

NATION V. Assessment Centre Services

Date In 10/05/2018 13:01

Ref No NA/GAI18008553/24

Veh No FBM 8047X

DOA 08/05/2018 18:15

OD TP Reporting Only

TP Insurer

Job description

SAS e-filing

E-mail (within 8hrs, A/C 2hrs)

i-Motor Claim Form

i-Motor W/O (Within: OD 2hrs, TP 4hrs)

i-Photo Uploaded

Assessment/Survey Report

Ass't Report by Fax / Hand to Owner/Wksp

Date & Time Completed

Done by

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No: FBD5371B

INC () / Non-INC ()

Tel:

Owner / Driver: (

Cover Type: (

Policy No: (

Period: (

Date:

Time:

Confirmed by: (

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)

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Date & Time Completed

Done by

Injury:

Date/Time

Actions

Claimant's Particulars:-

Driver/Owner:

Contact No:

Damaged Portion:

QC Checked by (Engr-In-Charge):

Auditors' Comments:-

Cal. 1

Cal. 2 / 3

Invoice Preparation Checklist

- 1) AR: Accident Reporting (\$30);
- 2) DA: Damage Assessment (\$100); INC (\$80)
- 3) TF: Towing Fee \$40/\$45
- 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

Invoice dated

Fee Charged

Amt (\$)
1st Bill

Amt (\$)
Add Bill

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	10/05/2018 13:01
Date Of Accident	08/05/2018 18:15
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM8047X
Insured/Policyholder	
Name Of Registered Owner	KIT DAVID KRISHNAM @ MUHAMMAD DANI ABDULLAH KIT
NRIC No	S8534320C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93370144
Alternative Phone No	OTHERS-93370144

Vehicle Particulars

Manufacturer	HONDA
Model	WW150 (PCX150)
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	REPORTING ONLY
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	
Cover Note Number	MT2018TR00771

Driver

Name of Driver	KIT DAVID KRISHNAM @ MUHAMMAD DANI ABDULLAH KIT
NRIC No	S8534320C
Date Of Birth	26/10/1985
Occupation	OUTDOOR
Date Of Driving Pass	18/11/2004
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93370144
Fax Number	
Contact Number	OTHERS-93370144
EMail Address	NOEMAIL

Address	BLK 117 PASIR RIS STREET 11 #10-521
Postcode	510117
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	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

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	FBD5371B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	DON DZULKIFLE BIN RASID
NRIC/Passport Number	S7814465C
Contact Number	96754029
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KIT DAVID KRISHNAM @ MUHAMMAD DANI ABDULLAH KIT
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by
ambulance?

Address

Postcode

SLIGHT

FBM8047X


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.:

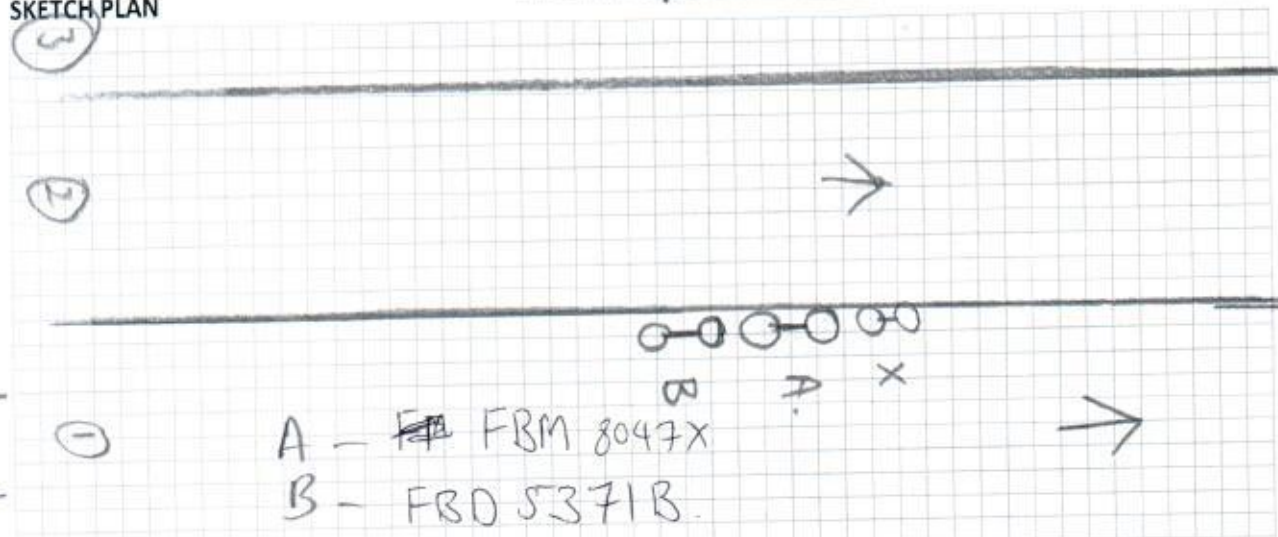
PIE TOWARDS JURONG.

lane 3

SKETCH PLAN

lane 2

lane 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

'MOTORCYCLE A' was riding along PIE towards Jurong, before BKE EXIT. (approx 2 km).

'MOTORCYCLE X' Emergency Braked and came to a stop on Lane 1

'MOTORCYCLE A' Braked accordingly to avoid collision with motorcycle X'.

'MOTORCYCLE B' Did not brake in time, and hit MOTORCYCLE A, at the rear.

'MINOR' Scratches and dents were noticed on motorbike 'A'.

MINOR injury was sustained by rider of motorbike A. Treated at CHANGI GENERAL HOSPITAL.

motorcycle A - FBM 8047X.

motorcycle B - FBD 5371B.

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.:

10/5/2018

NOTICE OF REPORTING

This is to confirm that KIT DAVID KRISHNAM, NRIC/FIN
S8534320C, has reported to the Police a non-injury traffic accident which
occurred at PAN ISLAND EXPRESSWAY, BEFORE
BUKIT TIMAH EXPRESSWAY EXIT ~~ENTRANCE~~

on 8/5/2018 at 06:15 ~~am~~ pm involving the following vehicles: 1) FBM8047X
2) FBD5371B

2 If this accident was reported to the Police within 24 hours of its occurrence, then
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Siti Nur Syafiqah

Date: 08/05/2018 Time: 09:57 pm

S/D Ref: 116

Police Post/Unit: Tampines NPC


Tampines NPC
No. 6 Tampines Avenue
Singapore 529682
Tel: 1800-5871999

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8534320C



Name
KIT DAVID KRISHNAM
@MUHAMMAD DANI ABDULLAH
KIT

Race
INDIAN

Date of birth: 26-10-1985
Country of birth: SINGAPORE

Sex: M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8534320C
Name:

KIT DAVID KRISHNAM

Birth Date: 26 Oct 1985
Issue Date: 23 Oct 2007



4495463

NRIC No. S8534320C



Date of issue
07-12-2009

Address
APT BLK 117 PASIR RIS STREET 11
#10-521
SINGAPORE 510117

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles <= 200 CC
Class 2A Motorcycles between 201 CC and 400 CC
Class 2 Motorcycles > 400 CC
Class 3 Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

PASS DATE
18 Nov 2004
05 Dec 2006
23 Dec 2008
23 Oct 2007

S / No. 9000111068

S8534320C

NP 428A



MOTOR COVER NOTE: MT2018TR00771

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	: KIT DAVID KRISHNAM @MUHAMMAD DANI ABDULLAH KIT
Insured NRIC/Passport No/ Roc	: S8534320C
Named Rider	: N.A
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: HONDA / WW150 (PCX150)
Vehicle Registration No.	: FBM8047X
Year Of Manufacture	: 2017
Engine No.	: KF18E5051250
Chassis No.	: RLHKF18A4JY210081
Engine Capacity	: 153
Hire Purchase	: DE XING MOTOR PTE LTD
Value (\$\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 17/04/2018 TO: 16/04/2019
Excess (\$\$)	: Section I S\$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 : 17/04/2018 14:58 hrs

Intermediary : TENA RISK SOLUTIONS PTE LTD
MTR/COVERNOTE/V01/15