

NATIONAL Assessment Centre Services. (wef 1 Jan 03)

MAY 4 9 02 49 58

Date In: 22/02/2019 16:24	Job description	Date & Time Completed	Done by
Ref No: NBA/INC19003390/Y	SAS e-filing		
Veh No: FT 790E	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/12/2015 18:45	I-Motor Claim Form	WNT103327300	22/02/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		16:46
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

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

TP Particulars: Vch No: SJ 4190M 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	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	Action

XIA1901397 Driver/Owner: Contact No: Damaged Portion: QC Checked by (Engr-In-Charge): Auditors Comments: Cat. 1: 2/3:	Invoice Ref: ()	Invoice No: ()	Invoice Date: ()	Invoice Total: ()
	1) AR: Accident Reporting (\$30)			
	2) DA: Damage Assessment (\$100)	INC (\$30)		
	3) TF: Towing Fee	\$40/\$45		
	4) FT: Follow-Through Survey	\$120		
	5) FT: Follow-Through Survey (Resurvey)	\$30		
	Forclaiming against INC Only (wef 10 Jan 2003)			
	6) TR: Re-inspection	\$75		
	7) NI: Idao DA + SMRT Survey	\$160		
	8) NTUC Additional Services:			
OD:				
*N5: Courtesy Car / Tpl Allowance	\$3			
*N6: Repair Co-ordination	\$10			
*N7: Post Repair Inspection	\$23			
*N8: DV / Collect Excess Coordination	\$3			
TP (Nil) : TP (Non INC) against INC	\$20			
9) N12: Idao Mobile	\$0			
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 willful 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	22/02/2019 16:24
Date Of Accident	05/12/2018 18:45
Exact Location Of Accident	JUNCTION OF BUKIT PANJANG RD/BUKIT PANJANG RING RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT7790E
Insured/Policyholder	
Name Of Registered Owner	BALAGANESH S/O SUBRAMANIAN
NRIC No	S9437387E
Email Address	KNAVIN98@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83629718
Alternative Phone No	OTHERS-83629718

Vehicle Particulars

Manufacturer	YAMAHA
Model	TZM150-150CC (M)
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	5096822860
Cover Note Number	

Driver

Name of Driver	NAVIN KUMAR S/O GANESAN
NRIC No	S9810149G
Date Of Birth	19/03/1998
Occupation	INDOOR
Date Of Driving Pass	01/08/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83629718
Fax Number	
Contact Number	OTHERS-83629718
EMail Address	KNAVIN98@GMAIL.COM

Address	BLK 432 BUKIT PANJANG RING ROAD #03-611
Postcode	670432
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181207/2114

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	SJL4190M
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	NAVIN KUMAR S/O GANESAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT7790E
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.
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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.

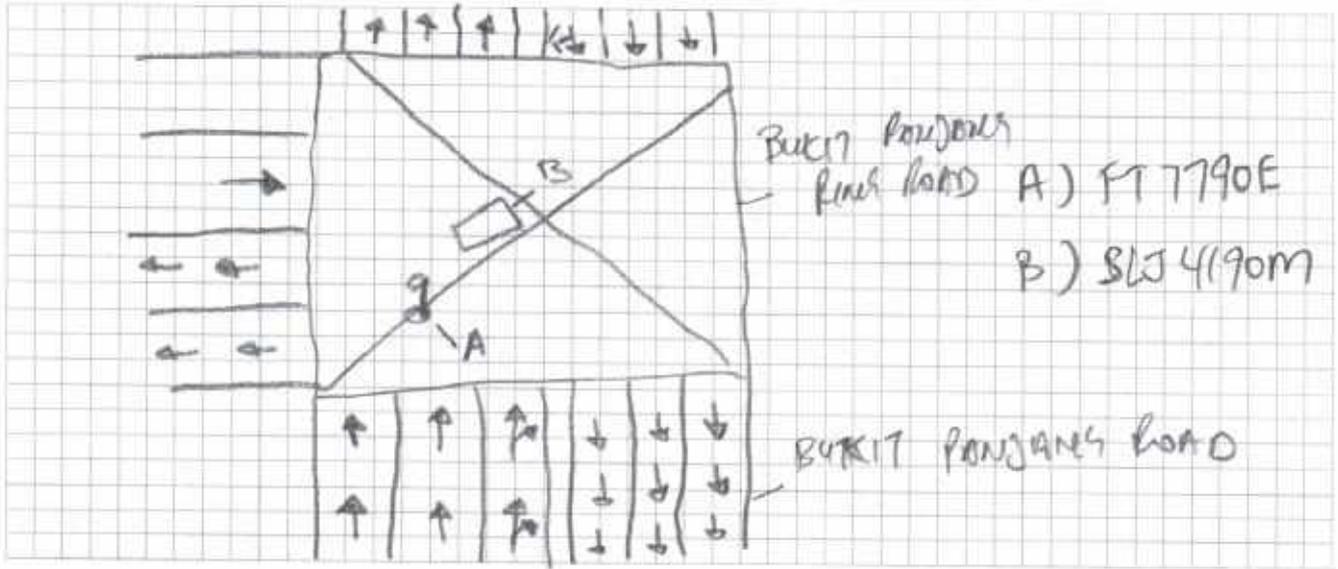
Lin

Policyholder's Signature
Date & Time: 22/02/2019
14-13-

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

22/02/2019
Reporting Centre Personnel's Signature
Name: *Koshi*
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT
T/2018/207/2114*

DECLARATION

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

Lin
Policyholder's Signature
Date & Time: 22/02/19
14:13.

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

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



**SINGAPORE
POLICE FORCE**



T/20181207/2114

1 of 3

Report No. T/20181207/2114

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2018 16:13	Vide Report No.:	Station Diary No.: 90
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Informant's Particulars

Name of Informant: NAVIN KUMAR S/O GANESAN		Address: APT BLK 432 BUKIT PANJANG RING ROAD #03-611 SINGAPORE 670432	
ID Type / ID No.: NRIC NO / S9810149G		Contact No.:	Mobile: 83629718
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 19/03/1998	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/12/2018 18:45	Type of Location: Straight Road
Location: Along Road 1 BUKIT PANJANG ROAD BUKIT PANJANG RING ROAD				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FT7790E	Motorcycle				Totally Damaged	0
SLJ4190M	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Rider			
Name	NAVIN KUMAR S/O GANESAN	ID No.	S9810149G
Related Vehicle	FT7790E (Motorcycle)	Contact No.	83629718
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	05/12/2018	Date Discharge	06/12/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 05/12/2018, at 1845hrs, I was travelling on my vehicle FT7790E along bukit panjang road towards bukit panjang ring road. I came in to a traffic cross junction and the traffic light was on amber. As I drive pass the traffic junction, a vehicle SLJ4190M was at the same time making a right turn. Thus a collision happened between both our vehicle. My vehicle hit towards the left side of the vehicle body. After the collision I fell off from my bike and landed on the ground, 2 meters away from my motorcycle, till the ambulance came to convey me to ng teng fong general hospital. My vehicle was totally damaged and was unable to operate. I was given 05 days medical certificate from ng teng fong general hospital. I suffered from back pain, elbow and knee pain. I also sustained bruises on my right feet and left arm and elbow.



**SINGAPORE
POLICE FORCE**



T/20181207/2114

3 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

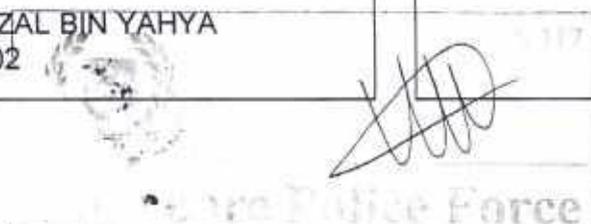
Report No. T/20181207/2114

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 / Sgt 2 CHERYL YEO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/12/2018 16:13
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No.: 65476202	Classification Of Case:
Authentication Stamp NP168 	

Claim Handling

Accident HT/1033272

Policy No.	509622860	Vehicle No.	PT77908	GST Registration No.	
Certificate No.					
Policyholder Name	BALAGANESH S/O SUBRAMANIAN	Cover Type	Third Party	Policyholder NRIC	59437387E
Product Code	MOTORCYCLE INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	83629718	Special Remark		Contact No.(Home)	
Email Address		TCA	= No Yes	eCode	No
KFK	= No Yes	NCD Entitlement(%)	33	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	22/02/2019 16:38	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Cross Junction
Date of Accident	05/11/2018	Time of Accident h:mm	18:45	Country of Accident	Singapore
Reporting Centre		Orange Park		ICM No.	
Accident Location	JUNCTION OF BUKIT PANJANG RD/BUKIT PANJANG RING RD				

Excess

Own Damage Excess	0.00	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 503 #02-159	Address 2	CHOA CHU KANG STREET 51	Address 3	SINGAPORE 680503
Address 4		Address Type	Singapore address	Post Code	680503
Unit No.	02-159	Related Policy Number	509622860		

DI Driver Info

Driver Name	RAVIN KUMAR S/O GANESAN	Driver Type	Named Driver
Unnamed driver Name		Driver NRIC	S9910149G
Register Date of Driver License	01/08/2017	Driver Age	20
Contact No.(Mobile)	83629718	Contact No.(Office)	
Address 1		Address 2	
Address 4		Address Type	Foreign address
Unit No.		Driver Vehicle No.	PT77908
Does he own a Singapore Registered car?	Yes = No		Driver Insurer Company
			NTUC

Declaration

Breathalyser 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**

Repair Option: **Preferred Workshop, Name unknown** | **GIA report** | **Received**

Report Taken By: | Claim Close Date: | Date Received:

Attachment

Accident No. HT/1033272 | Claim No. 001 | Last Doc. Received: Yes No | Updated Date: 22/02/2019 16:46

Choose File	Category *	Confidential	Urgency *	Description *
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	
No file chosen	Please Select	NO	Normal	

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_BUKIT_MERAH_806476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2019 16:46	Photos	Normal	Photos 2019-2-22	
	NAC_BUKIT_MERAH_806476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2019 16:46	Photos	Normal	Photos 2019-2-22	
	NAC_BUKIT_MERAH_806476(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 22 Feb 2019 16:46	Photos	Normal	Photos 2019-2-22	

ACCIDENT STATEMENT

ACCIDENT DATE: (05/12/2018) (DD/MM/YYYY), TIME: (18:45) (HH:MM)

LOCATION: Bukit Panjang

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FT7790E
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha T2M 150
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) (YES)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Navin kumar s/o Ganesan (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S98101479 CONTACT: 83629718
c) ADDRESS: Bik 432 Bukit Panjang Ring Road #03-61

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

- DRIVER Bharathesh s/o S. Ramasubramanian
a) NAME: As above (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9451987E CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (19/03/1999) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 01/08/2017

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

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS Drizzling)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO) (YES)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Bukit Panjang NPC

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLS470M MODEL: Audi A7
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)
(1)

* No of passenger
(Including driver)
()

* No of passenger
(Including driver)
()

email = knavin98@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9810149G



Name
NAVIN KUMAR S/O GANESAN



Race
INDIAN
Date of birth
19-03-1998
Country/Place of birth
SINGAPORE

Sex
M

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9810149G

NAVIN KUMAR S/O GANESAN

Issuance Date: 19 Mar 1998
Valid Date: 01 Aug 2017

002709365H

5604761



NRIC No. S9810149G



Date of issue
09-05-2016

Address
APT BLK 432 BUKIT PANJANG RING ROAD
#03-011
SINGAPORE 670432

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE

01 Aug 2017

NP 42SA



My Desktop
Notice of Loss

Policy Query

Policy No.

Vehicle No. (For Motor)

Date of Accident

Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5096822860		BALAGANESH S/O SUBRAMANIAN	S9437387E	GMC	Third Party	FT7790E	FT7790E	19/12/2017	18/12/2018

Continue