

# NATIONAL Assessment Centre Services (wef 1 Jan 2005)

Date In: <b>21/08/18</b>	Job description	Date & Time Completed	Done by
Ref No: <b>NA/INC18015240/13</b>	SAS e-filing		
Veh No: <b>FT42200</b>	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: <b>10/08/18</b> <b>0600</b>	i-Motor Claim Form	<b>MT/1008230 - 001</b>	
OD: <b>(P)</b> Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by <u>Fax / Hand to Owner/Wksp</u>		

Preferred Wksp / INC Assign Wksp / QW: ( ) Tel: ( ) Fax: ( )

TP Particulars:	Veh No: <b>SHC8473E</b>	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

<b>NA1805256</b>	<b>Invoice Preparation Checklist</b>		Amt (\$) Est Bill	Amt (\$) Add Bill
Claimant's Particulars:-	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) NI: Idao DA + SMRT Survey \$160			
Driver/Owner:	8) NTUC Additional Services:-			
	ON*			
	*N5: Courtesy Car / Tpt Allowance \$5			
	*N6: Repair Co-ordination \$10			
Contact No:	*N7: Post Repair Inspection \$25			
	*N8: DV / Collect Excess Coordination \$5			
Damaged Portion:	TP (N11): TP (Non INC) against INC \$20			
	9) N12: Idao Mobile 30			
C Checked by (Engr-In-Charge):	Invoice dated	Fee Charged		
	Invoice dated	Fee Charged		
Auditors' Comments:-				
dt 1:				
dt 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	21/08/2018 13:06
Date Of Accident	10/08/2018 06:00
Exact Location Of Accident	CTE(TUNNEL) B4 CAIRNHILL EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT4220D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SURENDR KUMAR PATHAK
NRIC No	S0218290D
Email Address	SUPERPOWER1953@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90099689
Alternative Phone No	OTHERS-90099689

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	PX200E
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	5095286931
Cover Note Number	

### Driver

Name of Driver	SURENDR KUMAR PATHAK
NRIC No	S0218290D
Date Of Birth	21/08/1953
Occupation	INDOOR
Date Of Driving Pass	01/06/1992
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90099689
Fax Number	
Contact Number	OTHERS-90099689
Email Address	SUPERPOWER1953@GMAIL.COM

Address	BLK 113 POTONG PASIR AVE 1 #11-846
Postcode	350113
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?	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	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 142 POTONG PASIR AVENUE 3 , <b>POSTCODE:</b> 350142 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2829999 - <b>FAX NO:</b> 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180818/2106

#### 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	SHC8473E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SURENDR KUMAR PATHAK
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FT4220D
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:

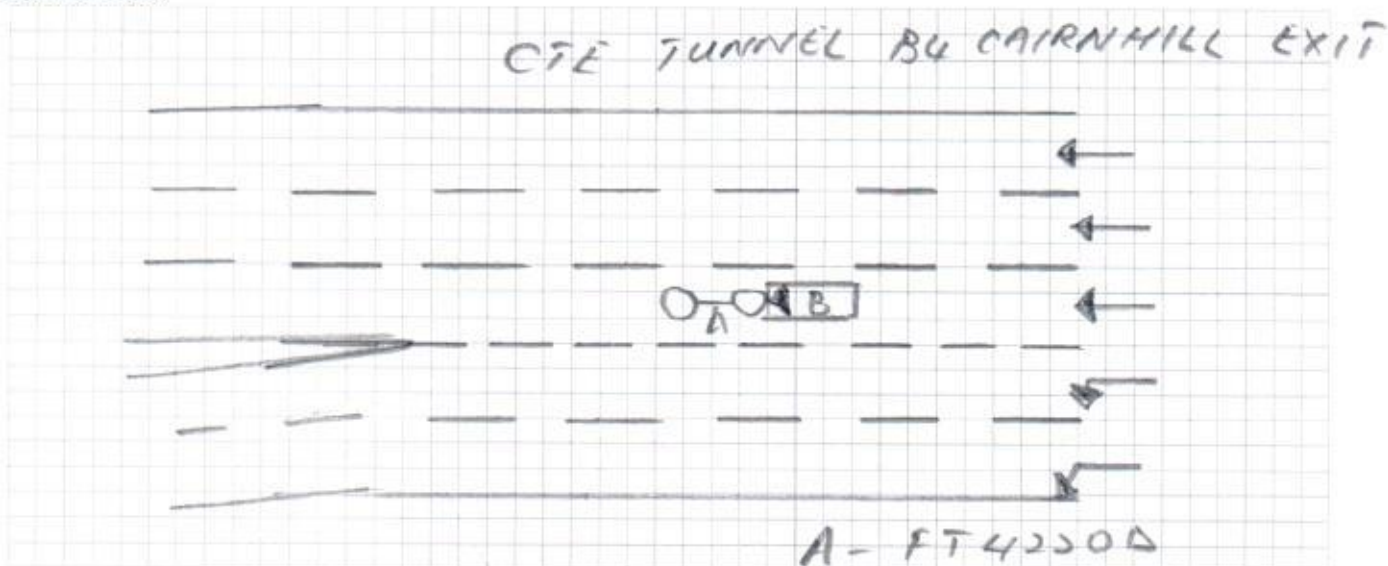
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**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:

 21/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: 7/20180818/2106

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:

 21/08/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180818/2106

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

1 of 3

Report No. T/20180818/2106

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/08/2018 17:15	Vide Report No.:	Station Diary No.: 23
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**Informant's Particulars**

Name of Informant: SURENDR KUMAR PATHAK			Address: APT BLK 113 POTONG PASIR AVE 1 #11-846 SINGAPORE 350113		
ID Type / ID No.: NRIC NO / S0218290D			Contact No.: Home/Office: Mobile: 90099689		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 21/08/1953	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/08/2018 06:00	Type of Location:
Location: Along Road 1 CENTRAL EXPRESSWAY  CTE Expressway before Cairnhill exit				
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: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT4220D	Motorcycle	PIAGGIO	PX 200E	Blue	Seriously Damaged	0
SHC8473E	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT4220D	NTUC Income Insurance Co-Operative Limited	5095286931	28/10/2017	14/05/2019



**SINGAPORE  
POLICE FORCE**



T/20180818/2106

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

3 of 3

Report No. T/20180818/2106

**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:  
E /  
Sgt 2 TAN HAN RONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt YAN MINGSHENG DANIEL SN 057  
Contact No.: 65476252

Authentication Stamp  
NP168

SIGNATURE


Signature Of Informant:

Date/Time:  
18/08/2018 17:15

Classification Of Case:




**REPUBLIC OF SINGAPORE DRIVING LICENCE**


 Licence Number: **S0218290D**  
 Name: **SURENDR KUMAR PATHAK**  
 Birth Date: **21 Aug 1953**  
 Issue Date: **01 Jul 2003**

000612847G

**REPUBLIC OF SINGAPORE** 

IDENTITY CARD NO. **S0218290D**


 Name: **SURENDR KUMAR PATHAK**  
 Race: **INDIAN**  
 Date of Birth: **21-08-1953** Sex: **M**  
 Country of Birth: **SINGAPORE**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	01 Jun 1992
Class 2A	Motorcycles between 201 cc and 400 cc	06 Aug 2002
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 May 1990

NP 428A

Licence No: S0218290D

2714400



NRIC No: **S0218290D**


 Blood Group: **A+** Date of Issue: **03-10-1995**

**APT BLK 113 POTONG PASIR AVE 1 #11-848**  
**SINGAPORE 350113**  
 NRIC No: **S0218290D** Date: **29/08/2014**



**SINGAPORE  
POLICE FORCE**



T/20180818/2106

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

2 of 3

Report No. T/20180818/2106

**CONTINUATION OF REPORT**

**Brief Details.**

On the 19/08/2018 at around 0600hrs while I was riding my vehicle bearing plate number FT4220D heading toward Outram exit for work and was travelling along CTE Expressway at lane 3 before passing the Cairnhill exit, I was being hit at the rear by a vehicle bearing plate number SHC8473E. I was being thrown forward from my motorbike and landed on the road. Traffic Police and Ambulance had come to the location and I was then conveyed to Tan Tock Seng Hospital.



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="10/08/2018 06:00"/>
Vehicle No.(For Motor)	<input type="text" value="FT4220D"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5095286931		SURENDR KUMAR PATHAK	S0218290D	GMC	Third Party	FT4220D	FT4220D	28/10/2017	14/05/2019

## Claim Handling

Accident MT/1008230

Policy No.	5095286931	Vehicle No.	FT4220D	GST Registrat
Certificate No.				
Policyholder Name	SURENDR KUMAR PATHAK			Policyholder f
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading
Contact No.(Mobile)	90099689	Contact No.(Office)	0	Contact No.(t
Email Address		Special Remark		eCode
KFK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reaso
NCD Protection	No	NCD Entitlement(%)	0	Private Hire

## ▼ Accident Details

Report Date	21/08/2018 17:23	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	10/08/2018	Time of Accident hh:mm	06:00	Country of Ac
Reporting Centre		Orange Force		ICM No.
Accident Location	CTE(TUNNEL) B4 CAIRNHILL EXIT			

## ▼ Benefits

## ▼ Excess

Own damage Excess	0.00	Additional Excess	Windscreen E
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 113 #11-846	Address 2	POTONG PASIR AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.		Related Policy Number	5095286931	

## ▼ O1 Driver Info

Driver Name	SURENDR KUMAR PATHAK	Driver Type	Main Driver	
Unnamed driver Name		Driver NRIC	S0218290D	Driver DOB
Register Date of Driver License	01/01/2000	Driver Age	64	Driving Experi
Contact No.(Mobile)	90099689	Contact No.(Office)	0	Contact No.(f
Address 1	BLK 113	Address 2	POTONG PASIR AVENUE 1	Address 3
Address 4		Address Type	Singapore address	Post Code
Unit No.	#11-846			
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.		Driver Insure

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 OD-MX

New

Claim Type *	OD-MX	Insured Name	S
Contact No.(Mobile)	90099689	Contact No. (Home)	N
Email Address		O1 Vehicle Number	F
Claim Description	FT4220D / SHC8473E ON 10 Aug 2018		
Preferred Workshop		Insured Liability	Not at Fault
Consent No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By		Claim Close Date	21/08/2018 17:28
		Workshop Repairer	ROSLINDA

Print AK letter

Save Submit



## Attachment

Accident No.	MT/1008230	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	21/08/2018 00:00
Path *		Category *	Confide
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Choose File	No file chosen	Clear	Please Select <input type="button" value="NO"/>
Message Read		Clear	Please Select <input type="button" value="NO"/>

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 17:28	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 17:28	NRIC/ Driving License	Normal	NRIC/ Dr
 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 17:28	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 17:28	SAS	Normal	
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 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 17:27	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 17:27	Photos	Normal	P
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 NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 17:26	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) on 21 Aug 2018 17:26	Photos	Normal	P

## Video List

Uploaded By/Date	Folder Date	File Name	
			
		Display in New Window	Scan and uploading