

# NATIONAL Assessment Centre Services

[ver 1 Jan 03]

190849030283

Date In: 06/02/2019 09:46	Job description	Date & Time Completed	Done by
Ref No: NPA/20090040757	SAS e-filing		
Veh No: F84 484B	E-mail (by date 3hrs, A/C 2hrs)		
D.O.A. 04/02/2019 06:46	I-Motor Claim Form	11/103475-001	06/03/2019
OID / TP: Reporting Only	I-Motor W/O (Within: OD 2hrs, TP 4hrs)		10:35
	I-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Whse		

Preferred Wksp / INC Assign Wksp / QW: (	Tel:	Fax:
TP Particulars:	Veh No: SAF 9896Z	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: ( )		

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

Injury: \_\_\_\_\_

Date of Incident:	
Location:	
Weather:	
Time of Day:	
Other:	

Claimant's Particulars:	1) AR: Accident Reporting (330)	
Driver/Owner:	2) DA: Damage Assessment (5100); INC (540)	
Contact No:	3) TP: Towing Fee 340/345	
Damaged Portion:	4) PT: Follow-Through Survey 5120	
	5) PT: Follow-Through Survey (Resurvey) 330	
	For claimant against INC Only (ver 10 Jan 2005)	
	6) TR: Re-inspection 375	
	7) NI: Idea DA + SMRT Survey 5160	
	8) NTUC Additional Services:	
	ON!	
	* No: Courtesy Car / TP Allowance 55	
	* No: Repair Co-ordination 516	
	* No: Post Repair Inspection 523	
	* No: DV / Collect Excess Coordination 55	
	* TP (NI) : TP (Non-INC) against INC 516	
	* No: Idea Mobile 30	
	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	06/03/2019 09:46
Date Of Accident	04/03/2019 06:40
Exact Location Of Accident	ALONG TOH TUCK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG484B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RANJIT SINGH
NRIC No	S7485635G
Email Address	RANAJMP77@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93827549
Alternative Phone No	OTHERS-93827549

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
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	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	5064553907-04
Cover Note Number	

### Driver

Name of Driver	RANJIT SINGH
NRIC No	S7485635G
Date Of Birth	06/10/1974
Occupation	INDOOR
Date Of Driving Pass	04/03/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93827549
Fax Number	
Contact Number	OTHERS-93827549
Email Address	RANAJMP77@YAHOO.COM.SG

Address	BLK 11 TOH YI DRIVE #06-367
Postcode	590011
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 (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)	2
Passenger 1	NAME: : KAMALPREET KAUR GENDER: : FEMALE

#### 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	SFJ9896Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHAO
NRIC/Passport Number	
Contact Number	97912325
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	KAMALPREET KAUR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG484B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	RANJIT SINGH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG484B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

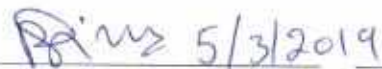
## SKETCH PLAN

### 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.

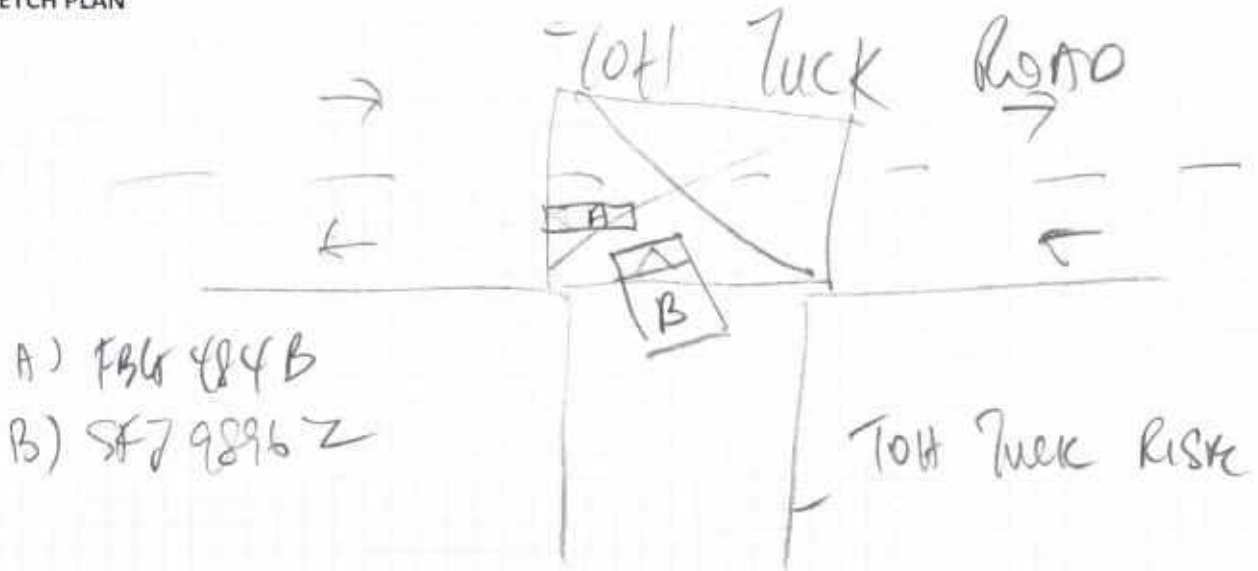
  
Policyholder's Signature  
Date & Time:

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

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



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 04/03/2019 AT ABOUT 06:40 HRS I WAS AT  
Tott Truck Road & WANTED TO GO TO BUKH BAROK.  
BEFORE REACHING Tott Truck Road I SAW A CAR SFJ 9896Z  
SO I PROCEEDED TO RIDE SLOWLY, SUDDENLY SHE TURNED OUT  
& HIT THE LEFT SIDE OF MY BIKER FRG 484B & I  
& MY DAUGHTER FELL ON THE ROAD.

## DECLARATION

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












*[Signature]* 5/3/2019

Policyholder's Signature  
Date & Time:

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

*[Signature]* 04/03/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2019 10:35	Photos	Normal	Photos 2019-3-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2019 10:35	Photos	Normal	Photos 2019-3-6
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	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2019 10:35	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-3-6
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Mar 2019 10:35	SAG	Normal	SAG 2019-3-6
<b>Video List</b>				
uploaded by/Date	Folder/Date	File Name	Source	Action
<a href="#">Display in New Window</a> <a href="#">Scan and uploading</a>				



# ACCIDENT STATEMENT

ACCIDENT DATE: 04/3/2019 (DD/MM/YYYY). TIME: 6:40 AM (HH:MM)

LOCATION: TOHTUK Road

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBG 484B  
 b) INSURANCE COMPANY: u income  
 c) POLICY NUMBER: 506A553907-04  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 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: Ranjit Singh (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S 74856359 CONTACT: 93827549  
 c) ADDRESS: BLK 11 TOH YI DRIVE

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

### DRIVER

- a) NAME: ASA BOBE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 06/10/1974 (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: was 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: SFJ 9896 Z MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Chao  
 c) NRIC/FIN/PASSPORT: S200955E CONTACT: 97912325

## 9. THIRD PARTY VEHICLE

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

email = tanajmp77@yahoo.com.sg  
 VIDEO

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7485635G



Name  
**RANJIT SINGH**

Race  
**SIKH**  
Date of birth  
**06-10-1974** Sex  
**M**  
Country of birth  
**INDIA**

S7485635G

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S7485635G**

Name

**RANJIT SINGH**

Birth Date: **06 Oct 1974**

Issue Date: **04 Mar 2008**



001577660D



4197357

NRIC No: **S7485635G**



Date of issue  
**31-03-2008**

APT BLK 11 TON YI DRIVE #06-367  
SINGAPORE 590011

NRIC No: **S7485635G**

Date: **28/06/2009**

No: **6144830**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

PASS DATE

Class 1B Motorcycles  $\leq 200$  CC  
Class 2A Motorcycles between 201 CC and 400 CC  
Class 3 Motor cars  $\leq 3000$  kg with  $\leq 7$  passengers, exclusive of the driver, and motor tractors/vehicles  $\leq 2500$  kg

04 Mar 2008  
20 Mar 2014  
04 Mar 2008

S7485635G

S/No. 9000198704

NP 428A



Licence No: S7485635G

## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5064553907-04

Cover : Third Party, Fire & Theft

- |  |                 |
|--|-----------------|
| 1. Index mark and Registration Number of Vehicle | : FBG484B       |
| Chassis Number                                   | : CS150R0010979 |
| 2. Name of Policyholder                          | : RANJIT SINGH  |
| 3. Effective Date of Insurance                   | : 08 Mar 2018   |
| 4. Expiry Date of Insurance                      | : 07 Mar 2019   |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: RANJIT SINGH
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: N/A
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : DIRECT BUSINESS DEPT (00000600280)  
Date of Issue : 27 Jan 2018 12:58 hrs  
Reprint : 27 Jan 2018 12:59 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive