

# NATIONAL Assessment Centre Services

(Ref: 1/20190)

NA/418000994

Date In: 02/01/2018 18:59  
Ref No: NA/418000123/Y  
Veh No: 4B5 3359L  
D.O.A: 18/12/2017 02:18

Job description

Date & Time Completed

Done by

OD TP / Reporting Only

TP Insured

S&S e-filing

E-mail (within 2hrs, AIC 2hrs)

I-Motor Claim Form

I-Motor W/O (within 20 hrs, TP 2hrs)

I-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/ Hand to Owner/Wksp

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars

Veh No:

SLR 344X

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 Rem: (

( ) 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/ Non-INC) 6788 QCL6

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

Action

NA/1800133

Customer's Particulars

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Owner-In-Charge):

Additional Comments:

L1:

L2/3:

Invoice Breakdown (Gross/Net)

- 1) AR: Accident Reporting (\$30)
- 2) DA: Damage Assessment (\$100) INC (\$80)
- 3) TP: Towing Fee \$40/\$40
- 4) FT: Follow-Through Survey \$120
- 5) FT: Follow-Through Survey (Resurvey) \$20
- 6) TR: Re-inspection \$33
- 7) NI: 1 day DA + SMART Survey \$160
- 8) NTUC Additional Services

Q1:

\*NI: Courtesy Car / Tpl Allowance \$5

\*NI: Repair Coordination \$10

\*NI: Post Repair Inspection \$15

\*NI: DV / Collect Under Coordination \$5

TP (NI) / TP (Non-INC) against INC \$20

9) NTUC Additional Services \$0

Invoice dated

Not Charged

Invoice dated

Not 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 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 ability.
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 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 Report	02/01/2018 18:59
Date Of Accident	14/12/2017 02:15
Exact Location Of Accident	AYE TOWARDS TUAS BEFORE AXIT 2A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB3359L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GANESAN S/O SALVAKUMAR
NRIC No	S9203920Z
Email Address	GANESANSALVAKUMAR26@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-88699532
Alternative Phone No	OTHERS-88699532

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
Exact Purpose for which vehicle was being used at time of accident	AFTER NIGHT WORK GOING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM000000309-00-001
Cover Note Number	

### Driver

Name of Driver	GANESAN S/O SALVAKUMAR
NRIC No	S9203920Z
Date Of Birth	26/01/1992
Occupation	INDOOR
Date Of Driving Pass	22/06/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88699532
Fax Number	
Contact Number	OTHERS-88699532
Email Address	GANESANSALVAKUMAR26@HOTMAIL.COM

Address	BLK 64 TELOK BLANGAH DRIVE #07-196
Postcode	100064
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171216/2153

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR344X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	GANESAN S/O SALVAKUMAR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FB3359L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	



## 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 lodgment 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.


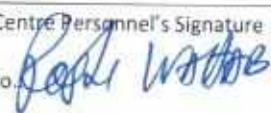
#### 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

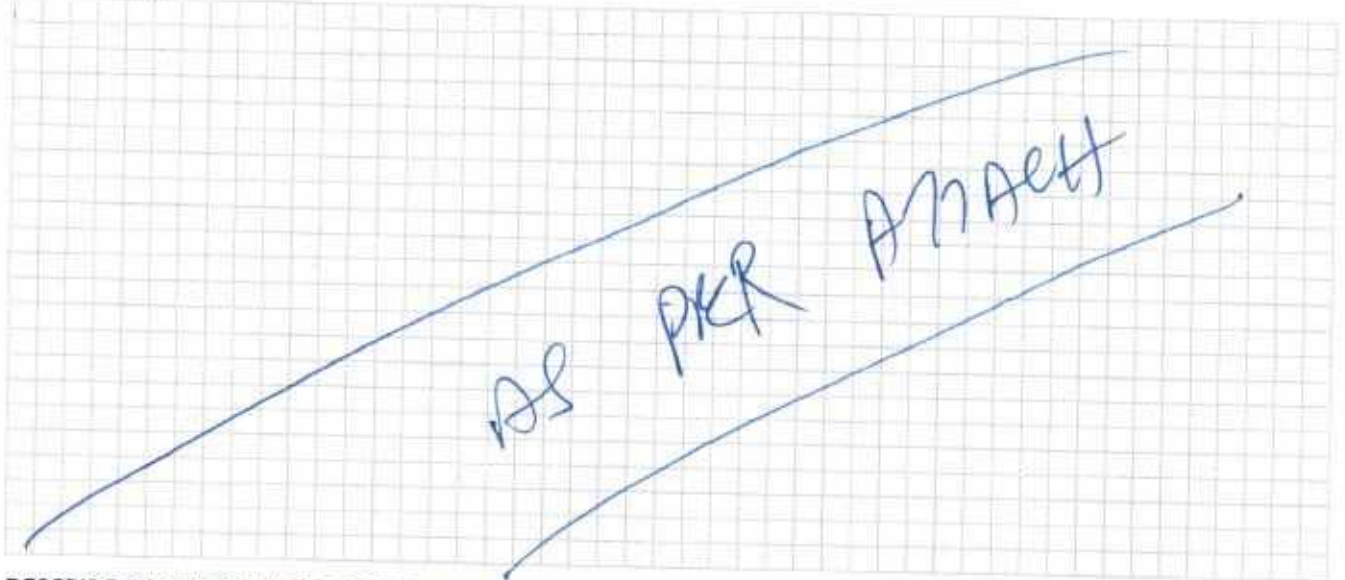
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

 2/1/2018  
Policyholder's Signature  
Date & Time:

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

 03/01/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No. 

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A large rectangular area with horizontal lines for text entry. It is crossed out with a large, diagonal blue line. The text 'PLS REFER TO POLICE REPORT' is written diagonally across the middle. Below this, the date '7/2017/216/2153' is written in a similar diagonal orientation.

DECLARATION

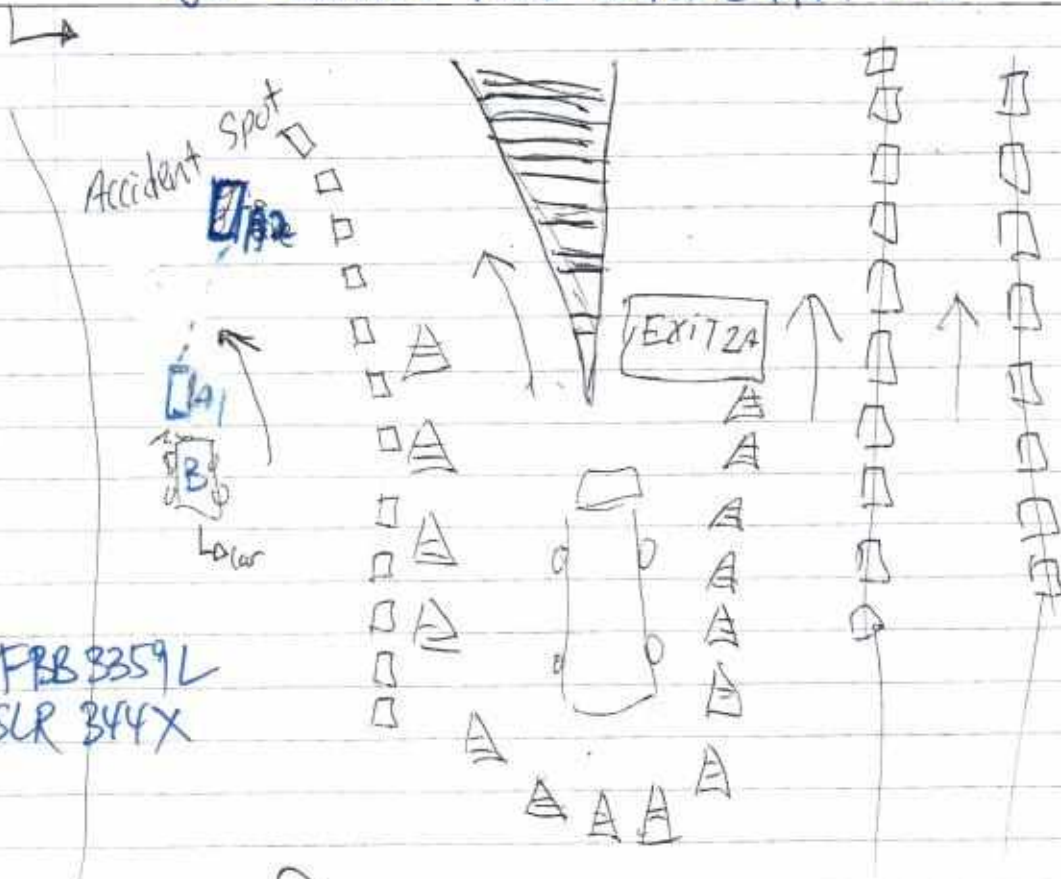
I/We declare the foregoing particulars are true in every respect.

g 21/1/2018  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

02/01/2018  
Reporting Centre Personnel's Signature  
Name: ROSE WONG  
NRIC/FIN No.:

Byte Towards TMS Before Exit 2A



A) FRB 8359L

B) SLR 344X

g.

g 2/1/2018

08/01/2018





# SINGAPORE POLICE FORCE



T/20171216/2153

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

1 of 3

Report No. T/20171216/2153

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/12/2017 21:42	Vide Report No.: A/20171214/0021	Station Diary No.: 23
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**Informant's Particulars**

Name of Informant: GANESAN S/O SALVAKUMAR			Address: APT BLK 64 TELOK BLANGAH DRIVE #07-196 SINGAPORE 100064		
ID Type / ID No.: NRIC NO / S9203920Z			Contact No.: Home/Office: Mobile: 88699532		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 26/01/1992	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: ENGINEERING OFFICER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/12/2017 02:15	Type of Location: Bend
Location: Along Road 1 AYER RAJAH EXPRESSWAY. AYE towards Tuas before exit 2A.				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: Yes			

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB3359L	Motorcycle	HONDA	CB400	Grey	Totally Damaged	0
SLR344X	Car				Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB3359L	GREAT AMERICAN INSURANCE COMPANY	MT2016TR00273	17/09/2016	20/12/2017





**SINGAPORE  
POLICE FORCE**



T/20171216/2153

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

2 of 3

Report No. T/20171216/2153

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	GANESAN S/O SALVAKUMAR	ID No.	S9203920Z
Related Vehicle	FBB3359L (Motorcycle)	Contact No.	88699532
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	14/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Serious

**Brief Details.**

On 14/12/2017 at about 0215 hrs, I was riding along AYE towards Tuas along Keppel Flyover. When I was approaching the end of the flyover before the bend, I saw construction work happening along the split road but towards Tuas. As I was heading towards Telok Blangah Road, I decided to keep left.

I did my checks and when there were no cars, I then moved to the extreme left lane. I was travelling at 60km/h as there were speed stripes. I suddenly felt a hard push against the back of my bike and I skidded. When I hit the floor, I immediately pushed away the bike. When I came to a stop, the bike was quite a distance away from me. The car that hit me from behind also came to a stop. The car is a black Toyota Corolla Axis bearing registration number SLR 344 X. As a result of the collision, I suffered abrasions to both my elbows, both of my hands and wrists, both my knees, my right ankle and my right shoulder blade. I also suffered from 3 broken tooth.

After the collision, I stood up and walked towards the driver. I shouted at the driver to come out and subsequently he came out. He came and hugged me and said "bro, I bring you to Vivocity. We settle privately". When he hugged me, I could smell alcohol coming from his breath. I felt giddy thus I told him to give me some space. I then walked towards the side of the road and sat down on the road. The construction worker then told me to not sit on the road and it was dangerous. I then stood up and walked towards the chevron near the construction site. While I was walking, the driver was still trying to persuade me to settle the matter privately. I then called the police and the ambulance for assistance. I wish to inform that the driver continuously tried to persuade me to settle the matter privately the entire time.

The ambulance came and subsequently conveyed me to Singapore General Hospital. I subsequently got a 5 day MC from the incident.



**SINGAPORE  
POLICE FORCE**



T/20171216/2153

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

3 of 3

Report No. T/20171216/2153

**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:  
D /  
Sgt 2 BRANDON CHUA

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Signature Of Informant:

Date/Time:  
16/12/2017 21:42

Classification Of Case:

Authentication Stamp

NP165



Signature:

Singapore Police Force



# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 12 / 2017 (DD/MM/YYYY), TIME: 02 : 15 (HH:MM)

LOCATION: Along Road 1 Ayer Rajah Expressway, Aye towards Tuas before exit 2A

## 1. DETAILS OF VEHICLE

a) VEHICLE NUMBER: F8B3359L

b) INSURANCE COMPANY: Great American

c) POLICY NUMBER: MT2016TR00273 momvm000000309-00-001

d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)

e) MAKE & MODEL: Honda CB400

f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)

g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)

h) PURPOSE OF USING AT ACCIDENT TIME: After night work, going back home.

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: GANESAN % SALVAKUMAR (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: S9203920Z CONTACT: 88699532

c) ADDRESS: Telok Blangah Drive, Blk 64, #07-196 S(100064)

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

DRIVER

a) NAME: As above (MALE / FEMALE)

b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: (26 / 01 / 1992) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING LICENCE: 22 Jun 2016

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: Telok Blangah NPD

## 8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SLR344X MODEL: car

b) DRIVER'S NAME: \_\_\_\_\_

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

## 9. THIRD PARTY VEHICLE

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

b) DRIVER'S NAME: \_\_\_\_\_

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

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
(1)

No of passenger  
(including driver)  
( )

email = ganesan salvakumar 26@hotmail.com

fax = -

V1080



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9203920Z



Name  
GANESAN S/O SALVAKUMAR

செல்வகுமார்  
Race  
INDIAN

Date of birth  
20-01-1992

Country of birth  
SINGAPORE

Sex  
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9203920Z

Name  
GANESAN S/O SALVAKUMAR

Birth Date: 26 Jan 1992

Issue Date: 14 Jul 2011





NRIC No. S9203920Z



Date of issue  
05-09-2007

APT BLK 64 TELOK BLANCAH DRIVE #07-198  
SINGAPORE 100664

NRIC No: S9203920Z Date: 21/12/2011 No: 8887005

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

		EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 250 CC	14 Jul 2011
Class 2A	MOTORCYCLES BETWEEN 251 CC AND 400 CC	12 Jan 2010

S / No. 9000262258

001982257A

NP 425A

Licence No: S9203920Z



## CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVM000000309-00-001	Cover	: Motor Cycle (Third Party Fire & Theft)
Policyholder Name	: Ganesan S/O Salvakumar	Chassis Number	: JH2NC39926M200497
NCD Entitlement	: 10% No Claim Discount	Engine Number	: NC23E3100526
Hire Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE	Registration Number	: FBB3359L
Period of Insurance	: From 17/09/2017 (00:00) To 20/12/2017 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
- b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle 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

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business.

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade or business
- d) Use for any purpose in connection with Motor Trade

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

Excess (Section 1) : SGD 300.00 - including Fire & Theft outside Singapore

Excess (Section 2) : N/A


### Driver Details

Primary Rider	: Ganesan S/O Salvakumar
Named Rider 1	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 10/08/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

igoh