

NATIONAL Assessment Centre Services.

[ver 1 Jan 03]

MAA 49026284

Date In: 25/02/09 18:35	Job description	Date & Time Completed	Done by
Ref No: MAA 49003511	SAS e-filing		
Veh No: FX 7922X	E-mail (within 2hrs, AIC 2hrs)		
D.O.A: 22/02/2009 20:15	I-Motor Claim Form	MT/1033644001	26/02/2009
OID: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:49
	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: SLJ91067	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: ()

Comments:

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

2) QC Check / Post Repair Inspection ()

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

Injury: ()

Date/Time	Actions

MAA 4901465	Invoice Breakdown
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
QC Checked by (Engr-In-Charge):	4) PT: Follow-Through Survey \$120
Auditors' Comments:	5) PT: Follow-Through Survey (Resurvey) \$30
Date 1:	For claiming against INC Only (ver 10 Jan 2003)
Date 2:	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*N5: Courtesy Car / Tpl Allowance 35
	*N6: Repair Co-ordination 10
	*N7: Post Repair Inspection 25
	*N8: DV / Collect Excess Coordination 35
	TP (Nil) : TP (Non INC) against INC 30
	9) N12: Idao Mobile
	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 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	25/02/2019 18:55
Date Of Accident	22/02/2019 20:15
Exact Location Of Accident	JUNCTION OF YISHUN AVENUE 5/YISHUN RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX7922X
Insured/Policyholder	
Name Of Registered Owner	SHIVABALA S/O MAHENDRAN
NRIC No	S9131939Z
Email Address	SJIVABALAMAHENDRAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93885939
Alternative Phone No	OTHERS-93885939

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J-399CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5051641078-07
Cover Note Number	

Driver

Name of Driver	SHIVABALA S/O MAHENDRAN
NRIC No	S9131939Z
Date Of Birth	29/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/08/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93885939
Fax Number	
Contact Number	OTHERS-93885939
Email Address	SJIVABALAMAHENDRAN@GMAIL.COM

Address	BLK 108B CANBERRA WALK #04-51
Postcode	752108
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190223/2077

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	SLJ9706T
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KELVIN KHOR
NRIC/Passport Number	S9227061J
Contact Number	82991112
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name SHIVABALA S/O MAHENDRAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FX7922X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.

Policyholder's Signature

Date & Time:

25/2/19 1502

Driver's Signature

(If driver is not the policyholder)

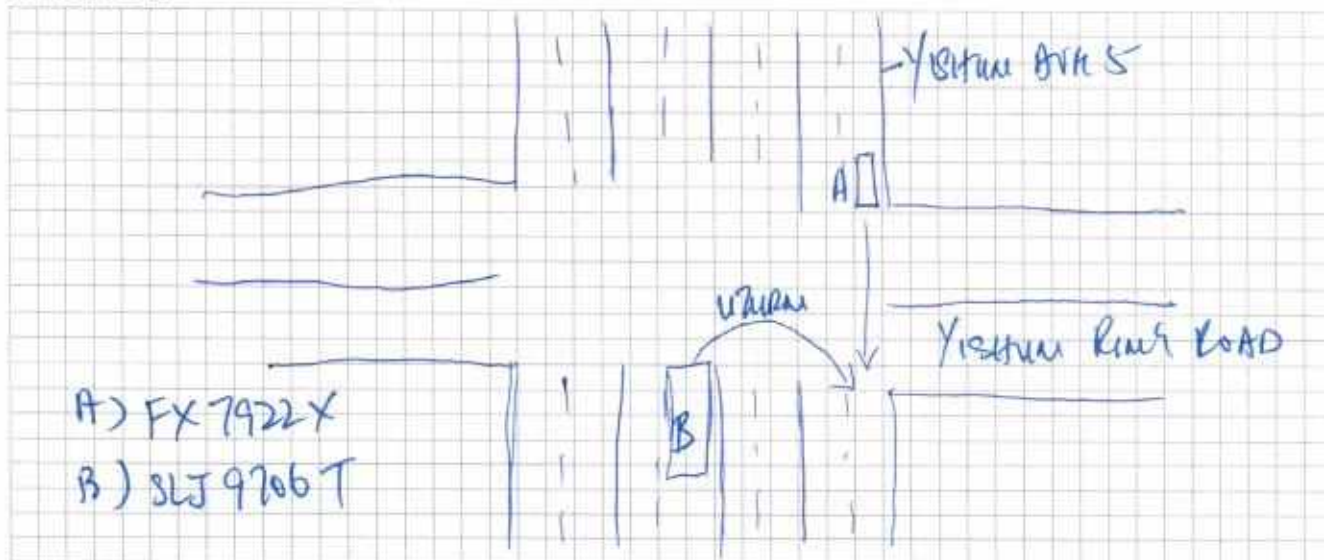
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report
x/20190223/2077

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 25/2/19/1502

Driver's Signature

(If driver is not the policyholder)

Date & Time:

[Signature] 25/02/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20190223/2077

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

1 of 3

Report No. T/20190223/2077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2019 14:09		Vide Report No.:		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: SHIVABALA S/O MAHENDRAN			Address: APT BLK 108B CANBERRA WALK #04-51 SINGAPORE 752108		
ID Type / ID No.: NRIC NO / S9131939Z			Contact No.: Home/Office: Mobile: 93885939		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 29/08/1991	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: PUBLIC RELATIONSHIP OFFICER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/02/2019 20:25	Type of Location: X-Junction
Location: Along Road 1 YISHUN AVENUE 5 YISHUN RING ROAD At the cross junction of Yishun Ave 5 and Yishun Ring Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX7922X	Motorcycle	HONDA	CB400 SF4J M	Blue	Totally Damaged	0
SLJ9706T	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX7922X	NTUC Income Insurance Co-Operative Limited	5051641078-07	08/10/2018	01/09/2019



**SINGAPORE
POLICE FORCE**



T/20190223/2077

2 of 3

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

Report No. T/20190223/2077

CONTINUATION OF REPORT

Brief Details.

On 22/02/2019 at about 2025hrs, I was in my vehicle FX7922X travelling along Yishun Ave 5. While approaching the cross junction between Yishun Ave 5 and Yishun Ring Road, suddenly there were a vehicle SLJ9706T making a U-turn. I honk at the driver and tried to brake. However due to close distance, my bike knocked onto the side of the vehicle. I then fell off from my bike, I then exchange particulars with the driver and make my way to Khoo Teck Phua Hospital to see a doctor and were given 5 days mc from 22/02/2019 to 26/02/2019.

I wished to state that both my bike side mirror, speedometer cover were all cracked and my foot rest were broken, the left passenger side of the vehicle suffered scratches on it. I want to lodge a police report for insurance claims.



**SINGAPORE
POLICE FORCE**



T/20190223/2077

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

3 of 3

Report No. T/20190223/2077

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 LIU FENGZHAN, GERRY 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/02/2019 14:09
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case: DN: 115
Authentication Stamp NP168 	

Accident NT/1033448

Claim 001 Row

[Print AX 10102](#)















Save Submit

Attachment

Accident No.	HT-1033644	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> YES <input type="radio"/> NO	Upload Date	26/07/2019 10:48

[illegible]

Attachment List						Send Message
Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 26 Feb 2019 10:49	Photos	Normal	Photos 2019-2-26		
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 26 Feb 2019 10:49	Photos	Normal	Photos 2019-2-26		
	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 26 Feb 2019 10:49	Photos	Normal	Photos 2019-2-26		

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 10:49	Photos	Normal	Photos 2019-2-26
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 10:47	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 10:47	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 10:47	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 10:47	SAS	Normal	SAS 2019-2-26
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 10:47	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-26

Video List

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

ACCIDENT STATEMENT

ACCIDENT DATE: (22 / 02 / 2019) (DD/MM/YYYY), TIME: (08 : 25) (HH:MM)

LOCATION: Yishun Ave 5 / Yishun Ring Road Junction

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX 7922X
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5051641078-07
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: CB 400 HONDA
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: travelling
 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: Shivabala s/o Mahendran (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S 91319392 CONTACT: 93885939
 c) ADDRESS: Blk 108B Canberra Walk #04-51 S752108

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

* d) DATE OF BIRTH: (29 / 08 / 1991) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01/08/2011

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Over

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: Queenstown

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLJ9706T MODEL: Audi A4
 b) DRIVER'S NAME: Kelvin Khon
 c) NRIC/FIN/PASSPORT: S9227061J CONTACT: 82991112

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 = Shivabala.mahendran@gmail.com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9131939Z



Name

SHIVABALA S/O MAHENDRAN

சிவா

Race

INDIAN

Date of birth

29-06-1991

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9131939Z



SHIVABALA S/O MAHENDRAN

Birth Date: 29 Aug 1991

Issue Date: 04 Dec 2017



002750081C

5677269



NRIC No. S9131939Z



Date of issue

16-11-2016

APT BLK 108B CANBERRA WALK #04-51
SINGAPORE 752108

NRIC No. S9131939Z

Date: 29/10/2018

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

EFFECTIVE DATE

Class 2B	Motorcycles <= 200 cc	22 Apr 2010
Class 2A	Motorcycles between 201 cc and 400 cc	01 Aug 2011
Class 2	Motorcycles > 400 cc	14 Apr 2014
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver, and other motor vehicles with unladen weight <= 2500kg	15 Apr 2011

NF436A



Licence No: S9131939Z

Hello, NAC_BUKIT_MERAH_800676

[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="22/02/2019 15:00"/>							
Vehicle No. (For Motor)	<input type="text" value="FX7922X"/>	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"/>	S051641078-07		SHIVABALA S/O MAHENDRAN	S9131939Z	GMC	Third Party, Fire & Theft	FX7922X	FX7922X	08/10/2018	01/09/2019
<input type="button" value="Continue"/>										