

NATIONAL Assessment Centre Services. (ver 1.1/2006) **NAIRB0871**

Date In: 08/02/2018 19:19	Job description	Date & Time Completed	Done by
Ref No: NAIRB0871/000630/4	SAS e-Mailing		
Veh No: FBL 6019X	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 08/02/2018 18:30	I-Motor Claim Form		
OD / TP <u>Reasoning Only</u>	I-Motor W/O (w/ins: OD 2hrs, TP 3hrs)		
	I-Photo Uploaded		
TP Insured:	Assessment/Survey Report		
	Ass't Report by Fax/Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW: (Tel:	Fax:
TP Particulars: Yell No: SH 6456C	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%; P: 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 0016	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:

NAIRB0871	Invoice Preparation Checklist	Bill	Adm. Bill
Insured's Particulars:	1) AR: Accident Reporting (\$30)		
Driver/Owner:	2) DA: Damage Assessment (\$100): INC (\$30)		
Contact No:	3) TP: Towing Fee \$40/\$12		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) PT: Follow-Through Survey (Resurvey) \$20		
	For claimant against INC Only (ver 1.0 Jan 2010)		
	6) TR: Re-inspection \$13		
	7) NI: Inc DA + SMRT Survey \$160		
	8) NTUC Additional Services		
	9) NI: Courtesy Car / Tpl Allowance \$5		
	10) NI: Repair Coordination \$10		
	11) NI: Post Repair Inspection \$20		
	12) NI: DV / Collision/Unsure Coordination \$5		
	13) TP (NI) / TP (Non-INC) against INC \$20		
	14) NI: Idm Mobile \$10		
	Invoice dated	Not Charged	
	Invoice total	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 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	08/02/2018 19:19
Date Of Accident	07/02/2018 18:30
Exact Location Of Accident	JUNCTION OF HAVELOCK ROAD/CHIN SWEE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6019X
Insured/Policyholder	
Name Of Registered Owner	KALAVATHY D/O NADARAJAH
NRIC No	S8918877F
Email Address	MISS.KALAVATHY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88224486
Alternative Phone No	OTHERS-88224486

Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE-200CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00021

Driver

Name of Driver	KALAVATHY D/O NADARAJAH
NRIC No	S8918877F
Date Of Birth	08/06/1989
Occupation	INDOOR
Date Of Driving Pass	29/12/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88224486
Fax Number	
Contact Number	OTHERS-88224486
Email Address	MISS.KALAVATHY@GMAIL.COM

Address	BLK 330 CLEMENTI AVENUE 2 #09-164
Postcode	120330
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?	NO
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8729999 - FAX NO: 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180208/2079

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	SH6456L
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN YEOW KOON
NRIC/Passport Number	
Contact Number	88698338
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	KALAVATHY D/O NADARAJAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL6019X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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.

Policyholder's Signature

Date & Time:

08/08/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

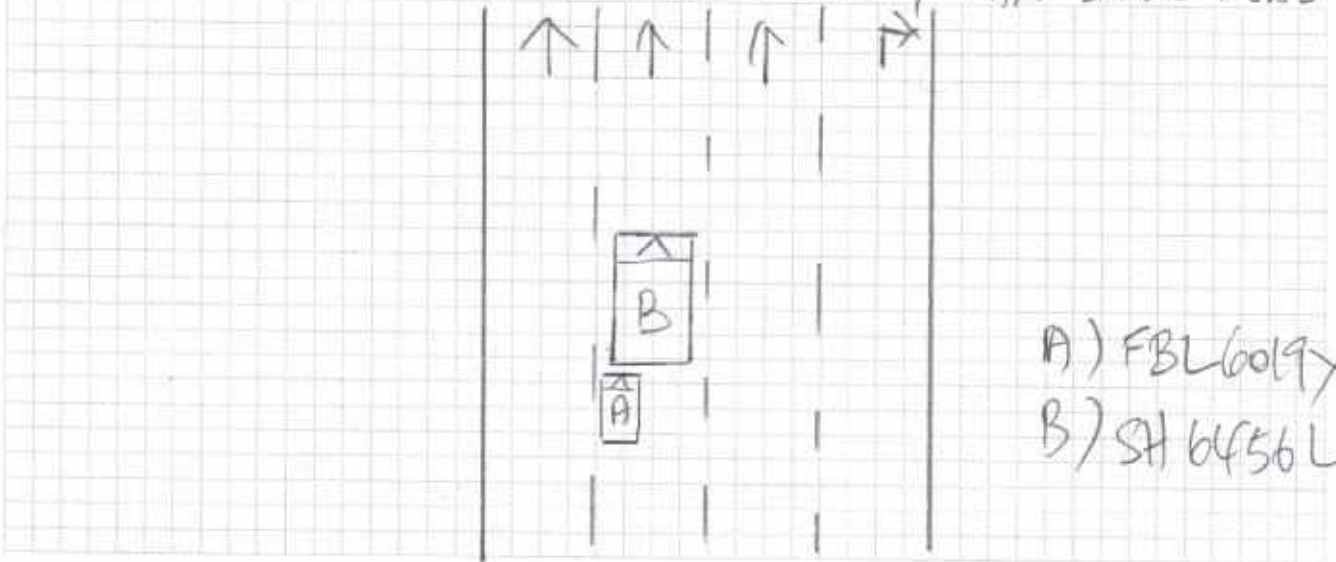
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

JUNCTION OF HAWKLOCK ROAD / CHIN SWAR ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REFER TO POLICE REPORT
7/20180708/2079

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 & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20180208/2079

1 of 4

Report No. T/20180208/2079

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2018 14:02	Vide Report No.:	Station Diary No.: 80
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Informant's Particulars			
Name of Informant: KALAVATHY D/O NADARAJAH		Address: APT BLK 330 CLEMENTI AVENUE 2 #09-164 SINGAPORE 120330	
ID Type / ID No.: NRIC NO / S8918877F		Contact No.: Home/Office: Mobile: 88224486	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 28	Date of Birth: 08/06/1989	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: BAILIFF		Driving Licence Information: Class: 2B,3A	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2018 18:30	Type of Location:
Location: Junction of Road 1 and Road 2 HAVELOCK ROAD CHIN SWEE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
FBL6019X	Motorcycle	KTM	200 DUKE	Orange	Slightly Damaged	0
SH6456L	Car	MERCEDES BENZ	E220		Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6019X	GREAT AMERICAN INSURANCE COMPANY	MT2018TR00021	04/01/2018	03/01/2019



Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

2 of 4

Report No. T/20180208/2079

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KALAVATHY D/O NADARAJAH	ID No.	S8918877F
Related Vehicle	FBL6019X (Motorcycle)	Contact No.	88224486
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	07/02/2018	Date Discharge	07/02/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	TAN YEOW KOON	ID No.	NIL
Related Vehicle	SH6456L (Car)	Contact No.	88698338
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 07/02/2018 at about 1830hrs, I riding my motorcycle along Havelock Road and wanted to make a left turn into Chin Swee Road.

As I was about to turn left into Chin Swee Road, I noticed that the traffic was still moving along. As I was checking my blind spot on my left when suddenly I felt that I had collided into the rear of a vehicle. Due to the collision, I landed on my left side.

When I was lying on the road, the driver and passerby came to help me. I then realized that I had collided into the rear of a white colour Mercedes taxi. The taxi driver assisted to push my motorcycle to the side of the road. Someone offered to call for the ambulance but I declined the offer. I then exchanged particulars with the taxi driver.

After I rested for a while, I rode my motorcycle to the nearest carpark and waited for my brother to come. When my brother came, I took his car and went to seek medical treatment at Alexandra Hospital for abrasions on both my knees and right elbow. The doctor took my elbow and informed me that there is no visible fracture. I was given 7 days medical leave by the doctor.



**SINGAPORE
POLICE FORCE**



T/20180208/2079

Police Station Of Origin:

3 of 4

Clementi N.P.C

Report No. T/20180208/2079

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180208/2079

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

4 of 4

Report No. T/20180208/2079

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 PAY ZHIQIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt STEPHANIE, CHEUNG TSZ YING
Contact No.: 65470000

Authentication Stamp
NP158

Signature Of Informant:

Date/Time:
08/02/2018 14:02

Classification Of Case:

SIGNATURE

ACCIDENT STATEMENT

ACCIDENT DATE: 07/02/2018 (DD/MM/YYYY), TIME: 18:30 (HR:MM)

LOCATION: JUNCTION OF HAWKWOOD ROAD / CITI DRIVE ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL 6019X
 b) INSURANCE COMPANY: GRAN AMERICAN
 c) POLICY NUMBER: MT 2018 IR 00021
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: _____
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: on the way 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: KALAVATHY D/o NADARAJAH (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: 88224686
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

- DRIVER
 a) NAME: DR ASHA (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: INDOOR / OUTDOOR

i) DATE OF DRIVING PASS: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: daughter

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: SH 6456L MODEL: MARCHEZ BAZ2
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: TAXI

9. THIRD PARTY VEHICLE

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

email = miss.kalavathy@gmail.com

fax =

V1080

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8918877F



Name

KALAVATHY D/O NADARAJAH

கலாவதி

Race

INDIAN

Date of birth

08-06-1989

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S8918877F

Name

KALAVATHY D/O NADARAJAH

Birth Date: 08 Jun 1989

Issue Date: 30 Mar 2011



NRIC No. S8918877F



Date of issue

09-06-2004

Address

APT BLK 330 CLEMENTI AVENUE 2
#09-164
SINGAPORE 120330

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

25 Dec 2016

30 Mar 2011



Class 2B
Class 3A

Motorcycles <= 200 CC
Motor cars without clutch pedals <= 3000 kg with <= 7
passengers, exclusive of the driver, and motor tractor/vehicles
without clutch pedals <= 2500 kg

S8918877F

S / No. 90p0255309



NP 428A

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC00298 GST REG. NO: M90370081T
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6804 6000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT2018TR00021

The Insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	GREAT AMERICAN INSURANCE COMPANY
The Insured	KALAVATHY D/O NADARAJAH
Insured NRIC/Passport No/ Roc	S8918877F
Named Rider	THIRUKUMARAN
Policy Coverage	COMPREHENSIVE
Make And Description Of Vehicle	K T M / 200 DUKE
Vehicle Registration No	FBLS019X
Year Of Manufacture	2016
Engine No	0690654400
Chassis No	VBKJUC407GC066752
Engine Capacity	200
Hire Purchase	SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (S\$)	AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	FROM 04/01/2018 TO 03/01/2019
Excess (S\$)	Section I \$300.00
Optional Benefits	N/A
Authorised Workshop	DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorised Signatory

Date of Issue : 04/01/2018

Intermediary : TENA RISK SOLUTIONS PTE LTD

MTR/COVERNOTE/V01/15