

NATIONAL Assessment Centre Services

[wef 1 Jan'05] MND 8076311

Date In: 12/6/18 - 16:11	Job description	Date & Time Completed	Done by
Ref No: NA/INC 18010752/24	SAS e-filing		
Veh No: F3624SA	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 11/6/18 - 08:00	i-Motor Claim Form	M7/0996978-002	12/6/18 16:35
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: SLS6391P	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 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

NA1803694	Invoice Preparation Checklist	Amt (\$) In Bill	Amt (\$) Add Bill
Claimant's Particulars:-	1) AR: Accident Reporting (\$30);		
Driver/Owner:	2) DA: Damage Assessment (\$100); INC (\$80)		
Contact No:	3) TP: Towing Fee \$40/\$45		
Damaged Portion:	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:-		
	QD*		
	*N5: Courtesy Car / Tpl 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		
Auditors' Comments:-	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	12/06/2018 16:11
Date Of Accident	01/06/2018 08:00
Exact Location Of Accident	JUNC ADMIRALTY RD WEST & CANBERRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG245A
Insured/Policyholder	
Name Of Registered Owner	CASSAIGNEAU ALEXANDRE FREDERIC MARC
Passport No/FIN	G3173691P
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88761257
Alternative Phone No	OFFICE-88761257

Vehicle Particulars

Manufacturer	PIAGGIO
Model	MP3 400 I.E.
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	5080445286-01
Cover Note Number	

Driver

Name of Driver	CASSAIGNEAU ALEXANDRE FREDERIC MARC
Passport No/FIN	G3173691P
Date Of Birth	23/08/1979
Occupation	INDOOR
Date Of Driving Pass	16/06/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88761257
Fax Number	
Contact Number	OFFICE-88761257
Email Address	NOEMAIL

Address	5 FARLEIGH AVENUE
Postcode	557797
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 - CROSS JUNCTION
Weather Conditions	RAINING
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	SERANGOON GARDENS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 51 SERANGOON GARDEN WAY , POSTCODE: 555947 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2879999 - FAX NO: 62815969
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180604/2084.

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	SLS6391P
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	CASSAIGNEAU ALEXANDRE FREDERIC MARC
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBG245A
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.



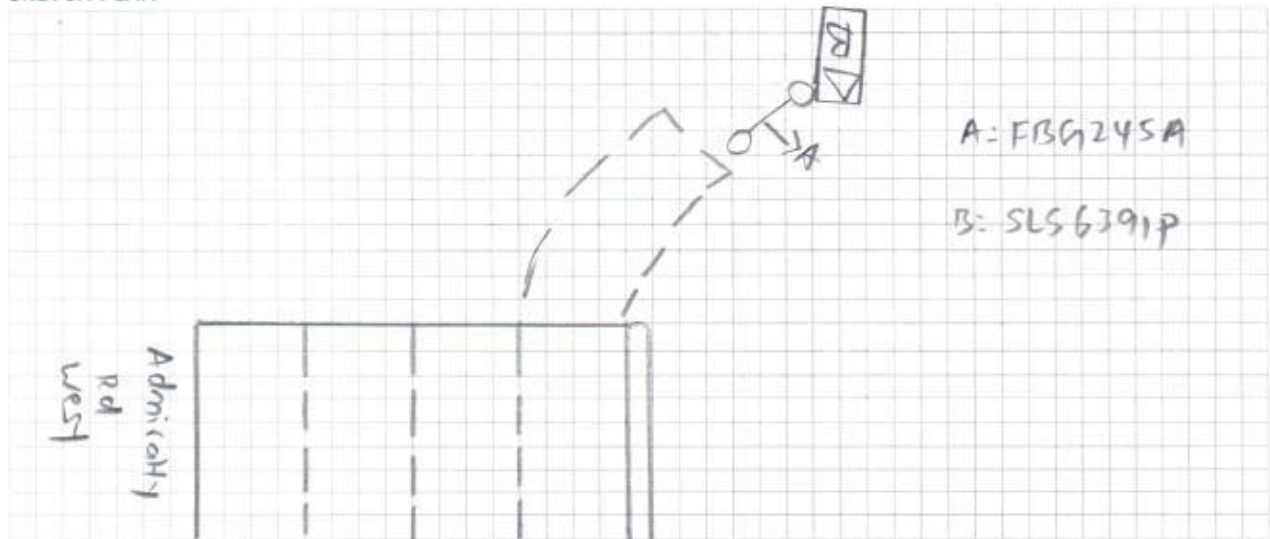
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180604/2084.

[The remaining lines of the form are crossed out with a diagonal line.]

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

[Signature]

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

ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 6 / 18) (DD/MM/YYYY), TIME: (08 : 00) (HH:MM)

LOCATION: Junc Admiralty Road West & Canberra Rd

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 245A
b) INSURANCE COMPANY: NTJC
c) POLICY NUMBER: 5680445286-01
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: Cassaigneau Alexandre Frederic (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: 63173691P CONTACT: 88761257
c) ADDRESS:

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

- *d) DATE OF BIRTH: (23 / 8 / 1979) (DD/MM/YYYY)
e) OCCUPATION: (INDOOR / OUTDOOR)
f) YEARS OF DRIVING EXPERIENCE: 16 / 6 / 2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) 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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SL56391P 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 =

$$f_{ax} =$$



SINGAPORE POLICE FORCE



T/20180604/2084

1 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20180604/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2018 13:55	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: CASSAIGNEAU ALEXANDRE FREDERIC MARC			Address: 5 FARLEIGH AVENUE SERANGOON GARDEN ESTATE SINGAPORE 557797		
ID Type / ID No.: FIN NO / G3173691P			Contact No.: Home/Office: Mobile: 88761257		
Nationality: FRENCH			Email:		
Sex: Male	Age: 38	Date of Birth: 23/08/1979	Type of Informant: Rider		
Race: Caucasian			Language: English		Institution / School Name:
Occupation: Engineer			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/06/2018 08:00	Type of Location: X-Junction
Location: Along Road 1 ADMIRALTY ROAD WEST CANBERRA ROAD Admiralty Road West X Canberra Road				
Weather: Raining		Road Surface: Wet	Road Speed Limit: 60 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG245A	Motorcycle	PIAGGIO	MP3 400 I.E.	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG245A	NTUC Income Insurance Co-Operative Limited	5080445286-01	27/05/2017	28/10/2018



**SINGAPORE
POLICE FORCE**



T/20180604/2084

2 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

Report No. T/20180604/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	CASSAIGNEAU ALEXANDRE FREDERIC MARC	ID No.	G3173691P
Related Vehicle	FBG245A (Motorcycle)	Contact No.	88761257
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	01/06/2018	Date Discharge	02/06/2018
No. of Days granted Medical Leave	16	Degree of Injury	Serious

Brief Details.

On 01/06/2018 @0800hrs, I was riding my motorcycle (FBG245A) along Admiralty Road West. and I was travelling on the extreme right lane It was raining and the road surface was wet. When I reached the junction of Admiralty Road West and Canberra Road, I slowed down and stopped as I wanted to make a right turn to Canberra Road. After ensuring that there is no oncoming traffic, I began to make the turn As I was making the turn, suddenly a white car (unknown registration number) from the opposite direction of Admiralty Road West came and went through the junction and collided onto my motorcycle. The car was travelling on the extreme left lane. Prior to the accident, the vehicles on the second lane and right lane had already stopped. Due to the impact I was thrown off from my motorcycle. I was then conveyed to Khoo Teck Puat Hospital by ambulance. and was warded for a night. I was given 16 days medical leave after being discharged from hospital.I understand that Police did attended to the case.



**SINGAPORE
POLICE FORCE**



T/20180604/2084

3 of 3

Police Station Of Origin:
Serangoon Gardens NPP
51 Serangoon Garden Way SINGAPORE
555947
Tel No: 1800-2879999

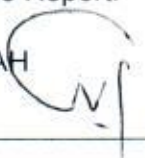

Report No. T/20180604/2084

CONTINUATION OF REPORT

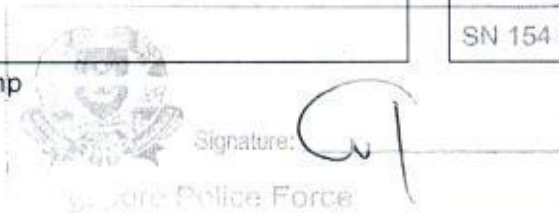
Sketch Plan

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: F / SI ABDUL RASHID BIN ABDULLAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 13:55
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	SN 154

Authentication Stamp
NP168



REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number **G3173691P**
 Name **CASSAIGNEAU ALEXANDRE
FREDERIC MARC**
 Birth Date **23 Aug 1979**
 Issue Date **16 Jun 2016**
 Valid Till **15/06/2021**

002578987C

EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer
TOTAL E&P ANGOLA BLOCK 32 SINGAPORE BRANCH


 Name
CASSAIGNEAU ALEXANDRE FREDERIC MARC
 Occupation
PROJECT ENGINEER
 FIN
G3173691P
 Date of Application
28-06-2017
 Date of Issue
20-07-2017
 Date of Expiry
06-08-2019





L8144085

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	16 Jun 2016
Class 2A	Motorcycles between 201 cc and 400 cc	16 Jun 2016
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	16 Jun 2016

NP 426A

Licence No: G3173691P

VISIT PASS
 Immigration Regulations

Name
CASSAIGNEAU ALEXANDRE FREDERIC MARC


 Date of Birth **23-08-1979** Sex **M** Nationality **FRENCH**
 FIN **G3173691P** Date of Issue **20-07-2017** Date of Expiry **06-08-2019**
MULTIPLE JOURNEY VISA ISSUED
 YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

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

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="01/06/2018 08:00"/>						
Vehicle No. (For Motor)	<input type="text" value="FBG245A"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5080445286-01	CASSAIGNEAU ALEXANDRE FREDERIC MARC	G3173691P	GMC	Third Party	FBG245A	FBG245A	27/05/2017	28/10/2018
<input type="button" value="Continue"/>									

LKK Paya Ubi

From: ODsupport <ODsupport@income.com.sg>
Sent: Wednesday, 13 June 2018 8:57 AM
To: rspu@lkkauto.com
Cc: Hazalysa Binte Ibrahim
Subject: FW: CLAIMS NUMBER MT/0996978 VEH NO FBG 245A
Attachments: FBG245A_01062018.PDF; FBG 245A_SKETCH PLAN0006.jpg; CIMG7735.JPG; CIMG7736.JPG; CIMG7737.JPG; CIMG7738.JPG; CIMG7739.JPG; CIMG7740.JPG; CIMG7741.JPG; CIMG7742.JPG; CIMG7743.JPG; CIMG7744.JPG; CIMG7745.JPG; CIMG7746.JPG

Hi Jackson,

Thank you for your email.

Please quote the claim no MT/0996978-002 when billing.

Warmest Regards

Hazalysa Bte Ibrahim
Admin Assistant, Motor Insurance
T +65 6430 7902
www.income.com.sg



From: LKK Paya Ubi [mailto:rspu@lkkauto.com]
Sent: Tuesday, June 12, 2018 4:35 PM
To: Theresa Vimala <thrsvim.bala@income.com.sg>
Cc: Desmond Foo Guo Hui <desmond.foogh@income.com.sg>; ODsupport <ODsupport@income.com.sg>
Subject: CLAIMS NUMBER MT/0996978 VEH NO FBG 245A

Hi Theresa,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

Best Regards,

Jackson Ho | Admin

National Assessment Centre Services (LKK Group)

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.