

# NATIONAL Assessment Centre Services

(Unit 1/1/100)

NA0418154875

Date In: 29/11/2018 19:46

Ref No: NBARinc1802158217

Veh No: FBJ 6251B

D.O.A: 24/11/2018 13:25

OD TP Reporting Only

TP Insured:

Preferred Wksp / INC Assign Wksp / OWi:

TP Particulars: Yeh No: SW 3667

Owner / Driver: ( )

Policy No: ( ) Period: ( )

Confirmed by: ( ) Date: ( )

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: Customers Information strictly Confidential & Strictly NO refer of repeller.

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

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

Remarks: ( )

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

2) QC Check / Post Repair Inspection ( )

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

Injury: ( )

Date/Time: ( )

Action: ( )

NA07819

Human's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C Checked by (Engr-In-Charge):

Work for's Comments:

1:

2/3:

Job description

SAS e-illing

E-mail (within 3hrs, AIC 2hrs)

E-Motor Claim Form

E-Motor W/O (Within 24 hrs, TP 3hrs)

E-Photo Uploaded

Assessment/Survey Report

Ass'l Report by Fax/ Hand to Owner/Wksp

Date & Time Completed

Done by

mt1021941-001

29/11/2018

19:35

Tel:

Fax:

Tel:

Cover Type: ( )

Date:

Time:

( ) % (Note: BSL Status (WO): N: 0-20%; P: 21-79%; P: 80-100%)

( ) Warranty: YES ( ) / NO ( )

( ) Loading: \$1,000 ( ) / \$2,000 ( )

Date & Time Completed

Done by

Invoice Preparation Checklist

1) AR: Accident Reporting (\$30)

2) DA: Damage Assessment (\$100) INC (\$50)

3) TP: Towing Fee \$10/\$12

4) FT: Follow-Through Survey \$120

5) RT: Follow-Through Survey (Resurvey) \$20

Perclaiming against INC Only (max 10 Jan 2019)

6) TR: Re-inspection \$12

7) NI: (4x DA + SMRT Survey) \$160

8) NTUC Additional Services

9) NI: (4x DA + SMRT Survey) \$160

10) NI: (4x DA + SMRT Survey) \$160

11) NI: (4x DA + SMRT Survey) \$160

12) NI: (4x DA + SMRT Survey) \$160

13) NI: (4x DA + SMRT Survey) \$160

14) NI: (4x DA + SMRT Survey) \$160

15) NI: (4x DA + SMRT Survey) \$160

16) NI: (4x DA + SMRT Survey) \$160

17) NI: (4x DA + SMRT Survey) \$160

18) NI: (4x DA + SMRT Survey) \$160

19) NI: (4x DA + SMRT Survey) \$160

20) NI: (4x DA + SMRT Survey) \$160

21) NI: (4x DA + SMRT Survey) \$160

22) NI: (4x DA + SMRT Survey) \$160

23) NI: (4x DA + SMRT Survey) \$160

24) NI: (4x DA + SMRT Survey) \$160

25) NI: (4x DA + SMRT Survey) \$160

26) NI: (4x DA + SMRT Survey) \$160

27) NI: (4x DA + SMRT Survey) \$160

28) NI: (4x DA + SMRT Survey) \$160

29) NI: (4x DA + SMRT Survey) \$160

30) NI: (4x DA + SMRT Survey) \$160

31) NI: (4x DA + SMRT Survey) \$160

32) NI: (4x DA + SMRT Survey) \$160

33) NI: (4x DA + SMRT Survey) \$160

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44) NI: (4x DA + SMRT Survey) \$160

45) NI: (4x DA + SMRT Survey) \$160

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47) NI: (4x DA + SMRT Survey) \$160

48) NI: (4x DA + SMRT Survey) \$160

49) NI: (4x DA + SMRT Survey) \$160

50) NI: (4x DA + SMRT Survey) \$160

51) NI: (4x DA + SMRT Survey) \$160

52) NI: (4x DA + SMRT Survey) \$160

53) NI: (4x DA + SMRT Survey) \$160

54) NI: (4x DA + SMRT Survey) \$160

55) NI: (4x DA + SMRT Survey) \$160

56) NI: (4x DA + SMRT Survey) \$160



## 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	29/11/2018 19:16
Date Of Accident	24/11/2018 13:25
Exact Location Of Accident	TOA PAYOH LOR 2 JUNCTION OF TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ6251B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH
NRIC No	S8503523A
Email Address	JUSTINFERNANDO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92371841
Alternative Phone No	OTHERS-92371841

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067161910-04
Cover Note Number	

### Driver

Name of Driver	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH
NRIC No	S8503523A
Date Of Birth	21/01/1985
Occupation	OUTDOOR
Date Of Driving Pass	13/08/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92371841
Fax Number	
Contact Number	OTHERS-92371841
Email Address	JUSTINFERNANDO@HOTMAIL.COM

Address	BLK 436 CHOA CHU KANG AVENUE 4 #8-501
Postcode	680436
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 - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : NG LAY PENG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181124/2139 AND T/20181129/2111

#### 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	SJW3606T
Vehicle Make/Model/Colour	TOYOTA COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FBJ6251B  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name NG LAY PENG  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FBJ6251B  
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:

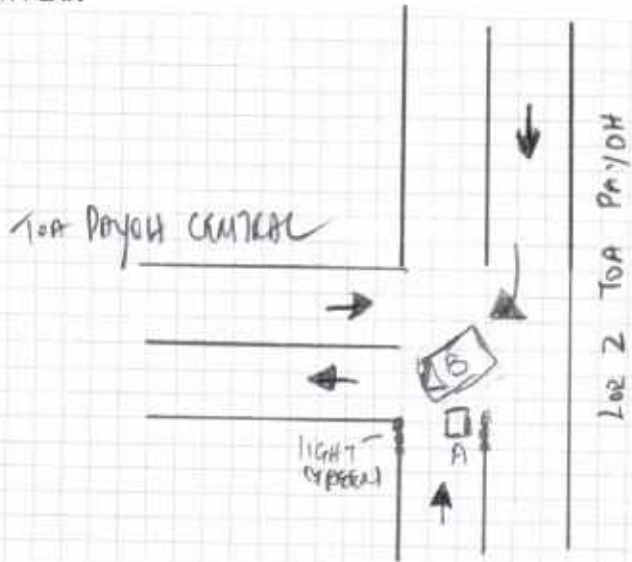
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



A) FB3 6251B

B) SJW 3606 T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE Refer to Police Report #  
7/2018/124/2139 & 7/2018/129/2111

## 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: *Roshan Kumar*  
NRIC/FIN No.: *29/4/2018*





Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20181124/2139

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/11/2018 23:50		Vide Report No.: E/20181124/0096		Station Diary No.: 114	
<b>Informant's Particulars</b>					
Name of Informant: JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH			Address: APT BLK 436 CHOA CHU KANG AVENUE 4 #08-501 SINGAPORE 680436		
ID Type / ID No.: NRIC NO / S8503523A			Contact No.: Home/Office:		Mobile: 92371841
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 21/01/1985	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: FREE LANCE CAMERAMAN			Driving Licence Information: Class: 2B,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2018 13:45	Type of Location: X-Junction
Location: Along Road 1 TOA PAYOH CENTRAL  TOA PAYOH LOR 2 JUNCTION TOA PAYOH CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBJ6251B	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	White	Seriously Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ6251B	NTUC Income Insurance Co-Operative Limited	5067161910-04	27/08/2018	26/08/2019



Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH	ID No.	S8503523A
Related Vehicle	NIL	Contact No.	92371841
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/11/2018 at about 1345 hrs , I was riding my motorcycle , FBJ6251B along Toa Payoh Lor 2 Towards PIE. I was with my pillion at that point of time. When I was riding pass the junction going straight as it was green light and I had the right of way along Toa Payoh Lor 2 and Toa Payoh centre, one vehicle which come from the opposite turned right without checking or slowing down, to Toa Payoh Central came into my path and hit my motorcycle. Due to the accident , both my pillion and I was flung from the motorcycle and I fell onto the road. I wish to state that the driver of the vehicle that involve in the accident did not come down or approach me to assist me. The traffic light was green and in my favor and was not going at a high speed as I just turned out of block 86 carpark when he suddenly turned into my lane as I was going straight.. I wish to state that traffic police, and the SCDF came and both the pillion and myself was conveyed to Tan Tock Seng Hospital. The damage to my motorcycle front handle bar and tires as well as mirrors were totally crushed due to impact. I sustained 7 day MC with abrasion and a cut on my penis .My pillion sustained a fractured spine and is currently waiting MRI scan as of writing this report.





Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

Report No. T/20181124/2139

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 /

Sr Staff Sgt ONG CHEOW LONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

24/11/2018 23:50

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476358

Classification Of Case:

Authentication Stamp

NP168





# SINGAPORE POLICE FORCE



T/20181129/2111

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 4

Report No. T/20181129/2111

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/11/2018 18:20		Vide Report No.: T/20181124/2139		Station Diary No.: 42	
<b>Informant's Particulars</b>					
Name of Informant: JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH			Address: APT BLK 436 CHOA CHU KANG AVENUE 4 #08-501 SINGAPORE 680436		
ID Type / ID No.: NRIC NO / S8503523A			Contact No.: Home/Office: Mobile: 92371841		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 21/01/1985	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: FREE LANCE CAMERAMAN			Driving Licence Information: Class: 2B,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/11/2018 13:20	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TOA PAYOH CENTRAL TOA PAYOH LORONG 2 JUNCTION OF TOA PAYOH CENTRAL				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
FBJ6251B	Motorcycle	BAJAJ CHETAK	PULSAR 200 NS MANUAL	White	Seriously Damaged	1
SJW3606T	Car	TOYOTA	COROLLA ALTIS	White	Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# SINGAPORE POLICE FORCE



T/20181129/2111

2 of 4

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20181129/2111

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ6251B	NTUC Income Insurance Co-Operative Limited	5067161910-04	27/08/2018	26/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Pillion				
Name	NG LAY PENG		ID No.	S8909686C
Related Vehicle	FBJ6251B (Motorcycle)		Contact No.	92377316
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	Serious
Rider				
Name	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH		ID No.	S8503523A
Related Vehicle	FBJ6251B (Motorcycle)		Contact No.	92371841
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	24/11/2018		Date Discharge	24/11/2018
No. of Days granted Medical Leave	07		Degree of Injury	Serious
Name				
Name	Unknown		ID No.	NIL
Related Vehicle	SJW3606T (Car)		Contact No.	NIL
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



Police Station Of Origin:

Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20181129/2111

**CONTINUATION OF REPORT**

**Brief Details.**

On 24/11/2018, at about 1324hrs, I was riding my motorcycle, FBJ6251B, along Toa Payoh Lorong 2 towards PIE. At the time, I was with my pillion namely: Ng Lay Peng, S8909686C, residing at Blk 86 Toa Payoh Lorong 2 #03-343, HP: 92377316 who is my girlfriend. When I was riding past the junction going straight along Toa Payoh Lorong 2 just before Toa Payoh Central, as the traffic light was green and I had the right of way.

Suddenly, a white Toyota Altis vehicle bearing vehicle registration number: SJW3606T, which was on the opposite lane, turned right without checking or slowing down, moving towards Toa Payoh Central came into my path and hit my motorcycle. Due to the accident, both my pillion and I were flung from my motorcycle and hit the road surface. I wish to state that when the accident happened, the driver of the white vehicle that was involved in the accident, did not come down from his vehicle, nor did he approach and render any assistance to us. I also wish to state that the traffic light at the time was green and in my favour and I was not going at a high speed as I just turned out from Block 86 Toa Payoh Lorong 4 carpark when he suddenly turned into my lane as I was going straight.

I wish to state that Traffic Police, SCDF paramedics came to assist me and both my pillion and I were conveyed to Tan Tock Seng Hospital. The damage to my motorcycle was to the front handlebar, tyres as well as mirrors were totally crushed due to the impact. I was given 7 days of medical leave as I suffered abrasions and also a cut to my penis. My pillion sustained a fractured spine and is still currently warded in Tan Tock Seng Hospital since 24/11/2018. I wish to state that the Traffic Police Investigation officer in charge of my case is TP IO Qhairil Bin Zulkeflee, contact number: 65476355. I have previously made a report, reference: T/20181124/2139, however the report contained insufficient information and this report is the updated one.





**SINGAPORE  
POLICE FORCE**



T/20181129/2111

4 of 4

Report No. T/20181129/2111

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

**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 3 YIP XUANYU

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

29/11/2018 18:20

Classification Of Case:

SIGNATURE



**Tan Tock Seng**  
HOSPITAL

**Tan Tock Seng Hospital**

11 Jalan Tan Tock Seng, Singapore 308433

TEL: (65) 6256 6011

MEDICAL CERTIFICATE	ORIGINAL	TTSH18270345
NAME: JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH		NRIC: S8503523A

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **7** day(s) from **24-Nov-2018** to **30-Nov-2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **24-Nov-2018 14:05** to **24-Nov-2018 16:24**

24-Nov-2018  
Date

BELTRAN IRENE SILVESTRE  
(16345G)  
Issued by

Emergency Department  
Location

Signature



A member of National Healthcare Group  
Adding years of healthy life



## Claim Handling

Accident MT/1021941

Policy No.	5067181910-04	Vehicle No.	FB36251B	GST Registration No.	
Certificate No.				Policyholder NRIC	S8503523A
Policyholder Name	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH	Color Type	Comprehensive	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Contact No.(Home)	
Contact No.(Mobile)	92371841	Special Remark		eCode	No *
Email Address		TCA	No Yes	eCode Reason	
KFE	No Yes	NCD Entitlement(%)	15	Private Hire	No
NCD Protection	No				

## Accident Details

Report Date	29/11/2018 19:27	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	24/11/2018	Time of Accident hh:mm	13:25	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	TOA PAYOH LOR 2 JUNCTION OF TOA PAYOH CENTRAL				

## Excess

Own damage Excess	300.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	BLK 436 #08-501	Address 2	CHOA CHU KANG AVENUE 4	Address 3	SINGAPORE 680436
Address 4		Address Type	Singapore address	Post Code	680436
Unit No.	08-501	Related Policy Number	5067181910-04		

## GI Driver Info

Driver Name	JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH	Driver Type	Main Driver	Driver DOB	21/01/1995
Unnamed driver Name		Driver NRIC	S8503523A	Driving Experience	4
Register Date of Driver License	13/09/2014	Driver Age	23	Contact No.(Home)	
Contact No.(Mobile)	92371841	Contact No.(Office)		Address 3	SINGAPORE 680436
Address 1	BLK 436 #08-501	Address 2	CHOA CHU KANG AVENUE 4	Post Code	680436
Address 4		Address Type	Singapore address		
Unit No.	08-501			Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	No Yes No	Driver Vehicle No.	FB36251B		

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes No
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## Modification History

Claim 001 New

## Claim Type \*

Contact No.(Mobile)

Email Address

Claim Description

Preferred Workshop	Insured Liability	Not at Fault *	GIA report	Received *	Claim Close Date	Date Received	29/11/2018
Yes *	Repaired	Preferred Workshop, Name unknown *			29/11/2018 19:29		
Date Registered	Repair Option				012511 WAKAB		

Report Taken By

Print AX letter

Save Submit

## Attachment

Accident No.	MT/1021941	Claim No.	001
Last Doc. Received	Yes No	Upload Date	29/11/2018 19:35
Path *		Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_300676 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Nov 2018 19:35		NRIC/ Driving License	Normal	NRIC/ Driving License 2018-11-29

2/2



POLICE REPORT

## ACCIDENT STATEMENT

ACCIDENT DATE: (24 / 11 / 2018) (DD/MM/YYYY). TIME: (1324) (HH:MM)

LOCATION: Top Boyer Lir 2 Junction

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBJ 6251 B  
b) INSURANCE COMPANY: NTL INCOME  
c) POLICY NUMBER:  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: BAJAJ PULSAR 200NS  
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: JUSTIN FERNANDO (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8503523A CONTACT: 92371841  
c) ADDRESS: B12 436 CHOR CHAI KANG AVE 4 #08-501  
STORE 680436

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

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

\*d) DATE OF BIRTH: (21 / 01 / 1985) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 2014

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

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: TANGLIN HQ

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STW3066T 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:

\* No of passenger  
(Including driver)  
(2)

NG LAY PENG

\* No of passenger  
(Including driver)  
( )

\* No of passenger  
(Including driver)  
( )

email = justinfernando@hotmail.com

VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8503523A



Name

JUSTIN FERNANDO S/O VICTOR  
JOHN JOSEPH

Race

INDIAN

Date of birth

21-01-1985

Sex

M

Country/Place of birth  
SINGAPORE



5815365



NRIC No. S8503523A



Date of issue

19-10-2017

Address

APT BLK 436 CHOA CHU KANG AVENUE 4  
#08-501  
SINGAPORE 680436

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8503523A

Name

JUSTIN FERNANDO S/O  
VICTOR JOHN JOSEPH



Birth Date: 21 Jan 1985

Issue Date: 11 Jan 2007



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

PASS DATE

Class 1B Motorcycles  $\leq$  200 CC

12 Aug 2014

Class 2 Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers, exclusive of the driver; and motor tractors/vehicles  $\leq$  2500 kg

11 Jan 2007

S8503523A

S / No. 9000197855

NP 428A





Hello, NAC\_BUKIT\_MERAH\_800676

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## Policy Query

Policy No.

Vehicle No.(For Motor)

Date of Accident

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5067161910-04		JUSTIN FERNANDO S/O VICTOR JOHN JOSEPH	S8503523A	GMC	Comprehensive	FB36251B	FB36251B	27/08/2018	26/08/2019