 VMP
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE/MPV/VAN/LORRY/MOTORCYCLE)
NAME OF OWNER : CHINNAIYAN PRABAKAR	NRIC : S8183971I
ADDRESS :	CONTACT NO : 91057437 / 92277250
EMAIL ADDRESS : PRABABIO@GMAIL.COM	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO : CHANDHIRARASU BALAMURUGAN	NRIC : 9661329M CONTACT NO : _____
DRIVER OWNER RELATIONSHIP : BROTHER IN LAW	PASSENGER : MALE () FEMALE ()
DATE OF BIRTH : 12 / 12 / 1985	DRIVING PASSING DATE : 29 / 05 / 2009
OCCUPATION : INDOOR / OUTDOOR	ADDRESS : 760 WOODLANDS AVE #04-06 (730760)
ANY INJURIES : NO, IF YES : None	POLICE REPORT : NO/ IF YES WHERE ? BROOK DIV
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SMZ 9063T	VEHICLE C REG NO : _____
DRIVER NAME : _____	DRIVER NAME : _____
NRIC : _____	NRIC : _____
CONTACT : _____	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