

# NATIONAL Assessment Centre Services.

[ver 1 Jan 00]

NA1901468

Date In: 28/02/2019 19:18	Job description	Date & Time Completed	Done by
Ref No: NBA/ACC9003514/4	SAS e-filing		
Veh No: FBC 71834	E-mail (w/da 3hrs, AIC 2hrs)		
D.O.A: 28/02/2019 13:00	I-Motor Claim Form	MT/1033658-001	26/02/2019
OD: TP Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		1.1.16
	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: SMG 43242	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: ( )

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

Injury: _____
---------------

Date/Time	Action

NA1901468	Invoice
Driver/Owner:	1) AR: Accident Reporting (\$30)
Contact No:	2) DA: Damage Assessment (\$100) INC (\$50)
Damaged Portion:	3) TP: Towing Fee \$40/\$45
	4) PT: Follow-Through Survey \$120
	5) PT: Follow-Through Survey (Resurvey) \$30
	Forfeiting against INC Only (ver 10 Jan 2005)
	6) TR: Re-inspection \$75
	7) NI: Idao DA + SMRT Survey \$160
	8) NTUC Additional Services:-
	ON:
	*NS: Courtesy Car / Tpl Allowance \$3
	*N6: Repair Co-ordination \$10
	*N7: Post Repair Inspection \$25
	*N8: DV / Collect Excess Coordination \$5
	TP (N11): TP (N-n INC) against INC \$20
	9) N12: Idao Mobile \$0
	Invoice dated
	Invoice dated
	Fee Charged
	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 19:18
Date Of Accident	23/02/2019 13:00
Exact Location Of Accident	SLIP RD FROM SERANGOON RD TOWARDS WHAMPOA WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC7183U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BATHURUDEEN MOHAMED GANI
NRIC No	S8275256J
Email Address	SOULRIDER_707@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90054721
Alternative Phone No	OFFICE-90054721

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR-220CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	FOOD DELIVERY
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5104121589
Cover Note Number	

### Driver

Name of Driver	BATHURUDEEN MOHAMED GANI
NRIC No	S8275256J
Date Of Birth	10/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2006
Driving Experience	12 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90054721
Fax Number	
Contact Number	OFFICE-90054721
Email Address	SOULRIDER_707@HOTMAIL.COM

Address	BLK 467 NORTH BRIDGE ROAD #04-5037
Postcode	190467
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 - CHANGE/CROSS LANE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	SMG4324Z
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEYASEELAN S/O LOGANATHAN @ ABDUL GHANI
NRIC/Passport Number	
Contact Number	87791637
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

1

Passenger 1

NAME: :

GENDER: :




## 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.

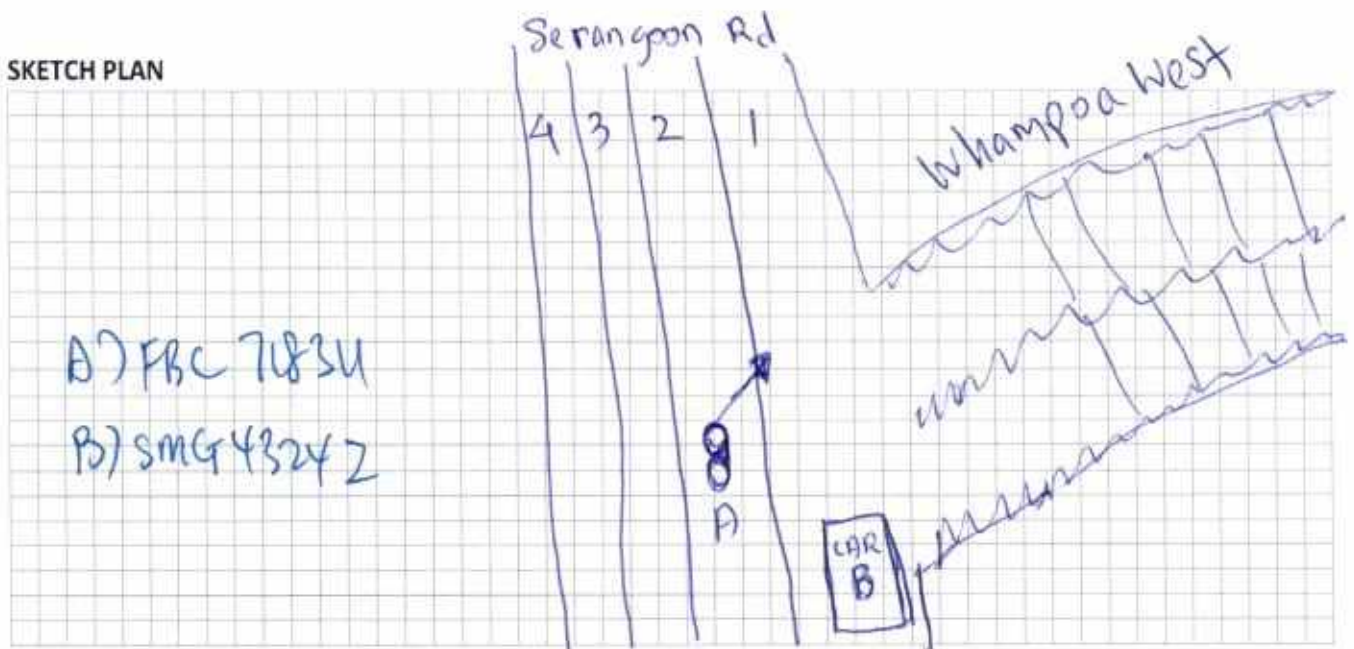
 25.02.2019

Policyholder's Signature *W450HRS*  
Date & Time:

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

 25/02/2019  
Reporting Centre Personnel's Signature  
Name: *Korli Martins*  
NRIC/FIN No.:

# SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Serangoon Rd and was changing lane to go through Whampoa West. As there were lot of cars I was slowly moving the lane. As I was changing the lane into ~~that~~ <sup>first</sup> lane (lane 1) before going into Whampoa West I did not check the blind spot and the car which was travelling very fast made accident and knock me at the back on the right side. My motorbike left side was damaged. The car has damages on the front. Mainly, number plate and lower bumper. The driver was not injured and not the passenger inside the car.

## DECLARATION

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

Policyholder's Signature  25.02.2019  
Date & Time: 145041P

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

Reporting Centre Personnel's Signature  
Name:  25/02/2019  
NRIC/FIN No.: 



## Claim Handling

Accident MT/1033558

Policy No.	5104121588	Vehicle No.	PBC7183U	GST Registration No.	
Certificate No.					
Policyholder Name	BATHURLOREN MOHAMED GANI	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	S82752561
Product Code	MGTCYCLE INSURANCE	Contact No. (Office)		Leading	S
Contact No. (Mobile)	90054721	Special Remark		Contact No. (Home)	
Email Address		TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode	<input type="button" value="No"/>
KYC	<input type="checkbox"/> No <input type="checkbox"/> Yes	NCD Entitlement(%)	20	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	26/02/2019 11:11	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross lane
Date of Accident	23/02/2019	Time of Accident (H:mm)	13:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	SLIP RD FROM SERANGOON RD TOWARDS WHAMBOX WEST				
<b>Excess</b>					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Uninsured Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Notification History					
<b>Policyholder Mailing Address</b>					
Address 1	BLK 467 #04-5037	Address 2	NORTH BRIDGE ROAD	Address 3	SINGAPORE 190467
Address 4		Address Type	Singapore address	Post Code	190467
Unit No.		Related Policy Number	5104121588		
<b>Q1 Driver Info</b>					
Driver Name	BATHURLOREN MOHAMED GANI	Driver Type	Main Driver	Driver DOB	10/05/1982
Uninsured driver Name		Driver NRIC	S82752561	Driving Experience	10
Register Date of Driver License	13/05/2008	Driver Age	36	Contact No. (Home)	
Contact No. (Mobile)	90054721	Contact No. (Office)		Address 2	SINGAPORE 190467
Address 1	BLK 467 #04-5037	Address 2	NORTH BRIDGE ROAD	Post Code	190467
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Driver Vehicle No.	PBC7183U	Driver Insurer Company	NTUC
<b>Declaration</b>					
Breathalyzer or Blood Test Reading?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Any Injury?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Notification History

Claim 001

View

Claim Type *	CO-MX	Driver Name	BATHURLOREN MOHAMED GANI	Injured NRIC	S82752561
Contact No. (Mobile)	90054721	Contact No. (Home)	NIL	Contact No. (Office)	
Email Address	bathurider_707@hotmail.com	OT Vehicle Number	PBC7183U	TP Vehicle Number	SMG43242
Claim Description	PBC7183U / SMG43242 ON 23 Feb 2019				
Preferred Workshop	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Spurred Liability	<input type="checkbox"/> Fully at Fault	GIA report	<input type="checkbox"/> Received <input checked="" type="checkbox"/>
Preferred Workshop, Name unknown					
Date Registered	26/02/2019 11:11	Claim Close Date		Date Received	26/02/2019 00:00
Report Taken By	RIZUL WAHAB				

Print AX letter

Save Submit

## Attachment

Accident No.	MT/1033558	Claim No.	001
Last Got. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	26/02/2019 11:16
Path *			
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Choose File	No file chosen	Clear	Please Select *
Message Read			
Attachment List			
Attachment	Uploaded By/Date	Category	Urgency
	NAC_BUKIT_MERAH_80676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal
	NAC_BUKIT_MERAH_80676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal
	NAC_BUKIT_MERAH_80676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal

Send Message

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	
	NAC_BUKIT_MERAH_80676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26		
	NAC_BUKIT_MERAH_80676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26		
	NAC_BUKIT_MERAH_80676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26		

	Name	Type	Status	Date
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	Photos	Normal	Photos 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	NRIC Driving License	Normal	NRIC Driving License 2019-2-26
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 26 Feb 2019 11:16	SAB	Normal	SAS 2019-2-26



# ACCIDENT STATEMENT

ACCIDENT DATE: (23/02/2014) (DD/MM/YYYY). TIME: (13:02) (HH:MM)

LOCATION: SERANGGAM RD SEP RING TO WATAMBA WKS1

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBL7183U  
 b) INSURANCE COMPANY: NTUL INCOME  
 c) POLICY NUMBER: 5104121589  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: BAJAJ PUSAR  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: FOOD DELIVERY  
 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: BATHURDEEN MOHAMED LANI (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8275267 CONTACT: 90054721  
 c) ADDRESS: BIK 467, NORTH BRIDGE RD, #04-5037  
SG-1A0467

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

## DRIVER

- a) NAME: JEYASEELAN S/O LOHANATHAN ABDUL HANANI  
 b) NRIC/FIN/PASSPORT: S70707534 CONTACT: 87791637  
 c) ADDRESS: BIK 466A, BUKIT KOK C RESIDENT

\*d) DATE OF BIRTH: (02/09/1970) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS

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: SMW43242 MODEL: SMW43242 KIA  
 b) DRIVER'S NAME: JEYASEELAN S/O LOHANATHAN @ ABDUL HANANI  
 c) NRIC/FIN/PASSPORT: S70707534 CONTACT: 87791637

## 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)  
(2)

\* No of passenger  
(Including driver)  
( )

email = sauatider-702@hotmail.com  
 VIDEO 707

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8275256J



Name  
BATHURUDEEN MOHAMED GANI

பதுருதீன் முகம்மது கனி  
Race  
INDIAN  
Date of birth  
10-05-1982  
Country of birth  
INDIA

Sex  
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. S8275256J

BATHURUDEEN MOHAMED GANI

Birth Date: 10 May 1982  
Issue Date: 24 Nov 2017

002747056J

4209994



NRIC No. S8275256J



Date of issue  
24-04-2008

APT BLK 487 NORTH BRIDGE ROAD #04-5037  
SINGAPORE 190487

NRIC No: S8275256J Date: 01/12/2009 No: 6219755

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	18 May 2006
Class 2A Motorcycles between 201 cc and 400 cc	17 Jul 2007
Class 2 Motorcycles > 400 cc	23 Sep 2008

Licence No: S8275256J



NP 423A

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="23/02/2019 14:27"/>
Vehicle No.(For Motor)	<input type="text" value="FBC7183U"/>	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 checked="" type="radio"/>	5104121589		BATHURUDEEN MOHAMED GANI	S8275256J	GMC	Third Party, Fire & Theft	FBC7183U	FBC7183U	05/10/2018	04/07/2019