

Date In: 13/12/18 15:42	Job description	Date & Time Completed	Done by
Ref No: MA/INC 18002915/h4	SAS e-filing		
Veh No: FX 6636 D	E-mail (within 3hrs, AIC 4hrs)		
D.O.A: 8/12/18 12:40	i-Motor Claim Form	MT/0982293	13/12/18 18:37
OD: <input checked="" type="checkbox"/> Reporting Only	i-Motor W/O (within OD Incl 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: SLS S251S	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

NA1801120	Invoice Preparation Checklist	Am (\$)	Am (\$)
		Inc Bill	add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30)	30.00	
Driver/Owner:	2) DA: Damage Assessment (\$100) INC (\$30)		
Contact No:	3) TF: Towing Fee \$40/\$45		
Damaged Portion:	4) FT: Follow-Through Survey \$120		
	5) FT: Follow-Through Survey (Resurvey) \$30		
	For claimants against INC Only (wef 10 Jan 2019)		
	6) TR: Re-inspection \$75		
	7) N1: Ideal DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QC:		
	*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 (N1) INC against INC	\$20	
	9) N12: Ideal Mobile	\$10	
QC Checked by (Engr-In-Charge):	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	
Auditors' Comments:-			
Dat 1:			
Dat 2/3:			

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	13/02/2018 15:42
Date Of Accident	08/02/2018 12:40
Exact Location Of Accident	BISHAN ST 11 TWDS ST 13
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX6636D
Insured/Policyholder	
Name Of Registered Owner	PINTO JAMES DOMINIC
NRIC No	S8637137E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90045165
Alternative Phone No	OFFICE-90045165

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM200 M
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5081615228-01
Cover Note Number	-

Driver

Name of Driver	PINTO JAMES DOMINIC
NRIC No	S8637137E
Date Of Birth	30/12/1986
Occupation	INDOOR
Date Of Driving Pass	26/07/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90045165
Fax Number	
Contact Number	OFFICE-90045165
Email Address	NOEMAIL

Address	BLK 156 BISHAN ST 13 #03-98
Postcode	570156
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 - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SLS5251S
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	PINTO JAMES DOMINIC
Approximate Age	
Injuries Sustain	FRACTURE COLLAR, RIBS & FINGERS
Injured person in which vehicle?	FX6636D
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.

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.:

B = SLS 52515

Bishan St 11

Please Refer to Police Report

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



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

H

ACCIDENT STATEMENT

ACCIDENT DATE: (7 / 2 / 18) (DD/MM/YYYY), TIME: (12 : 40) (HH:MM)

LOCATION: Bishan St 11 twds St 13

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 6636 D
b) INSURANCE COMPANY: INC
c) POLICY NUMBER: _____
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: Private Use
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: Pinto James Dominic (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 90045165
c) ADDRESS: _____

* 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: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

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: Amk Police Division HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL5 5251 S MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

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

Email =

Fax =



**SINGAPORE
POLICE FORCE**



F/20180208/7040

1 of 2

POLICE REPORT (NP299)

Report No. F/20180208/7040

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 08/02/2018 22:58	Vide Report No.	Station Diary No.
Name Of Informant PINTO JAMES DOMINIC	Address APT BLK 156 BISHAN STREET 13 #03-98 SINGAPORE 570156	
ID Type / ID No. NRIC NO / S8637137E	Contact No. Home/Office: Mobile: 90045165	
Nationality SINGAPORE CITIZEN	Email Address Jdpinto42@hotmail.com	
Occupation SALES AND MARKETING MANAGER	Sex Male	Age 31
Institution/School Name	Date of Birth 30/12/1986	Race Eurasian
Date/Time Of Incident 08/02/2018 12:40	Location Of Incident 151 BISHAN STREET 11 BISHAN GREEN SINGAPORE 570151	

Brief details.

I Pinto James Dominic, was involved in a motorcycle accident with a car. Along the main road of Bishan street 11 towards the direction Bishan street 13. I was on the right lane of the two lane road with the intention to Turn Right at the traffic light(T junction of St11 and 13). When a silver car from the left lane attempted an illegal U Turn from the left lane to head towards Braddell road. It was during this time when he left swiped my vehicle causing me to fall off and go unconscious. I gained consciousness when the ambulance arrive and was ferried to Tan Tock Seng Hospital. I am currently warded for observation and

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: 08/02/2018 22:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180208/7040

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180208/7040

for fractures to the collar, ribs and fingers.

I had not taken the vehicle number or any particulars of the car driver. However the IO for the case has the information

Subjects Involved			
Victim			
Person Name	PINTO JAMES DOMINIC		
ID Type	NRIC NO	ID No	S8637137E
Gender	Male	Age	31
Race	Eurasian	Language	English
Occupation	SALES AND MARKETING MANAGER	Address Type	
Address	APT BLK 156 BISHAN STREET 13 #03-98 SINGAPORE 570156		Mobile No
Is Informant A Victim?	Yes		90045165
Person Name	PINTO JAMES DOMINIC (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter: *

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

08/02/2018 22:58

Classification Of Case:


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8637137E**

Name: **PINTO JAMES DOMINIC**

Birth Date: **30 Dec 1986**
Issue Date: **26 Jul 2006**

001434973H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8637137E**



Name: **PINTO JAMES DOMINIC**

Race: **EURASIAN**

Date of birth: **30-12-1986**

Sex: **M**

Country/Place of birth: **SINGAPORE**

S8637137E

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 2B Motorcycles <= 200 CC

Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

PASS DATE: 26 Jul 2006 / 10 Nov 2010

S/No. 9000131664

S8637137E

Licence No: **S8637137E**



S765949



NRIC No. **S8637137E**



Date of issue: **10-07-2017**

Address: **APT. BLK 150 BISHAN STREET 12 #03-98 19 James86pinto SINGAPORE 570156**

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

08/02/2018 13:31

Vehicle No. (For Motor)

FX6636D

[Search](#)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5081615228-01	PINTO JAMES DOMINIC	S8637137E	GMC	Third Party	FX6636D	FX6636D	03/08/2017	02/08/2018

[Continue](#)

Claim Handling

Accident MT/0982293

Policy No.	5081615228-01	Vehicle No.	FX6636D	GST Registration No.	
Policyholder Name	PINTO JAMES DOMINIC			Policyholder NRIC	S86
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	0
Contact No.(Mobile)	90045165	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	13/02/2018 18:34	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	08/02/2018	Time of Accident hh:mm	12:40	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	BISHAN ST 11 TWDS ST 13				
Benefits					
Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified		Yes	
Modification History					
Policyholder Mailing Address					
Address 1	BLK 156 #03-98	Address 2	BISHAN STREET 13	Address 3	BISHAN STREET 13
Address 4	SINGAPORE 570156	Address Type	Singapore address	Post Code	570
Unit No.	03-98	Related Policy Number	5081615228-01		
OI Driver Info					
Driver Name	pinto james dominic	Driver Type	Main Driver	Driver DOB	30/1
Unnamed driver Name		Driver NRIC	S8637137E	Driving Experience	11
Register Date of Driver License	26/07/2006	Driver Age	31	Contact No.(Home)	
Contact No.(Mobile)	90045165	Contact No.(Office)		Address 3	BISHAN STREET 13
Address 1	BLK 156 #03-98	Address 2	BISHAN STREET 13	Post Code	570
Address 4	SINGAPORE 570156	Address Type	Singapore address		
Unit No.	03-98				
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Modification History					

Claim 001

New

Claim Type *	OD-MX	Insured Name	PINTO JAMES DOMINIC	Insured NRIC	S86
Contact No.(Mobile)	91891314	Contact No.(Home)	63005838	Contact No.(Office)	
Email Address	jdpto42@hotmail.com	OI Vehicle Number	FX6636D	TP Vehicle Number	SLS
Claim Description	FX6636D / SLS5251S ON 8 Feb 2018			Name of Preferred Workshop	0
Preferred Workshop Contact No.	0	Insured Liability *	Not at Fault	GIA report	Rec
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	13/2
Date Registered	13/02/2018 18:36	Claim Close Date			
Report Taken By	LIEW SHAN HUI				
<input checked="" type="checkbox"/> Print AK letter					

Save Submit

Attachment

Path *

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

Clear Please Select

Clear Please Select

Clear Please Select

Clear Please Select

Clear Please Select

Clear Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:37	NRIC/ Driving License	Normal	NRIC/ Driving License
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:37	SAS	Normal	SAS 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 13 Feb 2018 18:36	Photos	Normal	Photos 2018

Video List

Uploaded By/Date	Folder Date	File Name	Source
<div>Display in New Window Scan and uploading</div>			