

NATIONAL Assessment Centre Services. [wef 1 Jan'05] MNA118053851

Date In: 24/4/18 11:53	Job description	Date & Time Completed	Done by
Ref No: NA/INC18007509/24	SAS e-filing		
Veh No: F0P639C	E-mail (within 3hrs, AIC 2hrs)		
D.O.A.: 22/3/18-08:25	i-Motor Claim Form	MT/0987906-002	24/4/18 12:13
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: SLP39BP	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:-	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	Amt (\$)	Amt (\$)
		1st Bill	Add Bill
Driver/Owner:	1) AR: Accident Reporting (\$30);		
Contact No:	2) DA: Damage Assessment (\$100); INC (\$80)		
Damaged Portion:	3) TF: Towing Fee \$40/\$43		
QC Checked by (Engr-In-Charge):	4) FT: Follow-Through Survey \$120		
Auditors' Comments:-	5) FT: Follow-Through Survey (Resurvey) \$30		
Date 1:	For claiming against INC Only (wef 10 Jan 2005)		
Date 2 / 3:	6) TR: Re-inspection \$75		
	7) NI: Idac DA + SMRT Survey \$160		
	8) NTUC Additional Services:-		
	QD*		
	*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		
	Invoice dated	Fee Charged	
	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 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	24/04/2018 11:53
Date Of Accident	27/03/2018 08:25
Exact Location Of Accident	ALONG WEST COAST RD AFTER JUNC PANDAN GARDENS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF639C
Insured/Policyholder	
Name Of Registered Owner	SELLAMUTHU SELVAKUMAR
NRIC No	S7064741I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81838247
Alternative Phone No	OFFICE-81838247

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR DTS-I 180 MANUAL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5057676682-05
Cover Note Number	

Driver

Name of Driver	SELLAMUTHU SELVAKUMAR
NRIC No	S7064741I
Date Of Birth	05/07/1970
Occupation	INDOOR
Date Of Driving Pass	14/05/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81838247
Fax Number	
Contact Number	OFFICE-81838247
Email Address	NOEMAIL

Address	BLK 825 JURONG WEST STREET 81 #05-410
Postcode	640825
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180412/7006.

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	SLP3915P
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)

1

DETAILS OF INJURED PERSON 1

Name	SELLAMUTHU SELVAKUMAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBF639C
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.:

SKETCH PLAN

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180412/2006.

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.:

SKETCH FOR ROAD ACCIDENT

CAR VS MOTOR CYCLE ON 27-03-2018

TIME - ~~08:05 AM~~ 08:05 AM
08:30 AM

Pandan Gardens Rd

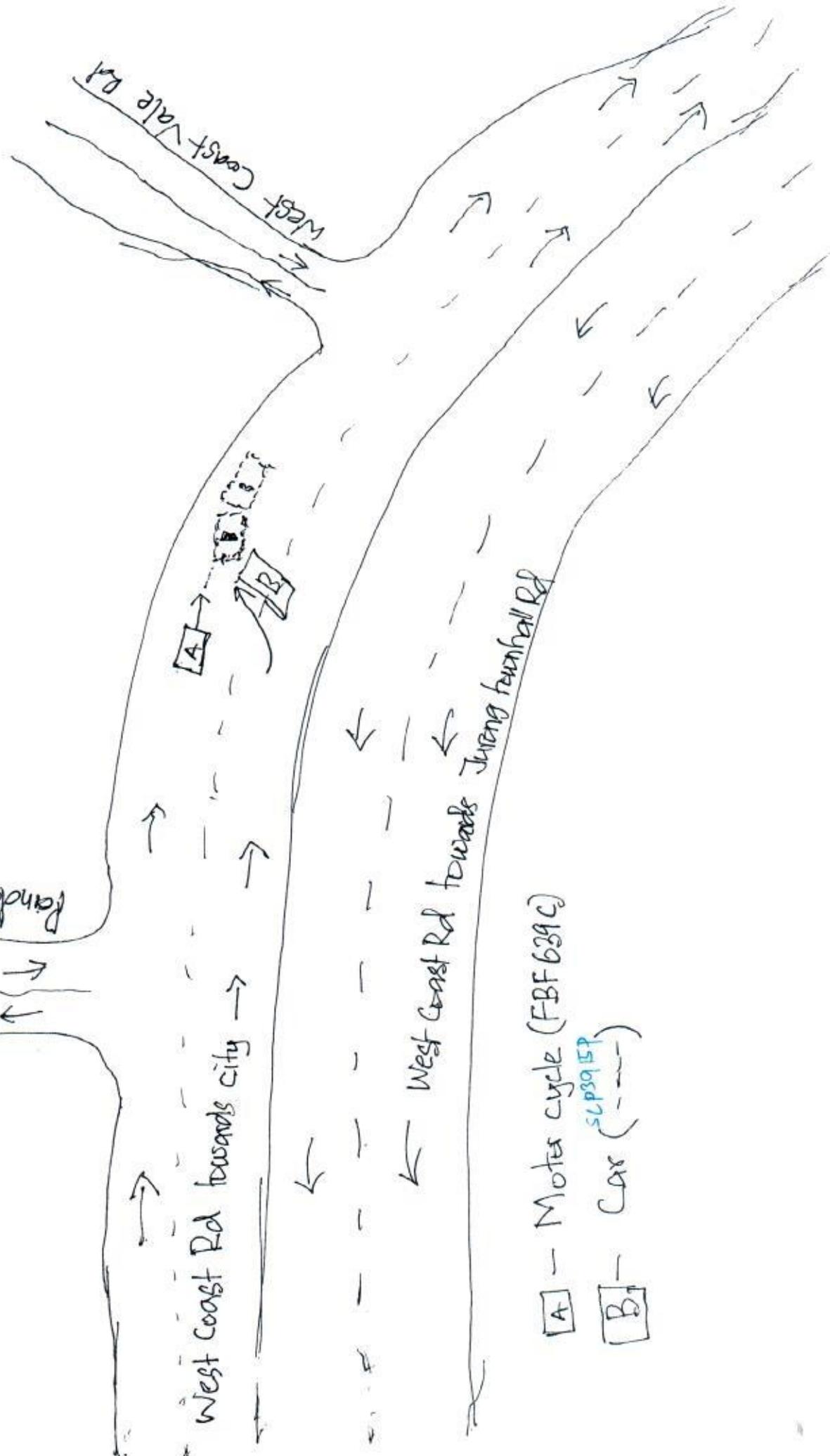
West Coast Vale Rd

West Coast Rd towards city →

West Coast Rd towards
Jungfuchuan Rd

[A] - Motor cycle (FBF639C)

[B] - Car (SLP3957)





Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF639C	NTUC Income Insurance Co-Operative Limited	5057676682-05	05/01/2018	04/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	SELLAMUTHU SELVAKUMAR		ID No.	S70647411
Related Vehicle	FBF639C (Motorcycle)		Contact No.	81838247
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/03/2018		Date Discharge	29/03/2018
No. of Days granted Medical Leave	66		Degree of Injury	Fatal
Rider				
Name	SELLAMUTHU SELVAKUMAR		ID No.	S70647411
Related Vehicle	FBF639C (Motorcycle)		Contact No.	81838247
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/03/2018		Date Discharge	30/03/2018
No. of Days granted Medical Leave	66		Degree of Injury	Fatal

Brief Details.

I WAS TRAVALLING TO OFFICE FROM HOME VIA WEST COAST ROAD, THE ROAD WAS WET AND DRIZZLING.
I AM A RIDER (VEHICLE NO. FBF639C) AND NO PILLION. THE TIME WAS BETWEEN 08:10AM TO 08:30AM AND LOCATION WAS AFTER TRAFFIC SIGNAL AT WEST COAST ROAD AND PANDAN GARDENS ROAD JUNCTION, BEFORE TRAFFIC SIGNAL AT WEST COAST ROAD AND WEST COAST VALE ROAD JUNCTION.
I WAS RIDING AT SPEED OF 40KM/H TO 50KM/H ON THE LEFT LANE (TWO LANE ROAD) AND NO VEHICLES INFRONT OF MY LANE, ON THE RIGHT LANE VEHICLES WERE MOVING SLOWLY AND CLOSELY.
SUDDENLY A CAR (COULD NOT REMEMBER VEHICLE NO.) WAS TURN IN TO MY LANE WITHOUT ANY INDICATION THE DISTANCE BETWEEN MY VEHICLE AND CAR IS ABOUT A CAR LENGTH, IMMEDIATELY I APPLIED EMERGENCY BRAKE, DUE TO WET ROAD AND DRIZZLING MY VEHICLE WAS SKIDDING AND FELL DOWN ON



**SINGAPORE
POLICE FORCE**



T/20180412/7006

3 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180412/7006

CONTINUATION OF REPORT

RIGHT SIDE.

I COULD REMEMBER THIS MUCH ONLY BECAUSE I WAS FAINTED IMMEDIATELY AFTER FELL DOWN AND I WAKE UP IN THE AMBULANCE (I COULDN'T REMEMBER THE WORDS AFTER FELL DOWN).

PLEASE KINDLY TAKE NOTE ON FOLLOWING STATEMENTS:

1. I COULDN'T REMEMBER WHETHER THE CAR WAS STOPPED AFTER I SKIDDING AND FELL DOWN.
2. I COULDN'T REMEMBER WHETHER MY VEHICLE WAS HIT THE CAR.
3. I COULDN'T REMEMBER WHETHER POLICE CAME TO ACCIDENT LOCATION.



**SINGAPORE
POLICE FORCE**



T/20180412/7006

4 of 4

Report No. T/20180412/7006

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
KAMALIAH BINTE KAMIS
Contact No.: 65476435

Authentication Stamp
NP168

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

Date/Time:
12/04/2018 15:41

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

001499305D

001499305D

Licence Number: **S70647411**

Name: **SELLAMUTHU SELVAKUMAR**

Birth Date: **05 Jul 1970**

Issue Date: **16 May 2007**



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S70647411**

Name: **SELLAMUTHU SELVAKUMAR**

செல்வமுத்து செல்வகுமார்

Race: **INDIAN**

செய்த நாள்: **05-07-1970** Sex: **M**

Country of birth: **INDIA**




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Pass Date
Class 2B	Motorcycles =< 200 cc	14 May 2007
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	10 Jan 1998

NP 42BA

Licence No: **S70647411**

4354059

SIRIC No: **S70647411**

Date of issue: **29-01-2009**

Address: **APT BLK 825 JURONG WEST STREET 81 #05-410 SINGAPORE 640825**





Hello, NAC_PAYA_UBI_800601

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[My Desktop](#)
[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5057676682-05	SELLAMUTHU SELVAKUMAR	S7064741I	GMC	Third Party, Fire & Theft	FBF639C	F8F639C	05/01/2018	04/01/2019

Exit

Claim Handling

Accident MT/0987906

Policy No.	S057676682-05	Vehicle No.	FBP639C	GST Registration No.	
Policyholder Name	SELLAMUTHU SELVAKUMAR	Cover Type	Third Party, Fire & Theft	Policyholder NKIC	570547411
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	NA	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	
PKF	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	20	eCode Reason	Not available
NCD Protection	No	Accident Report Within 24 Hrs	Yes	Private Hire	
Accident Details		Time of Accident (hh:mm)	08:15	Accident Type	Collision - Head to Rear
Report Date	27/03/2018 16:02	Orange Force		Country of Accident	Singapore
Date of Accident	27/03/2018	Accident Location	WEST COAST RD BEFORE RANDAN GARDENS		
Reporting Centre					
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	BK 825 #05-410	Address 2	JURONG WEST STREET 81	Address 3	SINGAPORE 640825
Address 4		Address Type	Singapore address	Post Code	640825
Unit No.		Related Policy Number	S057676682-05		
DI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.		Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No				
Modification History					

Claim 002 **New**

Claim Type *	CO-MX	Insured Name	SELLAMUTHU SELVAKUMAR	Insured NRIC	570547411
Contact No.(Mobile)	81838247	Contact No.(Home)	56183770	Contact No.(Office)	65016830
Email Address	NAACHIVYAAR2013@GMAIL.COM	D1 Vehicle Number	FBP639C	TP Vehicle Number	SLP3915P
Claim Description	FBP639C / SLP3915P ON 27 Mar 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	24/04/2018 12:13	Claim Close Date		Date Received	24/04/2018 00:00
Report Taken By	Jackson				
<input checked="" type="checkbox"/> Print AK letter					
Save Submit					

Attachment

Accident No.	MT/0987906	Claim No.	002
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	24/04/2018 12:14
path *			
Browse...	Clear	Category *	Please Select
Browse...	Clear	Confidential	NO
Browse...	Clear	Urgency *	Normal
Browse...	Clear	Description *	
Browse...	Clear		
Browse...	Clear		
Browse...	Clear		
<input type="checkbox"/> Send Message Upload			

Attachment	uploaded By/Date	Category	Urgency	Description	Msg Sent? (CD)	Action
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NAC_RAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Ap

Video List	r 2018 12:14	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	SAS	Normal	SAS 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 24 Apr 2018 12:13	Photos	Normal	Photos 2018-4-24	Edit

Uploaded By/Date	Folder Date	File Name	Source	Action
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