

NATIONAL Assessment Centre Services. [wef 1 Jan 00] **MNT481487**

Date In: 01/11/2008 15:45	Job description	Date & Time Completed	Done by
Ref No: NBA/M86180/1890/V	SAS e-filing		
Veh No: FBT 8842D	E-mail (within 3hrs, AIC 2hrs)		
D.O.A: 26/10/2008 07:30	I-Motor Claim Form		
OD (T) 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: **SLF 3233B** 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)

1) Apply for Transport Allowance () / Courtesy Car ()		
2) QC Check / Post Repair Inspection ()		
3) Upload Resurvey Photo [Repair Cost > \$3000] ()		

Injury: ()

Date/Time	Auditor

NBA1807094

Claimant's Particulars:	Invoice Breakdown (Gross)	Net	Amount
Driver/Owner:	1) AR: Accident Reporting (\$30)		
Contact No:	2) DA: Damage Assessment (\$100) INC (\$30)		
Damaged Portion:	3) TP: Towing Fee \$40/\$45		
QC Checked by (Engr-In-Charge):	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: Idao 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 (N-on INC) against INC \$20		
	9) N12: Idao Mobile \$0		
	Invoice dated	Fee Charged	
	Invoice dated	Fee Charged	

Auditors' Comments:

2at 1:

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 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	01/11/2018 15:45
Date Of Accident	26/10/2018 07:30
Exact Location Of Accident	JUNCTION OF ANCHORVALE STREET/ANCHORVALE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8442D
Insured/Policyholder	
Name Of Registered Owner	VENNUKA D/O ANBALAGEN
NRIC No	S8715847J
Email Address	106230@MYRP.EDU.SG
Mobile Phone No	(LOCAL) +65-92399151
Alternative Phone No	OTHERS-92399151

Vehicle Particulars

Manufacturer	KTM
Model	RC 200-200CC
Exact Purpose for which vehicle was being used at time of accident	TRAVEL TO WORK
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	72043180

Driver

Name of Driver	VENNUKA D/O ANBALAGEN
NRIC No	S8715847J
Date Of Birth	29/05/1987
Occupation	INDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92399151
Fax Number	
Contact Number	OTHERS-92399151
Email Address	106230@MYRP.EDU.SG

Address	BLK 441D FERNVALE ROAD 23-343
Postcode	794441
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	CLEAR
Road Surface	DRY

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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181026/2053 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF3233B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY ZHAO XIANG
NRIC/Passport Number	S6811681C
Contact Number	96528375
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	VENNUKA D/O ANBALAGEN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ8442D
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:

1/11/18
(411115)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

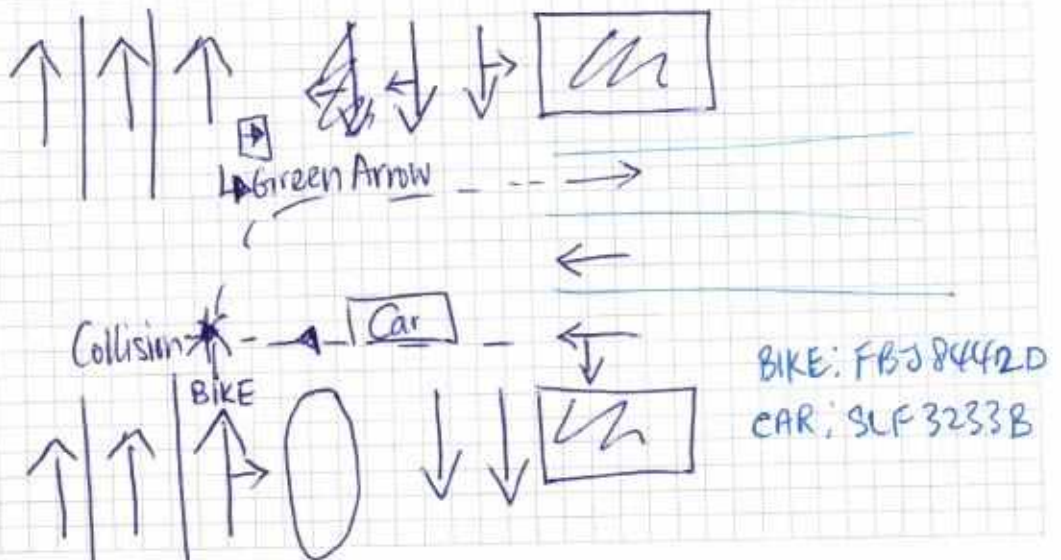
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ROSE KARTAB

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS Refer to Police Report
120181026/2053.*

DECLARATION

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

Policyholder's Signature
Date & Time: 1/11/18 14:11WVS

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

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



SINGAPORE POLICE FORCE



T/20181026/2053

1 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20181026/2053

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/10/2018 12:31		Vide Report No.: F/20181026/0073		Station Diary No.: 110	
Informant's Particulars					
Name of Informant: VENNUKA D/O ANBALAGEN			Address: APT BLK 441D FERNVALE ROAD #23-343 SINGAPORE 794441		
ID Type / ID No.: NRIC NO / S8715847J			Contact No.: Home/Office:		Mobile: 92399151
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 31	Date of Birth: 29/05/1987	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SENIOR PATIENT EXECUTIVE			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/10/2018 07:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 ANCHORVALE STREET ANCHORVALE CRESCENT Turning right into Seng Kang General Hospital.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ8442D	Motorcycle	KTM	RC200	Black	Seriously Damaged	0
SLF3233B	Car	KIA		Silver	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8442D	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72043180	20/11/2017	19/11/2018



**SINGAPORE
POLICE FORCE**



T/20181026/2053

2 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20181026/2053

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	VENNUKA D/O ANBALAGEN	ID No.	S8715847J
Related Vehicle	FBJ8442D (Motorcycle)	Contact No.	92399151
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/10/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
Driver			
Name	TAY ZHAO XIANG	ID No.	S6811681C
Related Vehicle	SLF3233B (Car)	Contact No.	96528375
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/10/2018 at about 0730hrs, I was riding along Anchorvale Street. As I approached the junction of Anchorvale Street and Anchorvale Crescent, I Was turning right into Seng Kang General Hospital as it was a green right arrow. Suddenly, I was hit by a car from my right side and fell with the motorcycle (FBJ8442D) lying on top of me. Two passersby came over to help me lift the motorcycle and helped me to the pavement. Shortly after, the driver of SLF3233B came over and we exchanged particulars. I called for Traffic Police and after a while, they arrived with the paramedics. Traffic Police asked me a few questions and then I was sent to the hospital. My vehicle has no camera.

I was injured and given 4 days' MC and I have not yet gone for the MRI scan. I am not sure of the damages on my motorcycle.



**SINGAPORE
POLICE FORCE**



T/20181026/2053

3 of 3

Report No. T/20181026/2053

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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:

J/
YANG YUAN FAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp
NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:
26/10/2018 12:31

Classification Of Case:

ACCIDENT STATEMENT

ACCIDENT DATE: (26/10/2018) (DD/MM/YYYY). TIME: (07:40) (HH:MM)

LOCATION: Anchorvale street 3 Anchorvale crescent

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 8442D
b) INSURANCE COMPANY: MSIG
c) POLICY NUMBER: 72043180
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: KTM RC 200
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Travel to Work
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: Vennuka Anbalagen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8715847J CONTACT:
c) ADDRESS: BIK 4410, Fernvale Road, #23-343
SCT94441

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Vennuka Anbalagen (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S8715847J CONTACT:
c) ADDRESS: BIK 4410, Fernvale Road, #23-343
SCT94441

* d) DATE OF BIRTH: (29/05/1987) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING: PASS 8 yrs

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / 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: SLF3233B MODEL: KIA (SILVER)
b) DRIVER'S NAME: Tay Zhao Xiang
c) NRIC/FIN/PASSPORT: S6811681C CONTACT: 96528375

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
(1)

* No of passenger
(including driver)
()

email = 106230@myrp.edu.sg
VIDEO =

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8715847J



Name
VENNUKA D/O ANBALAGEN

வேணுகா
Race
INDIAN

Date of birth
29-05-1987

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8715847J

Name
VENNUKA D/O ANBALAGEN

Birth Date: 29 May 1987

Issue Date: 22 Apr 2010




001850278A

4133830



NRIC No. S8715847J



Date of issue
03-11-2007


APT BLK 441D FERNVALE ROAD #23-343
SINGAPORE 794441

NRIC No: S8715847J Date: 10/10/2018


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

PASS DATE:
22 Apr 2010

Class 2B Motorcycles \leq 200 cc



Licence No: S8715847J



NP 428A