

# NATIONAL Assessment Centre Services

(Unit 1 Jan 2009)

MAA 48786907

Date In: 22/10/2018 15:09  
Ref No: NAB/921801/92714  
Veh No: FY 562YA  
D.O.A: 16/10/2018 08:30  
OD / TP / Reporting Only

Job Description	Date & Time Completed	Done by
SAS e-illing		
E-mail (within 3hrs, A/C 2hrs)		
1-Motor Claim Form		
1-Motor W/O (within 100 hrs, TP 1hr)		
1-Photo Uploaded		
Assessment/Survey Report		
Ass'l Report by Fax/ Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / OW:

Tel:

Fax:

TP Particulars: Yell No: SLX 6167

INC ( ) / Non-INC ( )

Owner / Driver:

Tel:

Policy No:

Period:

Cover Type:

Confirmed by:

Date:

Time:

Insured/Driver Liability:

(%) (Note: Bsl 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 repeller.

( ) Total Loss Case: 1 to e-mail Insurer URGENTLY.

Drive-In ( ) / Towed-In ( ) : Invoice: YES ( ) / NO ( ) : Towing Co: ( )

Remarks: INC Hotline: 6788 6616

DATA Time Completed:

Done by:

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

2) QC Check / Post Repair Inspection ( )

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

Injury:

On-site Time:

Actions:

NAB06843

Driver/Owner:

Contact No:

Assessed Portion:

C. Checked by (Engr-In-Charge):

Unit (6) Comments:

L1:

L2/3:

Invoice Breakdown (GRAND TOTAL)

1) AR: Accident Reporting (\$30)	
2) DA: Damage Assessment (\$100)	INC (\$30)
3) TP: Towing Fee	\$40/\$40
4) FT: Follow-Through Survey	\$120
5) PT: Follow-Through Survey (Resurvey)	\$10
Postclaiming apply INC Only (Ref 10 Jan 2009)	
6) TR: Re-inspection	\$15
7) NI: 14+ DA + SMRT Survey	\$160
8) NTUC Additional Services	
Q11	
*NI: Courtesy Car / Tpl Allowance	\$5
*NI: Repairs Coordination	\$10
*NI: Post Repair Inspection	\$15
*NI: DV / Collision Excess Coordination	\$5
TP (NI) / TP (N/A INC) against INC	\$10
*NI: 14+ DA + SMRT Survey	\$160

Invoice dated

Not Charged

Invoice dated

Not 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 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. 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	22/10/2018 15:09
Date Of Accident	16/10/2018 08:30
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS KAMPONG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY5424A
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#### Insured/Policyholder

Name Of Registered Owner	VAITHILINGA THEVAR GANAPATHY
NRIC No	S2684898I
Email Address	V-THAM@LIVE.COM
Mobile Phone No	(LOCAL) +65-93805614
Alternative Phone No	OTHERS-93805614

#### Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125-S-125CC
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
Fleet Policy	NO
Policy Number	MOMVM000001963-00-000
Cover Note Number	

#### Driver

Name of Driver	VAITHILINGA THEVAR GANAPATHY
NRIC No	S2684898I
Date Of Birth	04/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1997
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93805614
Fax Number	
Contact Number	OTHERS-93805614
Email Address	V-THAM@LIVE.COM

Address	BLK 15 TELOK BLANGAH CRESCENT #04-244
Postcode	090015
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	3
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	TELOK BLANGAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 51 TELOK BLANGAH DRIVE , POSTCODE: 100051 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2729999 - FAX NO: 63772526
Was notice of Intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181020/2075

#### 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	SLX616E
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YN7282L  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 VAITHILINGA THEVAR GANAPATHY  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FY5424A  
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.



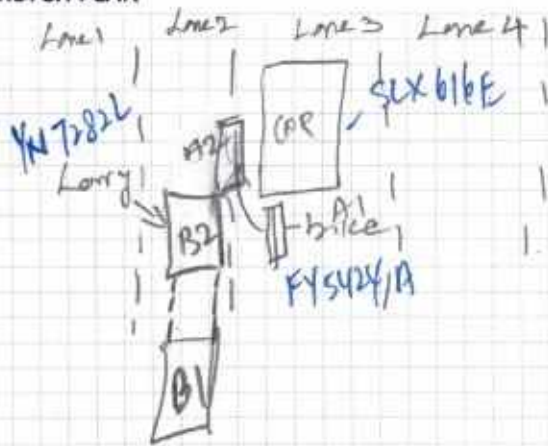
Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name: *Rashid*  
NRIC/FIN No: *123456789*

# SKETCH PLAN



LOWER DALLA ROAD TOWARDS  
KAMPONG BOH RU ROAD

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Report to Police Report  
12/08/2015

## 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: Resh W. A. A.  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20181020/2075

1 of 3

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20181020/2075

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 20/10/2018 14:56		Vide Report No.:		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: VAITHILINGA THEVAR GANAPATHY			Address: APT BLK 15 TELOK BLANGAH CRESCENT #04-244 SINGAPORE 090015		
ID Type / ID No.: NRIC NO / S2684898I			Contact No.: Home/Office: Mobile: 93805614		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 04/05/1960	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: NEWSPAPER VENDOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/10/2018 08:15	Type of Location: X-Junction
Location: Along Road 1 LOWER DELTA ROAD  LOWER DELTA ROAD TOWARDS KAMPONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FY5424A	Motorcycle	HONDA	WAVE 125S A	Black	Slightly Damaged	0
SLX616E	Car				Slightly Damaged	0
YN7282L	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20181020/2075

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

2 of 3

Report No. T/20181020/2075

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY5424A	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSDTMT18390026	19/10/2018	18/10/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	VAITHILINGA THEVAR GANAPATHY	ID No.	S2684898I
Related Vehicle	FY5424A (Motorcycle)	Contact No.	93805614
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	16/10/2018	Date Discharge	20/10/2018
No. of Days granted Medical Leave	20	Degree of Injury	Serious

**Brief Details.**

On 16/10/2018 at about 0815 hrs, I was riding my motorcycle bearing registration number FY 5424A along Lower Delta Road towards Kampong Bahru road. I was riding along the second lane from the right. I was approaching the cross junction between Lower Delta Road, Telok Blangah Way and Bt Purnei road.

There was a vehicle bearing registration number SLX 616E in front of me at that point in time. I was travelling at about 40km/h and did not slow down as the traffic light was green for me to continue moving. Suddenly, the car in front of sudden suddenly applied hard brakes and came to a complete stop. I could not remember if he turned on his signal to turn right. I could not stop in time and thus I swerved left to avoid colliding into his vehicle's rear. However, I failed to do so and ended up colliding with his vehicle's left rear bumper.

The collision caused me to skid into the lane on the left I subsequently fell off the bike. I did not know what happened after I fell onto the floor. I am not sure if there were cameras at the vicinity. I got conveyed to Singapore General Hospital subsequently. I suffered a broke left arm and some abrasions. I also received a 20 day MC from 16/10/2018 to 04/11/2018. I was admitted into SGH on 16/10/2018 and got discharged on 20/10/2018.





**SINGAPORE  
POLICE FORCE**



T/20181020/2075

3 of 3

Police Station Of Origin:  
Telok Blangah NPP  
51 Telok Blangah Drive #01-116  
SINGAPORE 100055  
Tel No: 1800-2729999

Report No. T/20181020/2075

**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:

D /

Sgt 2 BRANDON CHUA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No: 65476202

Signature Of Informant:

Date/Time:

20/10/2018 14:56

Classification Of Case:

Authentication Stamp

NP168



Singapore Police Force

## ACCIDENT STATEMENT

ACCIDENT DATE: (16 / 10 / 2019) (DD/MM/YYYY), TIME: (8 : 30) (HH:MM)

LOCATION: Lower Delta Road

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: EY5424A  
b) INSURANCE COMPANY: GREAT AMERICAN  
c) POLICY NUMBER: MOM V M60000 1962-00-000  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: Honda wave 125  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: news paper delivery  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- a) NAME: Vaithilinga Thavar Ganapathy (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 52684898I CONTACT: 93805614  
c) ADDRESS: B1E-15 #04-244 76th BLVD BLANCHARD CRESCENT  
590015

\* 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: (04 / 05 / 1960) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 07 / 07 / 1997

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: occasional

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: VN 7282L MODEL: lorry  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: SLX 616E MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

EMAIL = v-tham@live.com

VIDEO =



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S26848981



Name

VAITHILINGA THEVAR  
GANAPATHY

வெ கணபதி

Race

INDIAN

Date of birth

04-05-1960 M

Country of birth

INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S26848981

VAITHILINGA THEVAR  
GANAPATHY

Birth Date: 04 May 1960

Issue Date: 31 May 2004



001228909J



3889302

NRIC No. S26848981



Date of issue  
07-06-2006

APT BLK 15 TELOK BLANGAH CRESCENT #04-244  
SINGAPORE 090015  
NRIC No: S26848981  
SINGAPORE DRIVER

Date: 14/08/2008

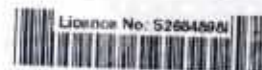
No:

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

Class 2B Motorcycles not exceeding 200 cc  
Class 3 Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

PASS DATE  
07 Jul 1997  
07 Jul 1997

NP 428A



Licence No: S26848981

## CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960  
Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVM000001963-00-000	Cover	: Motor Cycle (Third Party Only)
Policyholder Name	: Vaithilinga Thevar Ganapathy	Chassis Number	: NF125MD0108952
NCD Entitlement	: 20% No Claim Discount	Engine Number	: NF125MDE0108952
Hire Purchase	: N/A	Registration Number	: FY5424A
Period of Insurance	: From 19/10/2017 (00:00) To 18/10/2018 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
- b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for racing, pace making, reliability trial or speed testing
- b) Use for carriage of goods (other than samples) in connection with any trade or business
- c) Use for any purpose in connection with Motor Trade

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1) : N/A

Excess (Section 2) : N/A

### Driver Details

Primary Rider	: Vaithilinga Thevar Ganapathy
Named Rider 1	: N/A
Named Rider 2	: N/A
Name of Intermediary	: Tena Risk Solutions Pte Ltd
Date of Issue	: 04/12/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory

mlow